

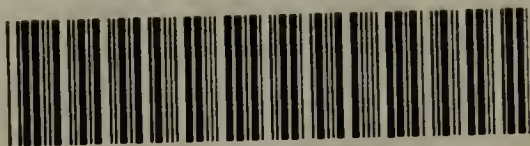
THE  
MEDICAL  
CIRCULAR.

SER

/MED



137d3



22900186010

WELLCOME INSTITUTE	
BY	
COPIES	WELLCOME
COPIES	
NO.	



Vol 3

THE  
**MEDICAL CIRCULAR**  
AND  
General Medical Advertiser.

No. 27, NEW SERIES. }  
No. 53. }

WEDNESDAY, JULY 6, 1853.

{THREEPENCE  
STAMPED, 4d.

TABLE OF CONTENTS.

	Page		Page
Leading Articles:		Biography and Portrait of F. A. Bulley, Esq.	11
The Medical Benevolent College	1	Reviews	12
Lord St. Leonards' Bills and the Medical Profession	1	Medical Notes and Queries	13
The Recent Distribution of Medals at the Society of Arts	2	Hospital Reports	14
The Medical Benevolent College: a Letter from T. H. Barker M.D.	3	Original Communications	15
Mirror of Periodical Literature	5	The Table-turning Delusion	16
Contents of the Medical Journals	8	Drugs and their Adulterations	17
Books received for review	9	Petition in Favour of Naval Medical Men	17
An Epitome of Toxicology	9	Obituary	17
		Medical News	18
		Notices to Correspondents	19

**CAUTION.**—"The Medical Directory."—Whereas, it has come to the knowledge of the Editors of this Work, that persons are going about soliciting information and orders for a Spurious Directory, under pretence that they come on behalf of the original work: the members of the profession are hereby CAUTIONED against this new attempt at imposition. The information necessary for the established and only recognised Directory is obtained by means of the ANNUAL CIRCULAR of Interrogatories, which will be issued in due course. The only recognised Medical Directories for England, Ireland, and Scotland, are published by John Churchill, Princes-street, Soho, and at the Office, 128, Strand, removed from 4, Adam-street, Adelphi.

On the 1st of July, 1853, Vol. XVII., post 8vo. cloth, 6s. 6d.,

**HALF-YEARLY ABSTRACT OF THE MEDICAL SCIENCES.**

EDITED BY W. H. RANKING, M.D. CANTAB.;

AND

C. B. RADCLIFFE, M.D. LOND.

LONDON: JOHN CHURCHILL, PRINCES-STREET, SOHO.

On 1st of July, No. 23, price 6s. of the

**British and Foreign Medico-**

CHIRURGICAL REVIEW.

ANALYTICAL AND CRITICAL REVIEWS.

- I. Carpenter on the Nervous System.
- II. Mackenzie and Bennet on Uterine Diseases.
- III. Fatty Degeneration.
- IV. Heller on Albumen in Urine.
- V. Beneke on the Method of advancing Rational Medicine.
- VI. Natural Sciences at Oxford.
- VII. Headland on Therapeutics.
- VIII. The Diseases of Children.
- IX. Guggenbuhl on the Cure of Cretinism.
- X. Golding Bird on Urinary Deposits.
- XI. "The Waddy-Cure."
- XII. Moysse and Bright on Pancreatic Disease and Fatty Discharges.
- XIII. The Chemistry of Digestion.
- XIV. Schroeder van der Kolk on Tubercle.

BIBLIOGRAPHICAL RECORD.

- I. Turnbull on the Treatment of Consumption.
- II. Valentin's Text-book of Physiology.
- III. Johns' Clinical Phrase-book.
- IV. Nunn on Inflammation of the Breast, and Milk Abscess.
- V. Mahoney on Epidemic Cholera.
- VI. Tilt on Diseases of Women, and Ovarian Inflammation, etc.
- VII. De Mérie on Prophylactic and Curative Syphilization.
- VIII. McCormac on Moral Sanitary Reform.
- IX. Chapman on the Treatment of Obstinate Ulcers.
- X. Cooper on Impaired Vision and the Means of Assisting Sight.
- XI. Dunglison's Medical Lexicon.
- XII. Alison on the Medication of the Larynx and Trachea.
- XIII. Forbes's Memorandums made in Ireland.
- XIV. Stevens on the Nature and Treatment of the Asiatic Cholera.
- XV. Braun on the Mineral Waters of Wiesbaden.
- XVI. Sichel on Ophthalmic Icnography.

ORIGINAL COMMUNICATIONS.

- I. The causes of Dilatation of the Heart. By W. T. Gairdner, M.D.
  - II. On the Liver and Kidney in Diabetes. By Lionel Beale, M.D.
  - III. On Excision of the Os Calcis. By H. M. Greenhow.
  - IV. Decennium Pathologicum. By T. K. Chambers, Esq., M.D.
- CHRONICLE OF MEDICAL SCIENCE.—Annals of Physiology. By Henry Gray, F.R.S.—Pathology and Practice of Medicine—Surgery—Midwifery, etc.—Materia Medica—Therapeutical Record—Statistics.
- LONDON: JOHN CHURCHILL, and HIGGLEY and SON.

**The Pharmaceutical Journal,**

JULY 1, CONTAINING THE

TRANSACTIONS OF THE PHARMACEUTICAL SOCIETY.

CONTENTS.—The Pharmacy Act and the Bye-laws—First Meeting of the Council—Communication from the Chancellor of the Exchequer—The Bye-Laws—Memorial to the Secretary of State—The Confirmation of the Bye-Laws by the Secretary of State—Phytological Club: A Lobelia used medicinally in Peru—White or Imperial Rhubarb—Permanganate of Potash—Electro Metallic Deposition—Manufacture of Ammonia and the Ammoniacal Salts—The Power of Soils to Absorb Manure—Hydrate of Magnesia as an Antidote in Poisoning—Poisoning by Strychnia—Emplastrum Extracti Aconiti Radicis—The Purification of Sulphuric Acid from Nitric Acid—Crayons for Writing on Glass—The State of Pharmacy in Germany and Prussia—The Preparation of Carbonate of Potash, etc. Price 1s.

LONDON: JOHN CHURCHILL, PRINCES-STREET, LEICESTER-SQUARE;

EDINBURGH: MACLEACHLAN and STEWART; DUBLIN: FANNIN and CO.

VOLUME XII. may be had in boards, as well as the preceding volumes, price 12s. 6d. each.

On 1st July, price 3s. 6d.,

**The Journal of Psychological**

MEDICINE, NO. XXIII.

Edited by FORBES WINSLOW, M.D., D.C.L. Oxon, etc.

CONTENTS.

1. Elements of Psychology.
2. The Dietetics of the Soul.
3. Insanity in India.
4. Rationale of Inductive Evidence.
5. Habit, Physiologically considered.
6. Our Pauper Lunatic Asylums.
7. An Analysis of Guislain's Work on Insanity.
8. Hanwell County Asylum.
9. The Statistics of Mental Diseases in Denmark.
10. Derby County Asylum.
11. Chancery Lunatics.
12. The Association of Medical Officers of Asylums and Hospitals for the Insane.
13. Our Library Table.
14. Early Treatment of Insanity.
15. The Death of Mrs. Cumming.

LONDON: JOHN CHURCHILL, PRINCES-STREET, SOHO.



## ADVERTISEMENTS.

Just Published, Part I., with Engravings on Wood, price 3s. 6d.

### The Pathology of the Bronchio-

PULMONARY MUCOUS MEMBRANE, by C. BLACK, M.D. Bachelor of Medicine, and formerly Medical Scholar in Physiology and Comparative Anatomy in the University of London. Fellow of the Royal College of Surgeons of England, &c., &c.

LONDON: Simpkin Marshall & Co.  
EDINBURGH: Sutherland & Knox.

### On True and False Spermatorrhœa:

With a view to the Correction of wide-spread Errors in relation to the Treatment and Cure of the Impuissant and Sexual Hypochondriacs, in general. Translated from the German of Dr. PICKFORD. Baillière, 219, Regent-street, & 290, Broadway, New York.

### Royal College of Physicians, Degree

OF M.D., APOTHECARIES' HALL, &c.—DR. COOKE continues to assist (personally or by correspondence) Gentlemen desirous of Graduating in Medicine or Surgery, or of Matriculating at British or Continental Examining Boards.—For terms, &c., apply to DR. COOKE, East Temple Chambers, 2, Whitefriars-street, Fleet-street.

### Surgeons.—Duly qualified Surgeons

receive Appointments to Ships for every part of the world, through Dr. Hall, 34, Terrace, Trinity-square, City, many years surgeon in the Merchant Service, and who is the only recognised Agent of every principal House in London, and nearly every seaport in England. Instruction relative to Outfit, Surgical Instruments, and Medical Treatment at sea. DURING THE LAST FOUR YEARS TWO HUNDRED AND FIFTY HAVE BEEN APPOINTED THROUGH DR. HALL'S AGENCY.

MEDICINE CHESTS of every class, and Surgical Instruments, at the Warehouse, Tower Hill, London.

### United Kingdom Life Assurance

COMPANY. Established by Act of Parliament in 1834.  
No. 8, Waterloo-place, Pall-mall, London.

The distinctive features of the Company embrace, amongst others—Tables of Premiums formed on the lowest scale compatible with security, and constructed to meet the various wants of Assurers, and every risk to which protection by Assurance can be extended. One-half the Life Premium for the first Five Years may remain on credit.

Loans granted on approved Personal Security.

Assured not restricted in their limits of travel, as in most other Companies, but may proceed from one part of Europe to another in decked vessels, without License, and to British North America, and many parts of the United States, without extra premium, by merely giving the ordinary notice to the Office in London of the intended visit.

Whole-world Policies granted at slightly increased rates of Premium, thus rendering a Policy in money transactions a real security.

Prospectuses, and every information, may be obtained on application to the Resident Director.

### Prices of Medical Bottles, best

quality, at F. and S. WINDSOR'S, 37, BARTHOLOMEW-CLOSE, CITY.

6 OZ. & 8 OZ. GREEN, 10s. per Gross.

FLINT GREEN, 6 OZ. & 8 OZ., 11s. per Gross.

1½ OZ. PLAIN PHIALS, 8s. per Gross.

1½ MOULDED, OCTAGON, or ROUND, 8s. 6d. per Gross.

WASHED READY FOR USE.

Every requisite for the Surgery supplied to order.  
Price Lists forwarded free on application.

### Argyll Baths, 10, Argyll-place,

REGENT-STREET,

AND AT 5, NEW BROAD STREET, CITY.

TERMS:

WARM BATHS—ONE SHILLING EACH.

Reserved Rooms, including the Ladies' Department, One-and-Six-pence each; Twenty-one Transferable Tickets, One Guinea.

Vapour, Sulphur, and Harrowgate Baths, 3s. 6d. each—8 for 21s. Hot Air, Mercurial, and other dry Fumigating Baths, 5s. each—6 for 21s.

Portable Warm Baths sent out within ten miles of London. Single Bath (with hot linen, &c.), within one mile of Argyll-place, 5s.; every additional mile, 1s. extra.

An idea may be formed of the capacity of these Establishments when it is stated that upon their erection and completion upwards of £30,000 has been expended, and that at each place one hundred Baths can be given in an hour.

### Medical Practice for Disposal.—

Receipts £300, of which £100 is guaranteed. As only a short introduction can be given, it will be disposed of for £200. To a Gentleman commencing practice this affords an excellent opening.

Address M. D., "Medical Circular" Office, 128, Strand.

### New Microscopes.—Pritchard's

new Miniature Travelling Achromatic Microscope, price Five Guineas. (See description in "The History of Infusorial Animals, Living and Fossil," third edition, just published.) Also Pritchard's Naturalist's and Medical Achromatic Microscope, price £7 10s.—Pritchard's lever-stage Achromatic Microscope, price £10 10s.—Pritchard's Standard Achromatic Microscope, price Fifteen Guineas. All these Instruments embrace the latest improvements. The Clergy, Medical Profession, and Amateurs supplied with Achromatic Object Glasses to any Microscope, Micrometers, Polarizing Apparatus, and Microscopic Preparations of all kinds. S. STRAKER will forward, postfree, a new price-list of Microscopes, &c. 162, Fleet-street, London.

### Weakness of the Back, Stooping,

&c.—The Members of the Medical Profession are invited to inspect an apparatus for the support of the back where sedentary pursuits, bodily weakness, or rapidity of growth, have led to the habit of stooping, &c. It consists of two very light elastic springs, and is instantaneously applied without either straps or buckles, being retained in its position by reactive force. With the slightest change of adjustment, it can be made to form a support for light cases of hernia, as also for the whole of the abdominal region between the pubes and umbilicus, thus superseding belts and trusses and at the same time holding the body perfectly erect. To be seen or procured only at HENRY BIGG and SON'S, 29, Leicester-square, and 9, St. Thomas's-street, Bow. Patented in England, &c. Price, £1 1s.; when made with umbilical support, £1 10s.

### Allsopp's Pale Ale.—It is seldom

that the enjoyment of a luxury is authenticated by the full approbation of the physician. In the special instance of Messrs. Allsopp's Ales, however, recent circumstances have given occasion to a renewal by the faculty of those recommendations which first insured their vast popularity. I have, therefore, made arrangements for supplying them genuine as from the brewery, and in fine condition, from my cellars, at 8s. per dozen quarts; pints, 5s.; and half-pint, 3s., imperial measure only (by which the public gain one-third); and also in kilderkins (18 gallons), for draught, at 30s.—HARRINGTON PARKER, 5½, Pall-Mall.

NO ACT OF PARLIAMENT REQUIRED TO SETTLE  
THE BOTTLED-BEER QUESTION.

### Earle Brothers & Co. beg to inform

the Public that they have made arrangements to sell Bass's or Allsopp's Pale Ale and other Pale Ales of the first quality, genuine Dublin Stout, in Bottles manufactured expressly for them, containing the full IMPERIAL QUART and PINT MEASURE, at the following prices:—

	s.	d.
Bass's or Allsopp's best Pale Ales,		
at per Dozen Imperial Quarts	8	0
Ditto ditto Pints	4	6
Genuine Dublin Stout, warranted of the first quality—		
per Dozen Imperial Quarts	7	0
Ditto ditto Pints	4	0



EARLE BROTHERS & Co., guarantee their Ales and Stout to be of the finest quality, and earnestly invite the Public to avail themselves of the great saving they will make by honouring this firm with their patronage.

EARLE BROTHERS & Co. call the attention of the Public to the important fact, that they are offering Three Gallons—that is One Dozen and a Half of the present mis-called Quarts and Pints—for a Lower Price than the public is now paying for Two Gallons, or One Dozen of precisely the same article, identical in quality, and brewed by the same eminent firms.

The advantage to the Public is one-third more for the same price.

The Public has loudly complained of the short measure it has been the practice of the dealers in Bottled Beer to give.

EARLE BROTHERS and Co. offer the Public a complete remedy, and respectfully beg the Public to avail themselves of it.

TERMS, CASH. s. d.  
Bottles charged per dozen Quarts ... 3 0  
Ditto ditto Pints ... 2 6

Full credit given for the Bottles when returned.

EARLE BROTHERS AND Co.,

Wine and Beer Merchants,

4, DUNCANNON STREET, TRAFALGAR SQUARE, LONDON.



## The Medical Circular.

WEDNESDAY, JULY 6, 1853.

### NOTICE.

The Third Volume of the "MEDICAL CIRCULAR" commences with this Number. New Subscribers' names are respectfully solicited.

### THE MEDICAL BENEVOLENT COLLEGE.

If hitherto there has been reason to complain that the members of our profession have been indifferent to the calamities of advanced life, and to the privations of the widow and the orphan; and if the public, who are deeply indebted to our self-denying labours, have been justly included in this censure, there is now equal reason to congratulate ourselves that the reproach is wiped away, and that, by united efforts, a perpetual monument of charity and munificence has been established. We have always believed that the fault lay in ourselves; for it was incredible that those who might owe health, life, and the enjoyment of all accompanying earthly blessings, under God, to the anxious and unremitting ministrations of their medical attendant, should, after his strength has been exhausted, and his life untimely closed in their service, feel no compassion for his bereaved widow and fatherless children; but, while they were dispensing a profuse liberality possibly among strangers, should close their hand against the claims, and their heart against the memory, of their benefactor and their friend. The exertions of Mr. Probert have proved that our faith was not unfounded.

Through the untiring efforts of this gentleman, the sympathies of the profession were awakened in favour of his grand and philanthropic design; by his own earnest appeals £2,000 were soon collected as the nucleus of a fund, and the profession, encouraged by his success, rallied to his support: committees were formed, and local secretaries were appointed to promote the object; the enthusiasm spread through all orders of our brethren, and gradually the public, recognising the merits of the cause, assisted liberally with their donations. To the noble president, the Earl Manvers, the utmost praise is due, for his prompt countenance and support; and to the right reverend Bishops whose names are enrolled among the vice-presidents, the profession are under great obligations. Without such valuable assistance it is possible that success might still have been far off; but through their co-operation and that of other noble lords and influential gentlemen, the scheme prospered, land for building was obtained, and the funds increased until an amount was raised which justified the determination of the committee to found the institution; and, accordingly, on the 25th of June, 1851, the "MEDICAL BENEVOLENT COLLEGE" was established.

Since that time the cause has made rapid progress, and the funds now in hand amount to £17,000, a sum much larger than even sanguine friends originally anticipated would be collected, but still far short of the amount required to complete the noble intention of the founder. It is, however, sufficient to authorise the committee to take the important step of laying the Foundation-stone of the new edifice, a ceremony which we have the proud satisfaction to state, will take place at Epsom, on this day, JULY 6th, under the auspices of His Royal Highness PRINCE ALBERT—a Prince whose name will descend in history associated with every good and great undertaking, designed either for the alleviation of private suffering, or the melioration of national evils, and who, to his numerous other titles to our esteem and gratitude, has now added that of espousing this holy cause, and laying the FOUNDATION-STONE of a building which will be the Asylum of the Disabled and the Distressed, and the Home of the Orphan and the Widow.

May the benevolent intention of the founder, and the zealous exertions of the president, vice-presidents, and committee, be rewarded with speedy and complete success, and may our professional brethren gratefully acknowledge labours so self-sacrificing and arduous, and fraught with so many inestimable blessings.

### LORD ST. LEONARDS' BILLS AND THE MEDICAL PROFESSION.

THE Lunacy Bills have undergone some revision, and we are happy to say that our efforts have not been in vain. In future the *resident medical officer* will, in every instance, *be the superintendent*. This rule does not, however, interfere with those *ex-masters* of *Union-houses*, or *ex-ward-attendants*, who held the office of superintendent before February, 1853. Hence a special clause has been inserted to exempt the Bedford, Chester, Cornwall, and Norfolk County Asylums, and the Haverfordwest, Liverpool, and Norwich Borough Asylums. We must leave our readers to judge of the justice of this clause, both as to the profession and the poor unfortunate lunatics.

We would advise an increased staff of resident <sup>medical</sup> officers in many of our large lunatic hospitals. In July, 1852, Dr. Forbes Winslow directed attention to the fact that, for the last twelve months, there had been only *one* medical resident officer at the *West Riding of Yorkshire Asylum*, where there are always upwards of 700 patients. Seven hundred insane patients *under the care of one medical man!*

The commissioners should have power to insist that, wherever there are more than two hundred patients in an asylum, there shall be two medical officers resident; and the duties entrusted to the physician-in-chief, where there are five hundred patients and upwards, cannot be sufficiently carried out without the assistance of two junior medical officers.



The Hanwell and Colney Hatch Asylums, although holding a good reputation in public opinion, yet may be said to have a very small number of medical officers.

Dr. F. Winslow asks, is it possible, skilful, able, and active as the resident officers may be, to carry into effect, with such a medical staff, any actual curative process of medical or moral treatment, unless they adopt the practice of the physician in one of Moliere's comedies, who, upon interrogating his hospital assistant as to the treatment he had pursued, was informed that he had on the preceding day bled the right ward and purged the left; then, replied the doctor, we will reverse matters to day—please to purge the right ward and bleed the left!

Considering the duties which fall upon the resident medical officers of a public asylum, we may not be surprised at the high rate of mortality which has taken place in those not well-officered. We do not intend at present to prove that such is the case, but merely to refer to this fact—for it is morally and physically impossible that one man can do the work of two or three; we, therefore, most strongly desire to see some power vested in the hands of the Commissioners in Lunacy, by which the managers of public asylums shall, in all cases, have a sufficiency of medical officers.

In those the best conducted—and we will name only a few—there is a resident medical officer, who is superintendent, and an assistant medical officer, who, in the absence of his principal, takes *entire command*, and by him the other officers, matron, steward, &c., are directed. Such are the Devon, Lancaster, Somerset, Wilts, the Royal Edinbro' Asylum, Morningside; the Crichton Asylum, Dumfries; &c.

We would suggest, in order that the rules in asylums should be of a uniform nature, that, once in every one or two years, they should be submitted to the Commissioners in Lunacy, for revision or alteration.

#### THE RECENT DISTRIBUTION OF MEDALS AT THE SOCIETY OF ARTS.

We have long indulged in opinion that the system of giving prizes for the reputed best productions in arts and manufactures was faulty in principle, and liable to gross abuses in practical operation. Even those prizes bestowed on literary and scientific excellence, although apparently less censurable—inasmuch as an able philosophical treatise, or a profound scientific discovery, rarely brings any immediate and substantial benefit to the author,—yet, in the end, become, through the paucity of the competitors, the favouritism or incompetency of the judges, a pretence, an absurdity, and a sarcasm. In our London Hospital Schools, for example, the system has degenerated into a mere decoy for students; in our Medical Colleges and Societies, a conventional stamp on, too often, a base and worthless metal. We could name many "Prize Essays" which were equally a disgrace to their authors, to the

profession of medicine, and to the colleges which bestowed the reward. The evil is in the system—in the necessity which the judges profess to feel of awarding their prize once a year, whatever be the claims of the competitors. If the candidates should be few, or unworthy, and on that account the award postponed for two or three years, there might be danger lest the prize should fall into contempt, for an important condition towards the maintenance of the system is the annual recurrence of the adjudication. Hence the farce is kept up. Essays are sent in, the judges run them through with indifference and disgust, scan the handwriting, make guesses—often very shrewd ones, concerning the authors,—arrange about the prize-man; and then the day comes when, full-dressed and bewigged, fussy and pompous, the judges assemble, and the fortunate candidate is presented with the bauble of his ambition.

We might have expected that the Society of Arts, endued with the responsibility of placing a nation's fiat upon the most worthy of her sons, in the different departments of intellectual enterprise—for the sphere of selection enjoyed by this society extends over the breadth of the entire empire—would have studiously avoided the vulgar acts and scandalous partialities which have characterised other minor societies of a similar kind, and would have maintained its own dignity, and the truth and honour of science, by awarding its medals—if, indeed, they *must* be granted—to men whose claims were undisputed and above reproach. It has not done so. It has not kept faith with the public; it has disappointed just expectations, degraded science, violated justice, scandalised its own high functions, and destroyed public confidence in the integrity and purity of its adjudicators. A society of this kind might exercise a most beneficial influence over the progress of science, by encouraging unfriended and struggling ability, and bringing into the light important and useful discoveries; but, to fulfil the intentions of its founders and the expectations of the public, and to develop its own capabilities, an undoubting confidence should be felt in the probity of its officers and the justice of their decisions.

However learned and honourable the men may be who now manage the Society, their acts, in some instances, have not been such as to warrant confidence in their judgment and vigilance. How could they have bestowed their medal on Mr. TOYNBEE, had they with care, impartiality, and with a due knowledge of the subject, examined the merits of his *pseudo-invention*? A contemptible ruse to carry off the medal of the Society of Arts! The bauble neither embodies any old principle in acoustics nor demonstrates any new one; it is not even represented to do either, and if it were so represented the statement would be false. It is offered only as a substitute for the natural tympanum, and, to deserve the medal of the Society, it ought to be proved, by numerous examples, to effect the object intended. *Was this demonstration insisted upon and*



*witnessed by the judges prior to the grant of the medal? Was any precaution observed to prevent error or imposition?* We demand answers to these questions. We have a right to know the value of the evidence adduced to prove the worth of the instrument. It is neither honest nor just that the world should be kept in darkness of the reasons that induced the judges to recommend an invention to be honoured with the Society's medal. All the proceedings of the Society should be open to the public, if it desire to retain confidence and to attach respect to its decisions.

As it is of the utmost importance that the parties responsible for the adjudication of the Society's honours to this gimerack should be known, we have ascertained their names, and these are they:—

MR. E. B. DENISON, BARRISTER!

MR. A. SMEE, ELECTRO-BIOLOGIST!!

MR. C. VARLEY, ARTIST!!!

We are not quite sure whether Mr. Varley be the junior or senior gentleman of that name, the artist or the optician, but that is a matter of little moment, as it is not likely that our statement will beget a quarrel between the gentlemen about the comparative claims of their reputation. Mr. Smeec, besides being an expounder of the mysteries of electro-biology, is also a surgeon; and, besides being a surgeon, is the inventor of hay-bread, bark-bread, cabbage-bread, &c., with which he proposed to feed the people in the memorable year of the Irish famine! Of Mr. Denison, we will say only that he is a lawyer, and unless he be the man upon whom the other judges experimented with Mr. Toynebee's bit of fiddle-faddle, we cannot understand what ability he possesses to adjudicate on the merits of acoustic instruments.

We appeal from these gentlemen to the COUNCIL, and we desire to know the grounds upon which this disgraceful award was bestowed. If necessary, we shall appeal to the President, H.R.H. PRINCE ALBERT, whose character is above suspicion—who is a friend to justice, and a lover of true science.

#### THE MEDICAL BENEVOLENT COLLEGE.

Earnestly desiring the prosperity of the Medical Benevolent College, we are glad to have the opportunity of publishing the subjoined admirable appeal in the first number of our New Volume.—[ED. MEDICAL CIRCULAR.]

*To the Editor of the "Medical Circular."*

SIR,—It would be a waste of words to expatiate on the general truth, that benevolence must always have an important part to perform in the affairs of this life. Whatever may be our improvements in cultivating habits of providence, in forming associations for mutual assistance, on commercial principles, as in life assurance, still, in this world of affliction and uncertainty, there will always be numerous cases of distress for which no help can be found without the exercise of a pure benevolence; in other words, the relations of mankind can never be reduced to a "debtor and creditor account" in the commercial sense.

There is a higher meaning of which these words are capable, and Christianity has taught us that all who abound in this world's good, are, in the sight of God, debtors to their poor brethren in distress. In this way we are expressly commanded to acknowledge our infinite debt to the Giver of all Good, who has condescended to say, "Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me."

More need not be said to Christian men with regard to the general duty of benevolence. Our special object in writing is to show that medical men, in their days of adversity, have *peculiar claims on the benevolence of society*. Our proof of this must depend on the principle that the profession of medicine must not, and cannot, be regarded in a merely commercial point of view. If it could, then the physician, however self-devoting, would be fully paid, like the tradesman when his account was settled. But will any patient whose life may have been saved by the skill and kind assiduity of his surgeon or physician, consider that his whole obligation is discharged by a simple payment of silver or gold? Pray, what amount of gold would fairly represent the value of life to many parents of large families? Commercially, the medical man is paid as truly as the tradesman who receives the same amount for some unimportant luxuries, but surely there remains in the rescued patient a gratitude which will not allow the medical friend, when visited by calamity, to sink into that hopeless destitution from which probably he has been the means of saving many families.

On this point—to prove that the practice of our profession must be based on something higher than mere commercial principles—we cannot do better than quote a few remarks from one of the best writers on medical ethics. Simon says: "We may judge of the moral *status* of any profession or calling by the predominance of one of the two motives—self-interest or benevolence—in those who exercise it. To condemn entirely the former motive would be visionary and extravagant. It must, in some degree or another, mingle itself with every human pursuit, and in some callings (such as ordinary trades) it may even safely be tolerated as the predominant motive—for self-interest, in the long run, will generally coincide with the public welfare in such cases.

"But it requires only a moment's reflection to show that this is by no means the case in the medical profession. Its importance to society is too great; its duties are of too grave a nature to be left entirely under the control of mere self-interest. Cases are of daily occurrence in which the medical man is called upon to sacrifice all egotistic propensities to a sense of duty; and so constant is this requirement for self-devotion, that we must pity that medical man in whom the task is not relieved and animated by a spirit of benevolence.

"Benevolence and a sense of duty are the only motives that can safely guide the medical man. Follow his course but for a few days, and you must be convinced of this. See him admitted into the *penetralia* of domestic life, and often having the peace and happiness of families depending on his discretion; follow him from the palace of the rich man to the cottage of the poor; from the town artisan, pining for fresh air, to the village labourer having fresh air and little else to enjoy; or through the neighbourhood devastated by a pestilence; or to his place before the tribunal, where a single word from his lips may carry life or death in its import; and everywhere, you must see that the ordinary commercial motive is not sufficient to guide and sustain a man in such a career."\*

With these remarks we fully concur, and they seem to us well worthy of consideration just now, in connection with the strong claims of the Medical Benevolent College on public support. As we have said, every man in the hour of distress has a claim on our sympathy and benevolence; but the medical man has peculiar claims. With-

\* "Deontologia Medica." Par Le Docteur Max. Simon, pp. 49, 50, 53.



out the exercise of benevolence on his part, he would be quite unfit for his profession. He must perform many acts of self-devotion for which he never expects payment in money. He must *feel* as well as *think*, if he is earnest in his duties; his heart must be often occupied as well as the head; but he does not make any charge for "anxiety." He must wait beside the bed of the poor sufferer, who has no probability of ever paying, and to those in better circumstances he will show many kind attentions without regard to pecuniary gain. After all that may be said of his acquired "*sang froid*," he must often suffer in his course of practice, when human life, seeming to other persons so cheerful, is presented to him as a scene of varied sufferings; the image of intense agony will often go with him from the bed-side of the patient, to haunt his slumbers and disturb his repose. If he has the heart of a true man and a friend (and without it he had better leave the profession), he *must* do and suffer many things of which he can make no entry in his ledger. Sometimes he must risk health, or even life; nay, sometimes, he must risk even his reputation—and that is risking everything—in order to give the utmost possible chance of life to a patient in some critical case. In short, if he is worthy of his vocation, his life must be a continual sacrifice for the good of society.

These are no imaginary features. With a proper pride, we can boast that many in the profession have more than realised the ideal we have sketched. Fothergill, when surrounded with wealthy and aristocratic admirers, never forgot the poor. Hequet and d'Andry found solace, in their old age, in employing their healing skill among the destitute; and many comparatively obscure practitioners have quietly pursued, and others are still pursuing, benevolent courses of which we shall never see any record in this world.

We have seen that the medical man has peculiar claims on public benevolence on account of the nature of his services; and we may come again to the same conclusion by regarding the liabilities of his career, especially his exposure to disease. This argument cannot be better expressed than in the concise language of the Council of the Medical Benevolent College in their address. They say: "Ever at the call of the public, constant labour, without recreation or change of place, is his general lot. His life is shortened by professional and personal anxiety and toil, and by exposure to infection. From his position he is led to marry early; hence, when he falls into distressed circumstances, his fate is frequently shared by a wife and children." All who have read the reports of the Medical Benevolent Fund, will readily recall to mind too many painful cases proving the correctness of the above remarks. Without any especial or personal reference, we may present, in a brief sketch, some of the features common to many cases:

A. B. is a young surgeon, upon whose education the whole of his small patrimony has been expended. Having passed through his studies and examinations with the highest credit, giving promise of becoming a very able man in his profession, he is informed of a so-called "vacancy" (rather imaginary than real) in a provincial town. In this curious *vacuum*, which he finds crowded with competitors, he settles, and, by dint of perseverance and economy, contrives to outlive the dreary beginning of practice, goes through the phase of "becoming known in the neighbourhood," and shows, like certain plants, a capacity for finding sustenance even on the barren rock. By slow degrees he acquires a position from which he can look with some hope into the future. In a few years we find that he has taken a wife, who brings no great addition to his resources—an imprudence, as very stern judgment would say, but certainly one which does not lessen our sympathy for the man. A family gathers fast around him; but he struggles on, succeeds better than while single, lives providently, uses the best precautions against adversity, insures his life for a respectable sum, and now—if he can but have firm and long-continued health—all

will be right! But the hard practice, exposure, and night-work of a rural district have already seriously affected a constitution never strong. Some weeks of great fatigue and exposure, during a long, cold, and rainy season, compel him to admit that he is ill. Let us suppose that his case terminates with cardiac disease, after rheumatic fever, paralysis, or some of the numerous forms of chronic disease, disabling him for life; and now see him, after all his hopes, all his struggles, all his exertions for others, sitting helpless, and without a ray of hope, surrounded by a destitute wife and children! Does not such a case call for our warmest sympathy, our best assistance? Then what must be done? Must we leave every similar case to special local efforts among friends? When such a case occurred lately in this town (Bedford), special efforts, made by the writer of this letter and others, were attended with a most gratifying amount of success. A family was rescued from utter destitution. But can such special efforts be expected to succeed thus in all cases? Certainly not. To depend solely upon them would be to exercise benevolence in the least effective and most irksome mode. Without a permanent benevolent institution—without a systematic combination of efforts—every subscriber or donor, to relieve distress, must not only give his money, but also his time to make personal inquiry into the special features of every case. It is evident, then, that we require, as a medium between public benevolence and the reduced members of the profession, a permanent institution, such as we find in the scheme of a Medical Benevolent College, as suggested by the philanthropic mind of Mr. Propert, and now, by his indefatigable exertions, brought so near to a successful issue. Between this new institution and the already existing Medical Benevolent Fund, there ought to be no rivalry, but rather a bond of friendship. As the College provides permanent relief, with a home and education for the family of the decayed medical man, the fund will still find ample room for beneficent exertion in temporary cases which may not require any long-continued assistance, or in other cases of sudden distress, where admission into the home to be provided in the College may be for some time delayed. We say, then, there is ample room for both institutions; they may mutually serve each other; and, taken together, they will form a complete plan of benevolence. As we have said, in a letter advertising to some doubts raised by Mr. Newnham, of Farnham, respecting the plan of the College, let "hand-in-hand" be their common motto.

On behalf of the Medical Benevolent College we would call upon the members of the profession and all classes of society for cordial support. Prudence as well as charity may induce the practitioner to support such an institution, for, after our best efforts to provide for ourselves and maintain independence, the evil day of adversity *may* come, nay, *will* come to many. "The race is not to the swift, nor the battle to the strong, neither yet bread to the wise, nor yet riches to men of understanding, nor yet favour to men of skill; but time and chance happeneth to them all. For man also knoweth not his time; as the fishes that are taken in an evil net, and as the birds that are caught in the snare; so are the sons of men snared in an evil time when it falleth suddenly upon them." So said the preacher (Ecclesiastes) many centuries ago, and the saying remains true for all ages. Now, surely, it is the best, as it is the most unselfish mode of making provision for ourselves, when, in casting into the treasury of benevolence some portions of our income, which we may never require, we are sure that they will be a benefit to some really necessitous cases. We are thus, at once, acting safely and prudently towards ourselves and benevolently towards others.

All classes of society must have an interest in the welfare of the medical profession. Let it be remembered that many of its members remain in honourable poverty, willing to suffer rather than to adopt any of the courses injurious to society, but often found lucrative by the *charlatan*. Let those who are comparatively poor, but who may spare



their "mite," consider for how many kind services and acts of friendship they owe gratitude to the medical profession. Let the wealthy be assured that, out of their abundance, they cannot give to any social institution having stronger claims on their support than that now brought under their notice. Under the system which will be pursued, and with the personal care of the Executive Council, who will adjudicate the claims of candidates, it is certain that the expenditure will be devoted to the most worthy objects, and that every donation and subscription will be faithfully carried to the relief of real necessity among a deserving class of men.

Among the noble charities favoured by the advocacy of ministers of religion, this we are sure will not be forgotten. The sums mentioned in the list of special donations as having been "collected after sermons," afford a cheering promise of what religious benevolence may do for us.

There are certain items in the list of donations upon which I look with great pleasure—the donations collected in small sums *by children and young persons*. Even the child who owes his life, or perhaps, the use of his physical organs, to surgical skill and care, may easily be made to understand that his medical friend, while living chiefly for others, is exposed to disease, want, and the helplessness of old age. Even the child may understand the claims of such an institution as the College; and when he sallies forth in its aid, armed with his subscription-card, few will be able to resist his simple but earnest advocacy.

In short—unless we can find a class freed from all the common bonds of humanity by perfect independence and exemption from disease and calamity, I know not any class in society to whom the success of the undertaking should be an indifferent matter. The plan is, in the highest sense, *humane*, and, therefore, addresses itself to the best sympathies of every human being.

To conclude by summing up, in few words, the leading argument with which I opened this letter, it has been shown that one of the prominent features of our profession is benevolence; and from this fact I have argued that the medical man, after a life passed in preventing, healing, or, at least, alleviating the afflictions of his fellow-men;—after making earnest and persevering efforts to maintain his own independence;—when he fails through disease, old age, or any calamity, and is reduced to the condition from which his care and kindness have rescued others, he surely must have a peculiarly strong claim upon the benevolence of general society. Armed with such an argument, the medical man who, from his own resources can give but little, or, perhaps, nothing, to the funds of the College, may surely be able to induce some wealthy neighbours or patients to support such a noble institution. Let us hope that, amid the general flow of charity in this country, pre-eminent for its charitable institutions, the claims of our College will not be forgotten.

I am, sir, your obedient servant,

T. HERBERT BARKER, M.D.

Bedford, July 2nd, 1853.

## Mirror

OF

## PERIODICAL LITERATURE.

(From the "British and Foreign Medico-Chirurgical Review," July, 1853.)

CONSIDERATIONS OF THE CAUSES OF DILATATION OF THE HEART, WITH AN ANALYSIS OF EVIDENCE BEARING ON THAT AFFECTION WITH DISEASE OF THE LUNG.

Dr. W. T. Gairdner gives the following as the results of his investigation:—

"The following conclusions seem to be fairly deducible from this inquiry, as its ultimate and most important results:—

"1. It is *possible* (judging from other cases which I have observed, I should say, *not improbable*), that disease of

the aorta and of the kidney may have an influence in determining cardiac hypertrophy. In the case of the kidney, however, this influence is exceptional; in the case of the aorta, it is only exercised in extreme cases of disease, and chiefly in the case of aneurism or dilatation of the arch.

"2. There is no good reason to ascribe to disease of the liver, pancreas, spleen, or brain, any considerable influence in determining disease of the heart.

"3. Chronic disease of the lung has a most important influence in determining hypertrophy and dilatation of the heart; and the very great majority of cases of cardiac disease, not caused by deformity of the valves, owe their origin to pulmonary affections.

"4. Hypertrophy and dilatation of the heart, arising from pulmonary disease, affect in the first instance the right cavities; but when the hypertrophy exceeds a few ounces, the left cavities also become invariably involved in the disease.

"5. It is *possible* that part of the influence of pulmonary disease on the heart may be due to obstruction of the circulation in the pulmonic capillaries (as is commonly supposed); nevertheless, it appears, that under various circumstances producing serious pulmonary obstruction, hypertrophy of the heart does not occur in a considerable proportion of cases.

"6. Tubercular disease of the lung produces hypertrophy of the heart only when combined with pulmonary atrophy and induration. Retrograde or obsolete tubercle, with contracting or obliterated cavities, concretions, cicatrices, &c., is very generally associated with secondary disease of the heart; while advancing tubercle has no appreciable influence (or rather, is frequently the cause of cardiac atrophy).

"7. It is not ascertained that pneumonic consolidation, considered *per se*, has any tendency to produce cardiac hypertrophy; but in some cases it appears to do so when accompanied by atrophy or collapse of the lung and emphysema.

"8. The great majority of the pulmonary lesions which give rise to hypertrophy and dilatation of the heart are accompanied by partial atrophy of the lung; and usually also by emphysema, which (as I have elsewhere shown) is the almost invariable consequence of such atrophy.

"9. Atrophy of the lung tends, in an equal degree, to produce cardiac disease, whether it proceed from bronchitis, pneumonia, or tubercle; whether it be 'simple atrophy,' or accompanied by induration; whether it be seated at the base, apex, anterior or posterior parts of the lung. Generally speaking, a given amount of pulmonary atrophy may be expected to develop a degree of hypertrophy of the heart proportionate to the dyspnoea which it entails, and the amount of contraction produced by it in the affected tissue.

"10. The well-known concurrence of emphysema with hypertrophy of the heart is, in all probability, due to their common origin in atrophic lesions of the lung; the law of production of the one affection being also that of the other. It is reasonable, therefore, to suspect that pulmonary emphysema and cardiac hypertrophy may be found to be, to some extent, alternating as well as collateral affections, in cases where atrophy of the lung gives rise to the conditions necessary for the production of either.

"11. It is rendered by this inquiry extremely probable, that dilatation and hypertrophy of the heart are never otherwise than secondary affections, and that they are dependant, in the very great majority of cases, 1st, on valvular deformity and other obstacles to the circulation in the heart or great vessels (dilatation *from within*); 2nd, on the expansion of the thorax under abnormal conditions (dilatation *from without*). The consequences of either of these forms of dilatation, or even of the tendency to either of them, may be hypertrophy of the muscular substance, due to the effort of the organ to act effectively under an increased resistance to its contraction. In the case of dilatation *from within*, an increased power is required to overcome an obstruction in the circulating system itself;



in the case of dilatation *from without*, hypertrophy takes place, because the expansion of the thorax in inspiration tends constantly to overload the heart, and this tendency can only be resisted by increased muscular force. The increase of dilatation without corresponding hypertrophy (the *aneurisme passif* of Corvisart) is always the signal of disaster; because it indicates that the balance of the circulating forces is finally destroyed."

(From the "Lancet," July 2, 1853.)

#### QUININE IN FEVER.

Dr. Robert Gee and Mr. Eddowes, medical officers of the Liverpool Fever Hospital, report cases of fever treated with this remedy. They say:—

"Of sixty-one uncomplicated cases, eleven were under treatment during the first seven days: of these, two were free from fever on the second day after treatment; one on the third day; two on the fourth day; three on the fifth day; one on the sixth day; one on the seventh day; one on the eleventh day. In twenty-four, the treatment was commenced during the second week: of these, one was free from fever on the second day after treatment; two on the third day; five on the fourth day; seven on the fifth day; three on the sixth day; two on the seventh day; one on the eighth day; two on the ninth day; one on the twelfth day. In twenty-six, the length of time that the fever had previously existed was not ascertained: of these, five were free from fever on the second day after treatment; six on the third day; three on the fourth day; four on the fifth day; three on the seventh day; one on the eighth day; three on the ninth day; one on the twelfth day.

The quinine was also given in twenty-seven complicated cases, the chest being involved in twenty-two, the abdomen in two; and in three both the abdomen and chest were affected. Of the twenty-two cases where the chest was involved (the affection being, as before remarked, generally subacute bronchitis), fifteen were treated during the first week: of these, one was free from fever on the third day after treatment; one on the fourth day; two on the fifth day; four on the sixth day; two on the eighth day; one on the ninth day; two on the tenth day; one on the eleventh day; and one on the twelfth day. In seven the treatment was commenced during the second week; of these, two were free from fever on the third day; two on the fourth day; one on the sixth day; one on the seventh day; one on the tenth day.

"The remedy employed in the above complication, in conjunction with the quinine, was a large mustard jacket placed round the whole of the chest, both back and front, applied twice or thrice daily, and left on as long as the patient could bear it. It possesses the advantage of not weakening the patient, at the same time being an excellent counter-irritant. Great care should be taken, more particularly in winter, to prevent the patient taking fresh cold while at the night-chair; in hospitals we think the use of the bed-pan the best preventive.

"Two cases occurred with abdominal complication: of these one was admitted on the ninth day of the fever, and recovered on the sixth of treatment; the other was admitted on the fifth of fever, and recovered on the seventh day of treatment.

"Three cases occurred with abdominal and chest affections: of these, two were admitted on the fifth day of the disease, and were free from fever on the fifth day of treatment; one admitted on the eighth day of the fever was free from it on the tenth.

"Thirteen cases in which the quinine was given proved fatal: of these, five died within forty-eight hours after admission. Of the remaining eight, one was admitted on the eighth day of fever, and died on the eighth of treatment. One was admitted on the fifth day of fever, and died on the sixth of treatment: this man had a persistent hicough, congestion of lungs, and had a severe attack of fever seven months before. One was admitted on the

seventh day of fever, and died on the tenth of treatment: this patient had been allowed nothing but barley-water previous to admission; tubercles in the right lung. One was admitted on the fourteenth day of fever, and died on the fifth of treatment: the quinine seemed to produce no effects. One was admitted on the ninth day of fever, and died on the sixth of treatment; this patient had two kinds of spots, the one disappearing, the other unaffected, by pressure; had been a hard drinker. One was admitted on the fifth day of fever, and died on the eighth of treatment—a woman seventy-six years old; this was the only fatal case where the pulse was reduced below 100. One was admitted on the fourteenth day of fever, and died on the fourth of treatment; the quinine did no good. One was admitted on the eighth day of fever, and died on the third of treatment: had involuntary motions when admitted.

"The effect of the quinine on the pulse is, in favourable cases, sometimes very remarkable: in one case it fell from 104 to 72 in twenty-four hours; in another, from 140 to 84 in seventy-six hours; but generally speaking the reduction is gradual and steady. In cases which terminated fatally, the quinine, with one exception, never reduced the pulse below 100; it sometimes fell from 148 to 124, from 112 to 108, from 140 to 114, but not below 100. None of the fatal cases were under treatment before the fifth day. In complicated cases the effect on the pulse is less marked than in those which are free from complication."

#### ON A CASE OF VERY LARGE HERNIA.

Mr. Godrich reports the following case:—

"Elizabeth B—, aged seventy-one, has been an inmate of St. George's Workhouse, Hanover-square, for some years. She states that forty years ago she had a difficult labour, after which a tumour appeared in her right groin; it continued of small size for about six months, and could be returned with facility into the abdomen. About this time it began to increase, and continued to do so gradually until it became of such immense size as to reach as low as her ankles. She states that she has tried trusses without number, but not one of them succeeded in preventing the growth of the tumour. She therefore cast them aside some ten years ago, and merely supported it with a belt. Notwithstanding the enormous bulk of this tumour, containing as it did nearly the whole of the intestines when in the erect posture, she continued for years in good health, was able to take her daily exercise in the grounds, and on every alternate Sunday walked a distance of some miles to visit her friends, her bowels always acting regularly without the assistance of medicine. A few months before her death she was confined within the walls of the establishment, in consequence of the tumour appearing below her ankles, and the boys in the street following, and pointing at her malady. Her activity began to fail, and she died from aqueous effusion on the brain.

"This case is extraordinary, as showing how regularly all the functions of life were carried on whilst the bowels had entirely lost all support from the abdominal muscles.

"The hernia, two days after death, was of comparatively small size, which may be accounted for by the intestines having re-ascended into the abdomen from her position, and from having being perhaps rather roughly moved. On cutting into the hernia, besides an immense quantity of intestines, containing scarcely any fecal matter, several quarts of serum were found. There was also a small umbilical hernia, consisting entirely of omentum. The other viscera were comparatively healthy for so old a woman."

(From the "Medical Times and Gazette," June 25, 1853.)

#### INFLAMMATION OF SEROUS MEMBRANES IN CHRONIC RENAL DISEASE.

Dr. Burrows and Dr. W. Senhouse Kirkes have communicated a paper on this interesting subject, in continu-



ation of their "Illustrations of Clinical Medicine and Pathology." They say:—

"Although it may, then, be considered as a settled truth, that the serous membranes, as also other tissues, are prone to inflammation in the course of Bright's disease of the kidney, yet there are certain peculiarities in the serous inflammation, which have either not yet attracted particular attention, or have not been sufficiently dwelt upon; and as these peculiarities seem calculated to throw some light on the cause of the inflammatory process, and so to be beneficial in treatment, an inquiry into them here may not be out of place. In the first place, then, it may be observed, that in every stage of chronic renal disease there seems to exist a tendency to the effusion of an excess of serum into the serous cavities, as well as into the loose cellular tissue of the body. The effused fluid, in this disease, differs in its nature, as well as in the cause producing it, from that exuded in cardiac dropsy. In the latter, it results from mechanical distension of the capillaries; in the former, from an unhealthy state of the blood, especially of its serous parts. In cardiac dropsy, the exuded serum is usually clear, and of a colour varying from pale straw to deep yellow; in renal dropsy it is almost always slightly turbid or opaline, sometimes whey-like and milky, and usually of a pale tint, almost colourless. Moreover, the dropsical fluid in cardiac disease is free from urea; while that in renal disease has been found to contain urea in appreciable, often considerable quantities. Simon met with it in the fluid from dropsical legs in a case of Bright's disease; (a) and Marehand found an 'extraordinarily large amount in the fluid removed by tapping from a woman with ascites.' (b) Simon, therefore, is probably correct when, speaking of dropsical fluids in general, he says: 'If the kidneys are affected, urea is generally present in them.' (c) For, since it is well known that the blood, especially the serous part of it, is charged with urea in Bright's disease, it may be readily believed, that, in transuding the walls of the blood-vessels, the serum of the blood carries with it some of the urea, as well as other materials which it holds in solution, and that this ingredient may be detected in the dropsical fluid accumulated in the serous cavities, or exuded into the cellular tissue of the body.

"To the presence of this excrementitious material in the serum exuded from the blood may probably be ascribed the inflammation which is apt to ensue in the serous cavities in renal disease. Highly delicate and sensitive, as we know the serous membranes to be, we can scarcely be surprised that they should be irritated and excited to a kind of inflammatory process by the substitution of a fluid charged with urea, for the simple, unstimulating secretion by which their interior is naturally moistened. And this is the more likely to be the case, since the fluid exuded into the serous cavities remains pent up therein, and cannot, as in the case of exudations from the mucous surfaces, be at once got rid of, and the liability to mischief from prolonged contact with the membrane be thus obviated. Wherever exuded, the serous fluid, impregnated with urea, will probably act as a local irritant to the part with which it comes in contact; but, from the mucous surface, it is swept away as fast as poured out; while in the serous cavities, and the cellular tissue of the integuments, or of organs, it necessarily remains until re-absorbed, and may readily be supposed to induce the inflammation which the serous membranes, the subcutaneous cellular tissue, and the substance of cellular organs such as the lungs, are apt to undergo.

"The several peculiarities observed in the serous inflammations ensuing in the course of renal disease, may probably, in a great measure, have their explanation in the view here taken of the cause of these secondary in-

flammations. The inflammatory process, as it occurs in this disease, differs in several respects from that arising spontaneously, or excited by any other cause than renal disease. In its mode of onset it is usually insidious, commencing and progressing with scarcely any of the general or local signs of inflammation, no pain, and no fever, and therefore, often not discovered till after death, or detected during life by a mere accidental auscultation. It commences too, very frequently, in one or more serous membranes simultaneously, and quite independent of any obvious exciting cause, such as exposure to cold, and, therefore, scarcely explicable on any other supposition than that of a contaminated condition of the blood. In duration it is usually protracted far beyond the ordinary term of existence of common inflammation. In case 6 there was evidence of pleurisy existing for more than four months, and almost unattended by symptoms. The products of the inflammatory process are likewise different from those in ordinary inflammation. Instead of meeting in fatal cases with the evidence of acute inflammation, as afforded by vivid redness of the surface, and layers of firm, fibrinous lymph intermingled with pus, it is usual to find but little vascularity of the affected membrane (see Case 13), while the lymph is of a soft, curdy, flaky kind, floating in a pale milky fluid, and rarely deposited in tough laminated strata on the surface. Everything, in fact, tends to show that the inflammatory process is of a low form, and unattended by the characters of ordinary active inflammation. In part this peculiarity may be due to the state of general debility and anemia which the renal disease almost invariably induces; but, it is probably, also, in great measure dependent on the cause which has given rise to the inflammation, namely, according to the view just stated, an unhealthy and irritating quality of the fluid exuded into the serous cavities, which fluid, like the serum of the blood, is more or less charged with the elements of the impeded urinary excretion. The fluid in the serous cavities, being at all times, in renal disease, in an unhealthy condition, probably acts as a permanently local irritant of a more or less active kind, according to the amount of urea which it contains. Hence may arise the peculiar dull, opaque, milky appearance of the various serous membranes, and the pale slightly turbid, or flaky character of the fluid within them, met with so very frequently in fatal cases of renal disease, whether of the acute inflammatory kind, as after scarlet fever, or of the more advanced and degenerate form. When the serous fluid contains a considerable quantity of urea, in consequence either of rapidly-ensuing structural changes in the kidney, or of any sudden arrest of dropsy in the cellular tissue, or a catarrhal discharge from a mucous surface, which had hitherto served in some measure to rid the blood or part of the excrementitious material accumulating within it, then the additional irritation thus produced lights up a more active inflammation in one or several of the serous membranes, and in this way may bring the disease to a fatal termination."

(July 2, 1853.)

#### CASE OF EXCISION OF THE KNEE-JOINT, IN WHICH THE WHOLE APPARATUS PATELLARIS WAS PRESERVED.

Mr. Jones, Surgeon to the Jersey Hospital, contributes the following highly interesting case:—

"It is not my intention to enter at all fully into the history of this case before the operation, nor to give a detailed account of the symptoms which supervened, or the treatment which followed it. This, together with more lengthened remarks on resection of the knee-joint generally, may probably appear at some future period, and in a more extended form than the limits of a weekly journal permit, and, with other unpublished cases, may perhaps be, in some degree, the means of deciding whether or not this operation be justifiable.

"Seven cases of excision of the knee-joint have, to my

(a) Simon's Animal Chemistry. Translated by Dr. Day, Vol. II., p. 494.

(b) Ibid., p. 490.

(c) Ibid., p. 490.



knowledge, occurred within the last twelve months; and when men of the first eminence in their profession, Mr. Fergusson, of King's College, and Dr. Mackenzie, of the Royal Edinburgh Infirmary, have each of them performed it twice during this period, I cannot but think that others will follow their example; and this belief influences me to publish, without delay, my last case, the operation having been performed in a different manner to that followed on former occasions, and, as far as I have been able to learn, differing also from that recommended or practised by others.

"William Livermore, aged 12, was admitted into the hospital on the 12th of October last, for an affection of the right knee, of upwards of a year's standing. His general health was not very much impaired, and the condition of limb was—general inflammation of the knee-joint and the textures surrounding it. To be brief, a careful investigation led to the supposition, that ulceration of the cartilages had already much advanced. There was general distension of the joint, as if by contained fluid. A fair trial of the following means was carried out:—The patient was kept in bed; the joint frequently covered with leeches; then cupping, blistering, mercurial and iodine frictions, tartar emetic ointment, each combined with appropriate constitutional remedies;—all failed. The operation was performed on the 17th of April last. A longitudinal incision was made on each side of the knee-joint, midway between the vasti and flexors of the leg, full five inches in extent; rather more than half the length was over the femur, and rather less than half over the tibia. These two cuts were down to the bones; they were connected by a transverse one just over the prominence of the tubercle of the tibia, care been taken to avoid cutting the ligamentum patellæ by this incision; the flap thus defined was reflected upwards, the patella, its ligament, and the joint thereby exposed. The synovial capsule was cut through as far as it could be seen; the patella and its ligament were now drawn over the internal condyle, while the joint was kept extended. It was next forcibly flexed, the crucial ligaments, almost breaking in the act, only required a slight touch of the knife to divide them completely; the articular surfaces of both bones were thus completely brought to view, and nearly two inches of the femur and half an inch of the tibia were sawn off, the soft parts being drawn aside by assistants. The external condyle of the femur was found hollowed out by a large abscess, and it was necessary to saw off a portion of the carious bone, and to gouge the remainder, until healthy cancellous tissue was reached. The entire synovial membrane was in a state of pulpy degeneration, and was carefully dissected off. The hæmorrhage had been rather great, but had now almost ceased, and no vessel required deligation. The blood was sponged out of the wound, the patella (after the diseased portion had been gouged out) and its ligament replaced, as nearly as possible, in their natural state, the bones brought in apposition, the flap brought down and held by sutures, the limb bandaged on a slight undersplint and laid in a box, the wound covered with moist lint, and the boy put to bed, yet asleep. The operation occupied full twenty minutes, and was performed while the patient was under the influence of chloroform."

"Opiates had, for some time, to be freely administered every night; and the boy's appetite, always excessively small, having entirely failed, the stimulating plan of treatment was followed out more rigorously than I had pursued it in other cases. The seventh day after the operation, a slough of some extent was perceived on the lower part and sides of the flap. This went on increasing for some days; the ligamentum patellæ was, however, never bared. Mild, stimulating applications arrested its progress; healthy granulations sprang up; and soon the suppuration, which at one time was very considerable, lessened in quantity. At present it amounts to a mere nothing, the wounds being now all but healed.

"Not seven weeks have yet elapsed since this operation was performed, and it is most satisfactory to witness its

favourable and rapid progress. The little patient never experiences the slightest pain in any part of the limb; he turns it from side to side easily and quickly, and, without either assistance or appliance of any kind, can, while lying on his back, raise the leg from the hip upwards. The knee bows slightly inwards; but my previous experience in these cases leads me to believe, that a very slight mechanical contrivance will entirely remedy this. The patella is adhesive to the femur and tibia, and its ligament preserves its integrity.

"The integuments covering the joint had been so much deteriorated by the disease itself, and perhaps also by the remedies used, as, together with the length of the flap, to account naturally for the slough. Probably two smaller flaps, reflected upwards and downwards from the centre of the patella, might have answered better.

"I am very unwilling to be supposed to recommend this plan of operation as one adapted to all cases of knee excision,—very far from it; there are cases in which it is altogether inadmissible; and I feel persuaded, that, whoever adheres to one mode only, will often find himself woefully disappointed in the result. The general rule of acting according to the features the case presents, is quite as applicable to these particular cases as to others generally.

"Preserving the patella, and not dividing its ligament, makes the operation more tedious and difficult; but this is a very secondary consideration, where it results in obtaining a more favourable issue. That it proved so in this instance is abundantly established by the fact already mentioned, that, in less than seven weeks after the operation, this patient is able to raise his foot without any assistance; while a young man who occupies the next bed, and in whose case everything has gone on favourable, was only able to do so in as many weeks."

## CONTENTS OF THE MEDICAL JOURNALS.

**Monthly Journal of Medical Science.**—(No. CLI. July, 1853. No. XLIII. New Series.)—Part 1.—ORIGINAL COMMUNICATIONS.—Case of Paralysis of the Common Motor Oculi Nerve. By John Struthers, Esq. Three Cases of Empyema occurring after Scarlatina, treated by Paracentesis. By Peter Brotherston, Esq. A Case of Aneurism of the Thoracic Aorta. By James Andrew, M.D. Hypnotic Therapeutics, illustrated by Cases. By James Braid, Esq. On the Treatment of Tape-Worm by the Male-Shield-Fern. By Robert Christison, M.D. Contributions to Obstetric Pathology and Practice. By Professor Simpson.—Part 2.—REVIEWS.—Anell on Tuberculosis. Little on the Nature and Treatment of Deformities of the Human Frame.—Part 3.—CLINICAL LECTURES, REPORTS, &c.—Clinical Medicine, Professor Syme. Fragment of a Clinical Lecture, delivered 20th June, 1853. Report of Surgical Cases occurring in Hospital Practice. By Dr. R. J. Mackenzie.

**Lancet.**—(No. I. Vol. II. July 2, 1853.)—LECTURES on the Diseases of Women. Delivered at St. Mary's Hospital. By W. Tyler Smith, M.D., Physician-Accoucheur to the Hospital. The Pathology and Treatment of Leucorrhœa, based on the Microscopical Anatomy of the Os and Cervix Uteri: the Sequelæ of Leucorrhœa: Inflammation, Ulceration, Induration, and Hypertrophy, of the Os and Cervix Uteri. (With Engravings.) Quinine in Fever. By Robert Gee, M.D., and Wm. Eddowes, Esq. Additional Remarks upon the New Operation of Tracheotomy by Dilatation of a Small Incision, and Particulars of a Case in which it was performed. By H. Thompson, Esq., M.B., Lond., M.R.C.S. On a Case of very Large Hernia. By F. Godrich, Jun., M.R.C.S., L.A.C.—An Interesting Case of Urinary Calculus. By R. Cockburn, Esq., H.E.I.C.S. (With Engravings.)—HOSPITAL REPORTS.—St. George's Hospital: Cancer of the Rectum; Obstinate Constipation; Death; Autopsy. King's College Hospital: Hemiplegia and Epileptic Attacks; supposed Hysteria; Death; Autopsy.—FOREIGN DEPARTMENT.—Amputation of the whole of the Lower Jaw by two separate Operations. Lupulin (the Alkaloid of Hops) as an Anaphrodisiac. The Seton for Suppurating Bubo.—NEW INVENTIONS.—Stringfellow's Electro-Galvanic Pocket Battery, for Medical Purposes. Rettie's Self-Acting Sewer-Traps for Gutters. (With Engravings.)—LEADING ARTICLES.



—The Efficacy and Value of Vaccination: The Epidemiological Society's Report.—The India Bill and the Medical Appointments in the East India Service. Laying the Foundation Stone of the New Medical College. The Medical Staff of the Burmese Army.—THE ANALYTICAL SANITARY COMMISSION.—Records of the Results of Microscopical and Chemical Analyses of the Solids and Fluids Consumed by all Classes of the Public. Ipecacuanha, and its Adulterations: Results of the Microscopical and Chemical Analysis of Thirty-three Samples of Powdered Ipecacuanha, as Obtained from Wholesale Chemists and Druggists, and as Purchased of various Retail Dealers. (*With Engravings.*)—Obituary: William Frederick Barlow, Esq., F.R.C.S.—The Table-Turning Delusion: Professor Faraday's Letter.

**Medical Times and Gazette.**—(No. CLVII. July 2, 1853.—ORIGINAL LECTURES.—A Course of Six Lectures on the Relation between Therapeutics and Pathology. Delivered before the Royal College of Physicians. By George Johnson, M.D., London, F.R.C.P. Lecture I. Clinical Lecture on Wounds of Bloodvessels of the Lower Extremity. Delivered at St. Bartholomew's Hospital. By W. Lawrence, F.R.S.—ORIGINAL COMMUNICATIONS.—Army Medical Reports. No. I.—Extracts from a Report on a recent Epidemic of Remittent Fever, at Promé, Burmah. By M. W. Murphy, Esq., Assistant-Surgeon, 80th Regiment. Contributions to Orthopædic Surgery. By Bernard E. Brodhurst, Esq. (*With Engravings.*) Case of Excision of the Knee-joint, in which the Whole Apparatus Patellaris was Preserved. By G. M. Jones, Esq., of Jersey.—HOSPITAL REPORTS.—University College Hospital: Employment of the Galvanic Cautery in Cases of Vesico-Vaginal Fistula. Prolapsus Uteri, and Vascular Growth in the Urethra. King's College Hospital: Congenital Varicose Tumour on the Leg. St. Bartholomew's Hospital: Excision of the Head of the Femur—Removal of a Cancerous Gland.—EDITORIAL ARTICLES.—Our New Volume. The Naval Medical Service. The Election of Surgeon to St. Thomas's Hospital. Assistant-Surgeons in the Navy.—REVIEWS.—On the Healing Process after Resection and Extirpation of Bones. By Dr. A. Wager. Chemistry of the Four Seasons. By T. Griffiths. Remarks on Hysteria in Connexion with Hydrophobia and other Convulsive Affections. By J. Dalziel, M.D.—Plain Advice on the Management and Diet of Infants. By W. Pearce, M.R.C.S.—PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals: Cysticercus in the Human Brain. Poisoning with Canthariden. Entrance of Air into a Vein. Accidental Obliteration of the Vagina. Treatment of Vesico-Vaginal Fistula. Ætheric Solution of Balsam of Tolu in Chronic Bronchial Catarrh. Prostatic Concretions in the Female.—REPORTS OF SOCIETIES.—Newcastle and Gateshead Pathological Society: Restoration of Nose.—Excision of Os Calcis. Presentation for Degrees and Honours, and Distribution of Prizes.—1853.

**Association Medical Journal.**—(No. XXVI. July 1, 1853.—LEADING ARTICLES.—Sunday Sights and Sunday Slavery. The Sydenham Society and its Executive.—ORIGINAL COMMUNICATIONS.—Active Properties of Hemlock. By C. Cogswell, M.D. Pathology and Treatment of Chronic Induration of the Mammeæ. By John Birkett, Esq. Cases in Midwifery Practice; with Remarks. By E. L. Falloon, Esq.—BIBLIOGRAPHICAL NOTICES.—Chapman: Treatment of Ulcers and Eruptions on the Leg. Little: Deformities of the Human Frame. McCormac: Moral Sanitary Economy. Nunn: Inflammation of the Breast.—REPORTS OF SOCIETIES.—East Kent and Canterbury Medical Society.—Pulsating Tumour in the Upper Third of the Thigh: Ligature of the External Iliac Artery successful. By H. Denne, Esq. Popliteal Aneurism successfully treated by Compression. By H. Denne, Esq. Traumatic Aneurism of the Ulnar Artery: Treatment by General Compression: Recovery. By James Reid, Esq.—ASSOCIATION INTELLIGENCE.—Twenty-first Anniversary Meeting. Anniversary Branch Meetings already announced. North Wales Branch.

**Dublin Medical Press.**—(No. DCCLVI. Vol. XXIX. June 29.)—TRANSLATIONS FROM FOREIGN JOURNALS.—On the Employment of Ergot of Rye in some Forms of Retention of Urine. By M. Passot, of Lyons. On the Use of Collodion for Erections accompanying Blenorrhagia. By Dr. Döringer.—SELECTIONS FROM MEDICAL JOURNALS.—On the Administration of Chloroform during Parturition. By John Snow, M.D. Case of Partial Canities occurring in one Night. By R. Fowler, M.D., of the Loughborough Dispensary. Purpura Hæmorrhagica treated with Spirits of Turpentine. By A. J. Clark, M.D. Hydrate of Magnesia as an Antidote to

Arsenic. By Dr. Schorff.—LEADING ARTICLES.—The Irish Medical Association. Medical Life in London. Payment of Medical Salaries from the Consolidated Fund. London Medical Periodicals. Scotch Jealousy of the Irish. Medical Attendance on the Constabulary. Quackery in Ireland.—MEDICAL MEETINGS.—Anniversary Meeting of the American Medical Association.

### BOOKS RECEIVED FOR REVIEW.

On the Decline of Life in Health and Disease, being an attempt to investigate the Causes of Longevity, and the best means of attaining a Healthy Old Age. By Barnard Van Oven, M.D., &c. London: John Churchill. The Pathology of the Bronchio-Pulmonary Mucous Membrane. By C. Black, M.D. Edinburgh: Sutherland and Knox, George-street. London: Simpkin, Marshall, and Co.

### An Epitome of Toxicology.

DESIGNED FOR THE BUSY PRACTITIONER AND ANALYTICAL CHEMIST.

(COMPILED FROM THE LATEST AUTHORITIES, EXPRESSLY FOR THIS WORK.)

(Continued from page 468.)

ALPHABETICAL LIST OF VARIOUS SUBSTANCES, WITH THE CHANGES THEY UNDERGO AND THE FORMS THEY ASSUME IN THE LIVING BODY. (CONTINUED.)

Substances.	Transformations, &c.
Arsenious Acid } (whitearsenic).	The precise chymical changes which arsenious acid and its compounds undergo in the organism, and those it produces in the organic tissues and fluids, have not been clearly ascertained. The almost inappreciable small quantity of this poison, in certain cases, found in the body after death, is incompatible with the assumption of its mere chymical action. Does it, after absorption, form new compounds with the albumen, fibrine, &c., of the blood and tissues, like many of the metallic salts? Does it act on the red corpuscles of the blood, or interfere with the blood-making process, exciting an opposite action to those substances that relieve anæmia, or as a violent spanæmic? (1) The abraded and often complete erosion of certain parts of the stomach, would show the first to result from simple contact. After death it has been stated that putrefaction rapidly follows, but this has been denied by Hume-field, Kelch, Klank, and others, who regard the action of arsenic rather as antiseptic. The use of arsenic in the dissecting-room is well known. The skin of subjects injected with this substance darkens, and the body suffers a kind of gelatinization, arsenuretted hydrogen is evolved, and black and yellow spots of metallic arsenic and orpiment appear in the skeleton. According to Dr. Christison, incipient putrefaction becomes suspended in the bodies of persons dying from the effects of arsenic; the soft parts become firmer and drier; the skin becomes brown, and assumes the appearance of parchment; the muscular fibres and

(1) Spanæmics (from *σπανος*, poor; and *αιμα*, blood;) substances which lessen the amount of fibrin, corpuscles, &c., in the blood, and hence impoverish it.



cellular tissues are converted into a cheesy, tallowy mass; the heart, liver, and spleen dry up; and the bowels, brain, and lungs, change into a greasy, adipocercous matter. The quantity of arsenic in the body diminishes by exhalation, whilst a garlic odour is evolved. At length this odour is lost, the body becomes dry and hard, and frequently mummy-like. (1) Jager and Seeman, however, deny that all these changes are due to the arsenic. Can we form any deductions from these phenomena? It is certain that arsenic exercises a topical chymical influence on the living organic tissues and fluids, and that, after undergoing more or less chymical change in the stomach and intestinal canal, or from contact with the part, it is absorbed, and permeates every portion of the body, probably forming fresh compounds with the albumen, chlorides, hydrogen, sulphur, &c., in the system. The solubility of arsenic in oil and emulsions, and in solutions of alkaline salts, may assist its diffusion; on the other hand, the solvent power of aqueous menstrua is said to be lessened by the presence of organic matter. The fact of arsenious acid being poisonous to *all* animals, and, with the exception of some minute plants, (2) to all vegetables, considered in relation to its known chemico-physiological effects, may, we think, afford an affirmative answer to the above questions. It is eliminated in combination, chiefly with alkali, and has been found in the stomach in an unaltered state. (3)

Asparagus (odorous principle) }	Eliminated, slightly altered.
Assafoetida (odorous principle) }	Eliminated, somewhat altered.
Astringents (vegetable) .....	Several are partly eliminated in combination. (See Tannin, &c.)

(1) *Vide* remarks on difference between the action of poisons on dead and living tissues, at page 367.

(2) The *Mucor imperceptibilis*, *Leptomitius*, *Hygrocerceis*, and a few other *Algæ* and *Cryptogams*. This statement, although on the authority of Jager and Gilgenkrantz, is exceptionable.

(3) There are small roundish brilliant grains formed of fatty matter and a peculiar organic substance, which are sometimes found in the stomach, and which in appearance greatly resemble arsenical grains, but are readily distinguishable from them by either the microscope or their behaviour when we attempt their solution.

Barium .....	Undetermined.
Barytes (Baryta) ...	Takes the acids and halogenous bodies from their previous combinations (like lime), forming new compounds, combines with albumen, &c. All the soluble salts of baryta are poisonous. Some suffer decomposition in the organism, whilst others pass out of the system unchanged.
Belladonna (narcotic principle) }	Has been detected in the urine; precise form undetermined.
Benzoic Acid .....	Converted into hippuric acid, and eliminated chiefly in combination.
Bichloride of Mercury .....	Combines with the albumen, &c., of the fluids and tissues, forming double albuminates; when swallowed, it produces rapid erosion of the stomach, &c., like other corrosives; the resulting compounds are, more or less soluble in excess of the saline and albuminous fluids of the body; hence the rapid absorption and subsequent effects of its administration. Its action on animal substances is well known. According to Dr. Billing, it contracts the capillaries, and acts on the quantity of blood. Müller says it acts by altering the composition of the tissues, annulling existing affinities, inducing new ones. Huxham states that "a long and large use of mercury will turn the whole mass of blood into a mere watery colluvies." Dr. Farre conceives that the action of mercury is to diminish the number of the blood corpuscles. The bichloride is one of the most active preparations of mercury, owing to the weak affinity of its elements for each other, and hence the one most likely to produce these changes in the fibrine, albumen, &c. It may be presumed that albuminates, &c., both of the base and acid, are formed, and that oxygen is set free. It is eliminated by the kidneys in an altered state.
Bilberry (colouring matter) ...	Eliminated by the kidneys unchanged.
Bismuth .....	Metallic Bismuth is inert. (See the Nitrate and Sulphate of Bismuth.)
Black cherry (colouring principle) .....	Eliminated unchanged.
Borax (Biborate of Soda) .....	Eliminated unchanged.
Bromide of Potassium .....	Eliminated by the kidneys; precise form undetermined. (See Bromine.)

(To be continued.)

## MEDICAL BIOGRAPHY.

THE great interest which has been excited in the Profession and among a large section of the community by the publication of the Portraits and Biographical Sketches of Members of the Medical Profession in this Journal, leaves no doubt that their *re-publication*, in a separate form, will receive considerable support, not only from those who are individually interested, but from their numerous connexions, who naturally take pride in seeing a faithful record of the attainments, the status, and the good deeds of those for whom they feel affection or friendship. This laudable feeling is associated with a higher pleasure when such Biographies tend to the advancement and instruction of mankind, which must be especially the case with those which relate to persons engaged in a noble and eminently useful profession. The first Volume will include the Biographical Sketches of Members of the Profession, which have already appeared in the "Medical Circular," in addition to many others now waiting their turn, agreeably to the alphabetical arrangement of the "London and Provincial Medical Directory."

Further particulars of this important and most interesting Work will appear in a future Number





PORTRAIT OF FRANCIS ARTHUR BULLEY, ESQ.

### Biographical Notices.

#### FRANCIS ARTHUR BULLEY, ESQ.

Francis Arthur Bulley, the subject of our current biographical sketch, is connected, through a long and honourable chain of lineage, with the county of Berkshire, and holds a long hereditary relationship with its capital. His mother descended directly from the ancient family of Blagraves, members of which had, for upwards of three centuries, represented the borough of Reading in the Senate. His grandfather and his father were medical practitioners of eminence in Reading,—the latter for the lengthened period of fifty-five years.

Mr. Bulley was born on the eighteenth of May, 1808. He received an ordinary scholastic education, and, after acquitting himself of the usual responsibility of choosing his future course of life, at a period when the mind is least qualified for making such a selection, he was initiated into his studies by his father, but soon transferred, for five years, to the supervision of the late Mr. Stocker, of Guy's Hospital, whose Mentorship was highly esteemed and eagerly sought by confiding fathers, most of whom credulously fancied it to be a sure and royal road to professional eminence. The renown of its chief surgeon, Sir Astley Cooper, still shed a lustre over the school; and Mr. Stocker, no doubt,

profited largely by the desire of parents to place their sons in an institution in which the genius of the celebrated surgeon might be supposed to be transmitted. As there can be, however, but few prizes, there must necessarily be many disappointments. Guy's, notwithstanding, was an excellent school, and in every way the best at that time to which a man of Mr. Bulley's inquiring and zealous mind could be sent. He there acquired, under the most accomplished teachers, the best foundation for future success in life—a thorough and comprehensive knowledge of his profession. That the opportunities there presented to him were not unimproved, is evinced in the fact that, very soon after he engaged in practice, he became known by his contributions to the medical journals on various interesting points in medical and surgical practice. In 1829 he was admitted a member of the Apothecaries' Society, and in the next year received the diploma of the Royal College of Surgeons.

Usually, the first anxiety that discomfits the emancipated student when he is fairly launched on the stormy ocean of professional life (for there is very little of it pacific), arises out of the immense uncertainty of his destiny; and his future sphere of action must generally be



sought without a guide; the tracks of previous voyagers in the world's chart are rather to be shunned than followed, lest they should misguide more than direct. "No man," says the great moralist, "can become great by imitation"—a maxim that daily medical life confirms. Then is it that there is so loud a call for that proficiency in worldly wisdom which experience alone can develop and age confirm.

The prestige of parentage insured for Mr. Bulley a start more favourable than ordinary, for on commencing practice in Reading, he was at once elected assistant-surgeon to the county jail, and held the office until the retirement of his father, in 1850, when he was made full-surgeon. Parental influence secured, of course, several good introductions, and brought connection, yet it must not be over-estimated. The reputation of a father often, in the end, blights the prospects of a son; and we find that the substantial success of Mr. Bulley—his steadily increasing professional reputation, and his social position among his brethren, rest directly on his own acquirements, his industry, and moral worth.

In 1839 he was elected one of the surgeons of the Royal Berkshire Hospital, in the early promotion of which institution he had taken an active part; and, as one instance of his activity, it may be stated, that he collected in pence, from those who could not afford to give more, the sum of one hundred guineas. Afterwards, in conjunction with Dr. Woodhouse and others, he laboured in organizing a convalescent and a Samaritan fund. In this model hospital, which is not eclipsed in its general plans of arrangement, or in its internal management and ultimate design, there exists an able staff, not unknown to fame. We mention with honour the names of Cowan, Woodhouse, and Wells—May, Maurice, and Bulley. Among the excellent rules of this charity is a stringent one relating to the class of persons to be relieved—with the double purpose of preserving the funds for the really poorest classes, and in justice to the medical men of the district, whose private practice would otherwise be in danger of being invaded. In 1844, the Royal College of Surgeons nominated Mr. Bulley an honorary fellow.

Mr. Bulley has contrived to make time for literary pursuits, and we find some of his writings in the "Medical Times," most of which evince research, acuteness of perception, and practical knowledge. Among these may be specified several communications on scrofula; an account of malignant scarlet fever treated by diaphoresis, produced by means of hot water packing,—the patient was convalescent in four days; papers on the nature and treatment of febrile diseases, in which he advocates the employment of the same means, in imitation of the natural efforts of the system, to produce a crisis of the disease by diaphoresis; the treatment of chronic trismus by mechanical dilatation,—the instrument, which is peculiar, having been invented by himself; surgical reports from the Royal Berkshire Hospital; an account of a simple means of diminishing the effects of fire on the human body, by the application of treacle and water to the burned part.

Possessing a refined mechanical taste, which he has not failed to improve, he has, naturally enough, turned his attention to the perfecting of many of our surgical instruments and appliances, and we find his name in numerous places in Weiss's catalogue of surgical inventions. In Weiss's cabinet, which obtained the gold medal at the Great Exhibition, were many of his instruments. He seems to have been among the very few provincial surgeons who exhibited in this department. Perhaps the most useful of his additions to practical surgery are: A splint for broken thighs, by which graduated extension is applied both by the foot and by a band around the thigh, just above the knee, the special advantages of which are, the easy prevention of deformity, and the absence of the looseness of the knee-joint, which so frequently follows extension effected by the foot alone; an apparatus for the application of pressure to the femoral artery, in cases of popliteal aneurism, in which, by means of two traversing

screw-pads, the instrument may be so applied that there can be a remission of the pressure at either of the two points, for the retardation of the arterial stream, without the necessity of having to remove the apparatus, when such alteration is desirable,—this excellent instrument has been used with success in several parts of the country; a tourniquet for arresting the flow of blood through the subclavian artery, in shoulder-joint operations; a uterine compress, for arresting hæmorrhage during or after labours, and which may be employed either as a simple obstetric bandage, or for the purpose of producing firm, but, at the same time, easily-regulated pressure upon the walls of the uterus.

Nature has not been sparing to Mr. Bulley of her favours, for he is what, without fear of contradiction, may be styled a very large man, exceeding six feet by some inches, and stout; but withal he is well proportioned, and carries his figure commandingly, yet with ease. While he devotes a fair time to study, and does not allow any opportunity of adding to his knowledge, or to his skill as an operator, to pass unimproved, he does not neglect that amount of exercise and relaxation which are so essential for the maintenance of health—a point too much disregarded by the majority of our profession, and by the neglect of which many valuable lives have been shortened.

Mr. Bulley is well known in his native town, for his lively interest in its advancement, and for promoting in every way its institutions and its amusements. He resides at 37, Friar-street.

## Reviews.

*A Treatise on Diseases of the Heart.* By O'B. Bellingham, M.D., &c.

This is a compendious and useful treatise on the anatomy, physiology, and pathology of the heart. It is divided into two parts: the first, relating to the anatomy of the healthy heart; the size, weight, and measurement of its several chambers, and an analysis of its sounds. This part also contains an examination of the heart in disease, and the general secondary and remote signs of cardiac lesion. The second part treats of the special diseases according to their seat. Authorities are liberally quoted, and the evidence on the several points examined carefully weighed. The analysis of the investigations on the size and weight, and of the conflicting opinions on the sounds of the heart, is judiciously made. Some of the author's deductions on several subjects are deserving of the utmost attention. The subject matter of this volume has already appeared in separate papers, published in the "Medical Times" and the "Dublin Medical Press," so that it is unnecessary to publish quotations to indicate the author's views. This work is well arranged and perspicuously written, and deserves a place on the shelf of every medical practitioner.

*Chemistry of the Four Seasons.* By Thomas Griffiths.

The Chemistry of the Four Seasons is the chemistry of Nature, for what natural phenomenon is not contained in the course of the annual cycle? Mr. Griffiths, therefore, in this work, explains the principles of the various phenomena in the physical world, as they successively appear. The structure and culture of the earth, vegetable growth, dew, snow, atmospherical influence, with many other matters, are treated of with great clearness and interest, though occasionally with too poetical a colouring. The work is well adapted to the popular reader, and even more learned persons would derive benefit from the perusal of its pages.

*On the Nature and Proximate Cause of Insanity.* By James George Davey, M.D.

Mr. Davey's views on this most interesting subject have already appeared in this Journal, but we cannot too fre-



quently call attention to their importance. One of Dr. Davey's doctrines—the phrenological aspects of insanity, has been much disputed, and it is unnecessary to dilate upon it. Another of his doctrines, that insanity commonly depends upon irritability or exhaustion, will probably, as we believe it ought, receive more general acceptance. We quote the following illustration of his views:—

“Among the insane, the *“nervous power”* here spoken of, is, as a general rule, *i.e.*, under circumstances of excitement, as in *mania* (acute or chronic), converted into *“irritation”* or *“morbid sensibility,”* (Good and Billing;) and this fact is well illustrated by the origin and progress of almost any case of mental derangement. Long-continued mental exertion, protracted anxiety, or excessive action of any one or more of the cerebral faculties, lead ere long to a morbid susceptibility of a portion or portions of the cineritious neurine,—this, the source of power, intellectual and emotional, if overtasked, loses, like any ordinary muscle, the capacity to respond duly to the too frequent and long-continued calls made on it, and it assumes, therefore, a condition of *irritation* (excitement without power), which, if allowed to proceed unchecked, or if not relieved, realises all the external indications of mental derangement. The brain (grey neurine), like the spinal cord, or like any other portion of animal matter, is subject to precisely similar organic laws; and if we would avoid the consequences of their infringement, man must learn to discriminate between their *use* and *abuse*, avoiding the latter of them.”

And again:—

“Admitting that the proximate cause of insanity consists in an irritation or morbid sensibility of the grey (nerve) matter, and admitting also the dependence of the normal action of the vascular system on the integrity of the nervous power, it must follow, that in all cases wherein the latter is interrupted from any cause, the former, *i.e.*, the vascular system, cannot escape the consequences. If *‘morbid sensibility’* occurs to the nerves of a part, the consequence either of the application of an external stimulant, or the result of some accidental and internal or organic change, the capillaries, although they may resist, more or less, and for a given time, the injurious effects of the same, are ultimately rendered incompetent to the proper discharge of their offices in the animal economy; and losing the *tonicity* natural to them, and through the instrumentality of which the blood is forced onwards through their delicate textures, they become congested, their parietes yield to the pressure of the contained fluid; and unless this be relieved, inflammation, more generally of an *asthenic* character is set up, and the chances are that a certain amount of disintegration (of the tissues involved) follows; and to this succeeds the various neeroscopic appearances contained in the accompanying tables, all of which, as I have remarked above, are ‘plainly referable to either past or present inflammatory action of the brain or its membranes.’ There can be no doubt that the various effusions, opacities, adhesions, and vascularities, and so on, which appear on the examination of the brain and its investing membranes, in persons dying insane, must be regarded as the mere *effects* of the cerebral disorder, and not as its first cause. It must be remembered, in connection with the foregoing, that of the one hundred cases reported on, there were eight per cent. without any appreciable lesion of the parts within the cranium, although, in each instance of the kind, the investigation was conducted with great care. The not infrequent absence of all signs of disease of the brain among the insane, is a fact recorded by almost all writers on this branch of medicine; and this circumstance in itself proves, in the words of Dr. Copland, that ‘changes may take place in the nervous system, not only sufficient to produce disease, but even to subvert life, without being so gross as to be demonstrable to the senses.’ Thus I am in possession of the notes of a very singular case,—it is that of a female who had been insane for a period of eighteen years, on

examination of the cranial contents of whom no vestige of disease could be discovered.”

Dr. Davey manifests much acuteness in the investigation of his subject, and we should like to see a more elaborate demonstration of his views than is possible within the limits of this small volume.

*A Medical and Topographical Sketch of the Thermal Springs of Teplitz.* By T. L. Richter, M.D.

Here we have a little hand-book for the invalid travelling in quest of health to the springs of Teplitz. All the sanatory advantages of the place are set forth, and there is a good description of the surrounding district.

*Plain Advice on the Management and Diet of Infants.* By W. Pearee, Esq., M.R.C.S.

This work is recommended to the public under the seductive title of “Every Mother’s Book,” and probably the bait will take. The book is the most superficial of all that we have seen among those addressed especially to “mothers,” and, therefore, probably will do little harm.

*On the Application and Effect of Electricity and Galvanism in the Treatment of Cancerous, Nervous, Rheumatic, and other Affections.* By Richard Moore Lawrence, M.A., M.D.

This work begins with Thales and ends with Dr. Lawrence, and is, therefore, intended to be a compendium of everything known on the subject of the therapeutic employment of electricity. The various modes of administering electricity are described, the diseases in which it may be found efficacious enumerated, and the operation of the remedy explained, but we fear that the value of this remedy is more limited than its advocates believe. It is, however, just to say, that Dr. Lawrence’s work is devoid of quackish tendencies, and deserves to be read by those gentlemen who regard electricity as an important remedial agent.

## Medical Notes and Queries.

### NOTE.

NEW REMEDY FOR DROPSY.—MR. EDITOR,—I have just been treating a patient, for these last six weeks or more, with every remedy I can think of, for renal ascites, seemingly with but little if any benefit. At last I applied to the puses and abdomen a malagma of the herb “widow-wail,” or the *chamaelaea triccocos*, when she continued to make nearly a gallon of water for two or three days, and is now almost cured. I may observe that it ought only to be applied for two days at a time, as it acts by “fits and by starts.” I must, however, not be so vain as to attribute this to my own discovery, as I took it from the Noctes Sarniæ, as an extract from the Latin of old Rondeletius; for in the said book, p. 258, these words were thus written:—“Talem deinde affirmo hydropem generatim reducatur coram inelytissimo omnium herbarum ‘widow-wail’ nuncupatim. Hujus emplastrum herbæ elaret c regione abdomen hydropis hujusmodi, est medela secundum Rondeletium antiquæ, insumma mingendo miraculose operatur.”—“ANTI-TROCAR,” L.A.S.

### NOTE.

TINCT. FERRI AMMONIO-CHLORIDI.—In the P. L. last published, there is an error in the formula for Tinct. Ferri Ammonio-Chloridi. Corrected it should stand thus.—

R. Ferri Amm. Chlor. ℥iv.

Sp. Vini Ten.

Aq. Destill. aa. f. ʒx. M.

Dr. Birbeck Nevins also has translated the error, and makes double the quantity. Perhaps having used tinctures of this strength makes him speak so lightly of it as a remedy.

JUVENIS.

Hammersmith, June 21, 1853.

### QUERY.

SIR,—You, or some of your readers can, perhaps, inform



me if there is a translation of *Cælius Aurelianus* in any modern language, or what is the latest and best edition of the original. Yours respectfully,  
June 25th. W. C.

## Hospital Reports.

### ST. BARTHOLOMEW'S HOSPITAL.

#### *Double Encysted Hydrocele of the Spermatic Cord.—Radical Cure.*

Under the care of Mr. STANLEY.)

John Moggridge, aged 20, was admitted March 17, 1853, on account of a firm-feeling swelling on the left spermatic cord, about an inch above the testis. It was about the size of a walnut, and might be readily moved up and down; its parietes were so extremely tense that it was impossible to say conclusively that it was not solid. The previous history of the patient, as explained by Mr. Stanley, was, however, opposed to such a conclusion. Mr. Stanley stated that the man had been under his care two years ago, on account of a tumour much resembling the present one, but situated on the opposite cord, about midway between the testis and the external abdominal ring. It was so hard-feeling, that the question of excision was seriously entertained; but, on introducing a trocar, however, a clear, serous fluid ran out, which was found, on examination, to abound in spermatozoa. The trocar puncturation did not cure it; and it was only after having laid the sac freely open with a bistoury, and dressed it from the bottom with lint, that its permanent obliteration was secured. The walls of the cyst were remarkably thick; and it was not for some time afterwards that their complete absorption was effected.

The similarity of the present tumour to the former one was so close, that Mr. Stanley judged them of like character. The same treatment was pursued; but the fluid which escaped, instead of being, as before, like milk and water, was of a clear, bright straw-colour, and, when examined by the microscope, no spermatozoa could be detected. The cavity, which had very thick walls, was filled with lint, and allowed to suppurate. After a short time, healing took place, and the man was discharged quite well on the 2nd of April.

Mr. Stanley took occasion to point out to his clinical class, that these tumours were examples of the two distinct forms of encysted hydrocele of the cord. In the one, a new cystic development takes place by the dilatation of some structure in close apposition or actually connected with the vas deferens. In these the fluid is usually of a milky appearance, and abounding in spermatozoa. The second class consists of those formed by mere serous effusions into portions of the peritoneal investment of the cord which have escaped obliteration. In these the fluid is mostly clear, and exactly resembling that of hydrocele. It contains usually no spermatozoa.

### MIDDLESEX HOSPITAL.

#### *Injury to the Tibia—Slight Exfoliation of Bone—Extension of the Morbid Action to the Knee—Complete Destruction of the Joint—Amputation—Death—Autopsy.*

(Under the care of Mr. SHAW.)

Joseph G—, a cab-driver, aged thirty-six years, who has not been very temperate, was admitted April 12, 1853. It appears that the patient received, a short time before admission, a kick from a horse, by which the upper part of the left tibia was injured. The wound was not, however, of an alarming kind, and matters went on pretty well for the first few days; but the soft parts having ulcerated, the bone became exposed, and a commencement of exfoliation took place. The wound began at this time to take an unhealthy aspect, and the superficial veins of the leg and thigh showed signs of inflammation. A slight attack of erysipelas

also took place, and it became evident that the knee-joint was becoming involved.

Severe pain was complained of, and it was suspected that suppuration was taking place within the articulation. The fever ran high; the matter came to the surface, and it was found necessary to open the abscess which had formed in the cavity of the joint. The discharge of pus was profuse, and, in spite of tonics and stimulants, it became apparent that irritative fever would soon destroy the patient. Mr. Shaw therefore determined to take off the leg above the knee, amputation being the only means holding out a chance of saving life.

The operation was performed on the 20th of May, 1853, the man being at the time in a very weak state; and on examination of the joint it was found completely full and distended by pus, the matter emitting a most offensive smell; the cartilages and ligaments were softened, the former presenting the flocculent appearance initiatory to complete destruction. The abscesses of the joint had burrowed under the extensor unguis, and formed an enormous sac.

The patient remained for several days in a very weak state, and in spite of the diligent exhibition of tonics and stimulants, he died nine days after the operation.

### ST. GEORGE'S HOSPITAL.

#### *Periosteal and Bony Inflammation of the Lower Portion of the Femur—Extension of the Inflammation to the Knee—Destruction of the Joint—Amputation—Death.*

(Under the care of Mr. HENRY CHARLES JOHNSON.)

Robert S—, aged forty-eight years, was admitted July 14, 1852. The patient had been ill about six months before his admission, the ailment having begun with swelling and pain at the lower part of the femur. An abscess had subsequently formed in that locality, and had been opened on the inside of the thigh.

On admission, the lower and internal part of the latter presented a sinuous aperture leading down to bone; pain was still complained of, and there was a copious discharge of matter.

The mode of treatment generally employed in caries of bone was resorted to—viz., emollient applications, tonics, good diet, &c.; but it was noticed, after a few weeks, that the knee-joint was becoming involved. The usual symptoms, such as pain on moving the articulation, swelling, redness, &c., were successively observed; and it was soon manifest that the patient's health was giving way under the disease. No resource was left but amputation, which was performed October 21, 1852, about three months after admission, and nine after the first onset of the disease in the femur. Mr. Johnson examined the joint after the operation, and found the articular cartilages destroyed, the cavity full of pus, the inner side of the joint partially ankylosed, and the patella attacked with caries. Numerous sinuses opening by the inner side of the femur communicated with the articulation. The latter bone was also found enlarged and considerably hardened.

The prospects of the case were by no means favourable, as the aspect of the patient had never been healthy; his countenance was always flushed, his complexion dusky, his manner very strange, and at times almost delirious. After the operation he went on pretty well for a few days, except that the bowels were obstinately constipated. On the sixth day, however, the man had rigors, followed by vomiting, profuse diaphoresis, and the well-known symptoms of purulent infection. He died on the ninth day after the operation.

**FEMALE PHYSICIANS.**—The Female Medical College of Pennsylvania will commence its next course of lectures on the 1st of October. Its Faculty consists of five male and two female Professors,—the latter regularly graduated physicians as well as the former,—while the Demonstrator in Anatomy is also an able female physician.



## Original Communications.

## ON THE VALUE OF HYDROCYANIC ACID AS A REMEDIAL AGENT.

BY WILLIAM J. COX, M.R.C.S., ETC.

(Continued from page 494, Vol. II.)

## B.—Diseases of the Respiratory Organs.

1. *Croup*.—This disease, being essentially of an inflammatory nature, of course requires the appropriate remedies of that class of maladies—viz., abstraction of blood, followed by the exhibition of mercury. But the distress and danger of the little patient are often greatly aggravated by paroxysms of dyspnoea, arising from irritation of nervous filaments supplying the inflamed part and its vicinity. The cough is thus increased in severity, and becomes of a violently spasmodic character. For this, hydrocyanic acid affords great relief; but it must not be supposed capable of curing the disease, nor must the use of other remedies be at all neglected. In these cases, the acid is best given in simple cold water, and in moderate doses.

2. *Bronchitis (chronic)*.—Hydrocyanic acid is very valuable in the treatment of those cases of long-standing disease of the air-passages, complicated with vesicular emphysema, which we so often have to encounter among the aged and infirm, and which is sometimes erroneously termed humoral asthma. Although, of course, the organic lesions are beyond the resources of our art, yet many useful palliatives may be prescribed. Persons so afflicted are frequently the subjects of sudden and distressing accessions of dyspnoea and exhausting cough, generally occurring at night, and which are clearly traceable to spasm affecting the diseased air-tubes: aggravating, of course, the consequences of the existing incurable evil of loss of elasticity in the air-cells. Now stimulating, warm expectorants, with the application of blisters to the chest, will, it is well known, afford relief. But these remedies are somewhat tardy in their action, and the dyspnoea is often so urgent as to threaten death by coma. The face grows dusky, the lips purple, &c. We had better not give opium whilst there are these indications of cerebral congestion. The most successful agent appears to be hydrocyanic acid combined with ether. Its good effects are rapid, and it has seldom disappointed me. It should be given in moderate (not large) doses, and frequently repeated. It possesses a decided advantage over opiate remedies, inasmuch as it has no tendency to check secretion from the diseased membranes—often an injurious effect of these latter medicines.

3. *Asthma (spasmodic)*.—Many morbid conditions of the respiratory organs are erroneously jumbled together by the public, and called by this title. In short, difficulty of breathing, from whatever cause arising, is popularly termed asthma. I, however, here restrict the name to signify a purely spasmodic action of the muscular fibres of the bronchi and trachea, from immediate, or it may be, remote irritation. It is, indeed, a disease of the diastaltic nervous system, and may frequently be traced to irritation of the *par vagum*. I need scarcely say that the usual remedies are ether and opium. But I have again and again found hydrocyanic acid of the greatest benefit in the worst cases; quickly relaxing the spasm; and, what is of more importance, preventing its frequent recurrence. The following formula will, I venture to say, be found applicable (with slight modification) to a large number of cases:—

R. Acidi. Hydrocyan. (Scheele's) gtt. vj.

Spt. Ether. Sulph. Co. 3ij.

Vini Ipecac. 3i.

Mist. Camph. ad ʒiv.

Misce. Dose (for an adult) a tablespoonful every hour.

4. *Catarrhus senilis*.—The treatment of this malady does not materially differ from that of chronic bronchitis. With this exception, however, that opium (in anything like large doses) is inadmissible, on account of the great

drowsiness which commonly is observed. There is no better plan of treatment than to combat a perilous exhaustion with ammonia, or ether, combined with small doses of laudanum, and treating the cough, &c., at the same time, by means of hydrocyanic acid, with squills or ipecacuanha. The following I have found highly beneficial:—

R. Mist. Ammoniaci, ʒiv.

Acidi Hydrocyan. (Scheele's) m x ad xiv.

Syr. Tolu. ʒss.

Aqua ad ʒvj.

Misce. Dose. a tablespoonful frequently.

5. *Phthisis*.—Nausea and vomiting form a very harassing and distressing feature of the concomitant symptoms incidental to the course of tubercular phthisis. In the latter case, tenderness of the epigastrium generally accompanies these signs, and the autopsy reveals an altered and softened condition of the gastric mucous membrane. I know of no remedy that is more serviceable, or affords more relief in these sad cases, than the one the use of which I am now advocating. I have generally used it in tolerably full doses, given directly (*uncombined*) after each period of taking nourishment, if required. I am aware that many prefer opium, contending that the latter drug is safer and more efficacious; but I can by no means coincide with this opinion. On the contrary, opium appears to me decidedly to fail in subduing the irritation of the stomach; and, moreover, it is seldom wanting in its injurious effect on the brain, and in constipating the bowels. The administration of hydrocyanic acid is not attended with either of these bad results. This remedy is also a most valuable adjunct to the various *cough medicines* constantly required during the course of phthisis. The peculiar jerking, hollow, spasmodic cough observed during the latter stages of consumption, owes much of its violence and exhaustive character to nervous irritation, and is greatly quieted by this powerful agent. It may be advantageously given in combination with squills, conium, hyoseyamus, or stramonium, or simple paretic. That high authority, Dr. Watson, recommends the employment of the acid in treating the cough of phthisis, and says that it has a very soothing effect, when opium is not well borne.

6. *Pneumonia (convalescence from)*.—A combination of hydrocyanic acid with the milder expectorants proves very valuable in these cases. Even after the products of inflammation have been excreted, and the mucous membrane is returning to its normal state, a very distressing and harsh cough harasses the patient. The same formulæ mentioned above, as beneficial to the phthisical patient, will here prove of service; subduing the irritation, and assisting the action of the other expectorant remedies.

## C.—Diseases of the Heart.

1. *Angina Pectoris*.—Dr. Elliotson says: "I have relieved angina pectoris more by prussic acid than by any other remedy." Only three cases of this formidable malady have come under my care. Of these, two were more benefited by the administration of the acid than by any other remedy. I may venture to say, that the remaining case was entirely cured by it. It is but fair and reasonable, however, to suppose, that in this last instance there was no organic lesion of the heart or arteries. Of course, when such does exist, palliation alone of the more distressing symptoms is within the scope of medical aid.

2. *Neuralgia Cordis*.—Few morbid conditions are better adapted for displaying the powers of hydrocyanic acid than this distressing and peculiar affection. A friend of mine, who used to suffer severely from paroxysms of palpitation, accompanied with such acute pain darting through to the back and shoulders, that he felt persuaded he had an organic affection of the heart, now informs me that these attacks have, under the use of prussic acid, so greatly abated both in violence and frequency, that he no longer, as heretofore, dreads their recurrence. In his case there were no physical signs of disease.

In *chronic pericarditis*, and other maladies of the heart, hydrocyanic acid will prove of service; subduing the ex-



cessive anxiety and susceptibility to external impressions, so strongly characteristic of these affections, and calming the whole system. It should not, however, be given (except in minute doses) where there exists a strong tendency to syncope. Much caution must also be exercised in its administration where there is disease of the aortic or pulmonary valves, or large aortic aneurism, or any other permanent and serious obstruction to the ventricular power.

In my next I shall refer to the disorders of the stomach and bowels, concluding the subject.

Kensall Town, July, 1853.

### THE TABLE-TURNING DELUSION.

The following letter from Professor Faraday is extracted from the *Times* of Thursday last:—

*"To the Editor of the Times."*

"Sir,—I have recently been engaged in the investigation of table-turning. I should be sorry that you should suppose I thought this necessary on my own account, for my conclusion respecting its nature was soon arrived at, and is not changed; but I have been so often misquoted, and applications to me for an opinion are so numerous, that I hoped, if I enabled myself by experiment to give a strong one, you would consent to convey it to all persons interested in the matter. The effect produced by table-turners has been referred to electricity, to magnetism, to attraction, to some unknown or hitherto unrecognised physical power able to effect inanimate bodies—to the revolution of the earth, and even to diabolical or supernatural agency. The natural philosopher can investigate all these supposed causes but the last; that must, to him, be too much connected with credulity or superstition to require any attention on his part.

"Believing that the first cause assigned—namely, a quasi-involuntary muscular action (for the effect is with many subject to the wish or will)—was the true cause, the first point was to prevent the mind of the turner having an undue influence over the effects produced in relation to the nature of the substances employed. A bundle of plates, consisting of sandpaper, mill-board, glue, glass, plastic clay, tinfoil, cardboard, gutta percha, vulcanized caoutchouc, wood, and resinous cement, was therefore made up and tied together, and being placed on a table, under the hand of a turner, did not prevent the transmission of the power; the table turned or moved exactly as if the bundle had been away, to the full satisfaction of all present. The experiment was repeated, with various substances and persons, and at various times, with constant success; and henceforth no objection could be taken to the use of these substances in the construction of apparatus. The next point was to determine the place and source of motion—*i. e.*, whether the table moved the hand, or the hand moved the table; and for this purpose indicators were constructed. One of these consisted of a light lever, having its fulcrum on the table, its short arm attached to a pin fixed on a cardboard, which could slip on the surface of the table, and its long arm projecting as an index of motion. It is evident that, if the experimenter willed the table to move towards the left, and it did so move *before* the hands, placed at the time on the cardboard, then the index would move to the left also, the fulcrum going with the table. If the hands involuntarily move towards the left *without* the table, the index would go towards the right; and if neither table nor hands moved, the index would itself remain immovable. The result was, that when the parties saw the index it remained very steady; when it was hidden from them, or they looked away from it, it wavered about, though they believed that they always pressed directly downwards; and when the table did not move, there was still a resultant of hand force in the direction in which it was wished the table should move, which, however, was exercised quite unwittingly by the party operating. This resultant it is which, in the course of the waiting time, while the fingers and hands become stiff, numb, and insensible by continued pressure,

grows up to an amount sufficient to move the table or the substances pressed upon. But the most valuable effect of this test-apparatus (which was afterwards made more perfect and independent of the table) is the corrective power it possesses over the mind of the table-turner. As soon as the index is placed before the most earnest, and they perceive—as in my presence they have always done—that it tells truly whether they are pressing downwards only or obliquely, then all effects of table-turning cease, even though the parties persevere, earnestly desiring motion, till they become weary and worn out. No prompting or checking of the hands is needed—*the power is gone*; and this only because the parties are made conscious of what they are really doing mechanically, and so are unable unwittingly to deceive themselves. I know that some may say that it is the cardboard next the fingers which moves first, and that it both drags the table and also the table-turner with it. All I have to reply is, that the cardboard may in practice be reduced to a thin sheet of paper weighing only a few grains, or to a piece of goldbeaters' skin, or even the end of the lever, and (in principle) to the very cuticle of the fingers itself. Then the results that follow are too absurd to be admitted: the table becomes an incumbrance, and a person holding out the fingers in the air, either naked or tipped with goldbeaters' skin or cardboard, ought to be drawn about the room, &c.; but I refrain from considering imaginary yet consequent results which have nothing philosophical or real in them. I have been happy thus far in meeting with the most honourable and candid though most sanguine persons, and I believe the mental check which I propose will be available in the hands of all all who desire truly to investigate the philosophy of the subject, and, being content to resign expectation, wish only to be led by the facts and the truth of nature. As I am unable, even at present, to answer all the letters that come to me regarding this matter, perhaps you will allow me to prevent any increase by saying that my apparatus may be seen at the shop of the philosophical instrument maker—Newman, 122, Regent-street.

Permit me to say, before concluding, that I have been greatly startled by the revelation which this purely physical subject has made of the condition of the public mind. No doubt there are many persons who have formed a right judgment or used a cautious reserve, for I know several such, and public communications have shown it to be so; but their number is almost as nothing to the great body who have believed and borne testimony, as I think, in the cause of error. I do not here refer to the distinction of those who agree with me and those who differ. By the great body, I mean such as reject all consideration of the equality of cause and effect, who refer the results to electricity and magnetism—yet know nothing of the laws of these forces; or to attraction—yet show no phenomena of pure attractive power; or to the rotation of the earth, as if the earth revolved round the leg of a table; or to some unrecognised physical force, without inquiring whether the known forces are not sufficient; or who even refer them to diabolical or supernatural agency, rather than suspend their judgment, or acknowledge to themselves that they are not learned enough in these matters to decide on the nature of the action. I think the system of education that could leave the mental condition of the public body in the state in which this subject has found it must have been greatly deficient in some very important principle.

I am, Sir, your very obedient Servant,

Royal Institution, June 28, 1853.

M. FARADAY.

KING'S COLLEGE.—The annual distribution of prizes at King's College took place on Monday, when the chair was filled by the Archbishop of Canterbury, and among the visitors present was the King of Hanover. Dr. Jeli, the Principal, read his Report on the state of the College, which represented it to be in very flourishing and satisfactory condition; after which the prizes were awarded.



## DRUGS AND THEIR ADULTERATIONS.

## IPECACUANHA.

The following results of the analysis of various specimens of Ipecacuanha are reported in the "Lancet:"

"We have now shown, then, that powdered ipecacuanha, like the other drugs we have reported upon, is subject to very extensive adulterations. The most prevalent adulteration detected is that with extraneous woody fibre; it will be remembered that the principal adulteration of jalap was of a similar nature. In the Report on that drug, we expressed the conviction that since, for the reduction of woody substances into powder in any quantity, a powerful grinding apparatus is required, drug-grinders were the parties who practised this adulteration. The correspondence which ensued on the publication of that Report has afforded abundant evidence of the correctness of that conviction; there is no doubt that in the case of ipecacuanha also the parties chiefly concerned are drug-grinders.

"Ipecacuanha, then, one of the most important medicines in the whole Materia Medica, is now proved to be adulterated to such an extent as to render its effects when administered most unsatisfactory and uncertain; this uncertainty may be shown by reference to the action of two of the samples of ipecacuanha above referred to.

"Sample 5, supplied to a public hospital, and adulterated with a very large quantity of *chalk*, was repeatedly administered in doses two or three times as large as those ordinarily prescribed, without the usual effects being produced; in fact the drug was almost inert, and it was this marked inefficiency of the remedy that led to the detection of the adulteration.

"Sample 8, contained nearly fourteen per cent. of *tartar emetic*. Now the effects resulting from the administration of the ipecacuanha thus adulterated would be twice as severe and violent as those which ensue from genuine ipecacuanha of good quality.

"It is almost in vain that physiologists, pathologists, and chemists are constantly contributing to the advancement of the science of medicine, since the results of their labours are practically defeated and set at nought by adulterations so scandalous as those revealed in the present and former Reports on 'Drugs and their Adulterations.'

"The time must come, and that ere long, when offences of this description will be viewed in their proper light, and men guilty of them will find themselves placed where they ought to be—at the felon's bar.

"To adulterate medicines which are so frequently the salvation of life is not a simple act of dishonesty, but it amounts to a crime of the deepest dye, for which every man guilty of it will one day be answerable.

"Since the powder of ipecacuanha is so extensively adulterated, it follows that all the other pharmaceutical preparations into the composition of which this drug enters are also adulterated, as *Pulv. Ipecac. Co.*, *Pil. Conii. Co.*, *Pil. Ipecac. e. Opio*, and *Pil. Ipecac. e. Scilla*."

## PETITION IN FAVOUR OF NAVAL MEDICAL MEN.

[We publish the following form of petition for presentation to the House of Commons, on the subject of the grievances of Naval Assistant-Surgeons, in order that our readers may copy it for the purpose of procuring signatures]:—

"To the Honourable the Commons House of Great Britain and Ireland, in Parliament assembled.

"THE PETITION OF THE UNDERSIGNED MEMBERS OF THE MEDICAL PROFESSION,

"Humbly sheweth,—

"That your petitioners, being deeply interested in the honour and advancement of the Profession to which they belong, have learned with heartfelt regret that a large

portion of their brethren, now serving in her Majesty's Navy, continue still to be placed under circumstances ill calculated to permit their advancing in the knowledge of, or upholding the important interests of, their Profession.

"That your petitioners more particularly allude to the case of the Junior Assistant-Surgeons of the Navy, who have still to pass three years' probation, after admission into the Service, in a position wholly unsuited to the dignity and pursuits of a liberal Profession.

"Your petitioners would beg humbly to recall to mind, that your honourable house had already passed a resolution, on the 8th day of April, 1850, to the effect,—

"That the accommodation provided for Assistant-Surgeons on board her Majesty's ships of war, is inadequate and insufficient for securing the full benefit of their Professional services."

"That your petitioners have learned with sincere regret, that the regulations issued by the Board of Admiralty, since the passing of the aforesaid resolution, have not been in the spirit of, nor fulfilled the intention of, the said resolution.

"That your petitioners presume to believe that the three years' probation in the midshipmen's berth might be removed without detriment in any way to the interests of her Majesty's Navy; and they cannot but feel that the position occupied by the Junior Assistant-Surgeons is derogatory to their age, status, and professional acquirements, and precludes the possibility of their engaging in that earnest study so necessary to retain and advance their knowledge.

"That your petitioners beg to express the deep sympathy felt, not only by them, but by the community at large, for this class of officers, as regards their position, which contrasts invidiously with the more dignified station of their brethren in the Army.

"Your petitioners would also respectfully urge on the consideration of your honourable house that, as regards the superior classes of Naval Medical Officers, the recommendation of the Naval and Military Commission, bearing date 26th March, 1840, has only been partially carried out, inasmuch as these officers have not been placed on a footing of equality with their brethren in the Army, as to rank, pay, and retirement, as was intended; and, being under the impression, that the regulations at present existing, tend to affect injuriously the entire Naval Medical Service, and also to deter able surgeons from entering her Majesty's Navy, again humbly pray your honourable house to consider the grievances of which the Naval Medical Officers complain.

"And your petitioners will ever pray."

## Obituary.

June. 2.—WILLIAM ASHTON BARTON, Esq., at Coventry. Mr. Barton had been in practice in that city during a period of upwards of forty years, and, consequently, prior to the act of 1815.

June 18.—HENRY JOHN McDougall, Esq. (late of Henrietta-street, Cavendish-square), at Exeter, in his 33rd year. Mr. McDougall was well known to the Profession by his English version of Lallemand's work on "Spermatorrhœa," a second edition of which, enlarged, and enriched with much original matter, appeared about two years since. Mr. McDougall also commenced a series of interesting papers on spermatorrhœa, which were published in the columns of the "Medical Times and Gazette." They evinced great skill and knowledge of the subject, and considerable erudition. Mr. McDougall was in early life a pupil and dresser at the Exeter Hospital, and afterwards pursued his studies at the University College Hospital, of which he was, at one time, one of the house-surgeons. He was a kind and true friend, a clever surgeon, and a good operator, and had he lived, there is no doubt he would have attained high honours in the Profession. Too intense and



protracted study of the microscope led to disease of the brain, which terminated fatally on the 18th inst.

June 19.—JAMES ORR, M.D. Glasgow, 1834, at Dumoon, Argyllshire, Scotland.

June 20.—HENRY THOMAS LUCAS BYNE, Esq. M.R.C.S. Eng. 1851; (late of Marlborough); at Hammersmith, of consumption, aged 32, deeply lamented by his family and friends.

June 20.—WILLIAM GURDEN PEENE, M.D. Cantab. 1823; at Maidstone, Kent, aged 58.

June 22.—GEORGE HUME WETHERHEAD, M.D. Edin. 1815; M.R.C.P. 1820; at Foot's Cray, Kent, aged 63. Dr. Wetherhead, who for some time past, had retired from practice, formerly held the offices of Senior Physician, and Trustee of the Royal Free Hospital; Honorary and Corresponding Member of the Royal Hufelandian Society of Berlin; and was author of "A Synopsis of Nosology," wherein diseases are classed together according to the tissue which is the seat of the morbid action; "Diseases of the Lungs;" "Syphilis without Mercury" Headaches;" "Rickets;" &c., &c.

June 23.—WILLIAM K. L. NICHOLL, M.D. Paris, 1815; M.R.C.S. Eng. 1812 (formerly of Ryde, Isle of Wight); at his residence, 7, Upper Porchester-street, Hyde-park, aged 75.

June 24.—WM. FREDERICK BARLOW, Esq., F.R.C.S. at Writtle, Essex, aged thirty-seven. Mr. Barlow, whose early death is sincerely regretted, possessed talents of a very high character, and had earned distinction at every period of his career,—from the early and successful efforts of a student to the more matured researches and writings of the educated and accomplished man. He was a student at St. Bartholomew's Hospital, and distinguished himself by obtaining Mr. Lawrence's first prize in Surgery, Dr. Marshall Hall's first prize in Medicine, Mr. Stanley's for Anatomy, and Dr. Rigby's first prize in Midwifery. After passing his examination he held for two or three years, the office of House-Surgeon to the Tonbridge Wells Infirmary; and subsequently a similar position in the Children's Infirmary. In 1848, he was elected Apothecary to the Westminster Hospital, and while in this Institution, deservedly obtained the confidence of the Physicians and Surgeons, who appreciated his value, and will severely feel his loss. With two of them he was on the closest terms of intimacy, and this friendship was cemented by the estimate in which his taste, both in literature and art, was held; for there were few men in Profession more deeply read in the higher branches of English literature. He had contributed many very interesting papers to the Medical Journals. The subject of Fatty Degenerations had largely engaged his attention, and some very interesting observations on this subject have appeared in the columns of the "Medical Times and Gazette" a paper "On the Relation of Sleep to Convulsive Affections," was printed in the "Medical and Chirurgical Transactions" of 1851. The subject of muscular contractions after death, and rigor mortis, had also received copious and interesting illustration in a series of communications to the "Medical Times and Gazette." He was a Fellow of the Royal College of Surgeons, a Fellow of the Royal Medical and Chirurgical Society, a Member of Council of the Sydenham Society, and Member of the Pathological Society. His illness had been preceded by some circumstances of an irritating and vexatious character, which had kept his nervous system in a state of much excitement; some regulations, emanating from the Weekly Committee of the Hospital, requiring his signature each time he visited the wards, together with other changes in his department, harassed and annoyed him; headache of some days' duration, with sleeplessness, were followed by febrile symptoms and exhaustion, which terminated fatally, at his father's house, at Writtle. His loss will be severely felt by all connected with the hospital; for he gained and merited the esteem of the Physicians and Surgeons, as well as of the Pupils, who respected him highly.

June 27.—WILLIAM HENRY GRAVES, Esq. M.R.C.S. Eng. 1823; L.S.A. 1823; at his residence 40, Trinity-square, Tower-hill, deeply lamented by all who knew him, aged 52.

## Medical News.

ROYAL COLLEGE OF PHYSICIANS.—At the usual quarterly meeting of the Comitia Majora, held on Saturday, June 25th, the following gentlemen, having passed the necessary examinations for diploma, were admitted members of the College:—Dr. Synonds, Clifton; Dr. Evans, Birmingham; Dr. Maxwell, Worcester; Dr. Halley, Queen Anne-street, Cavendish-square; Dr. Jeneken, the Cape; and Dr. Ogle, St. Catherine's Hall, Cambridge. At the same comitia, Dr. Nairne, Charles-street, Berkeley-square; Dr. Barker, Grosvenor-street; Dr. Owen Rees, Cork-street, and Dr. Seth Thompson, Lower Seymour-street, were chosen censors for the ensuing year. Dr. Brown, Hill-street, Berkeley-square; Dr. Milroy, Fitzroy-square; Dr. Taylor, St. James's-terrace, Regent's-park, and Dr. Sibson, Brook-street, were elected fellows of the college.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 24th inst.:—Slade Innes Baker, Hayford Warren, Oxfordshire, Joseph Barker, Durham; William Griggs, Little Easton, Dunmow, Essex; William Angelo Knaggs, Kensington, William Hitchin Pendlebury, Bolton, Lancashire; Henry Pratt, Montreal, Canada; Robert Bath Smart, Balsham, Cambridgeshire; Henry G. Sturkey, Fachwen Tregynon Montgomeryshire; Harry Barrington Tuttielt, Ventnor, Isle of White.

APOTHECARIES' HALL.—The names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practice, on Thursday, June 23, 1853:—Fergus Armstrong, Appleby, Westmoreland; Edmund Chapman; William Kaylet Curtis, Harting, Petersfield; Horace Kersey Debenham, Norton, Suffolk; Christopher Deighton, Edinburgh; Joseph Ferguson Lindley, Stalybridge, Lancashire; William Robert Faun Marchant, North Curry, Somerset.

MEDICAL APPOINTMENTS.—Joseph Henry Green, Esq., was elected, on Tuesday, Consulting Surgeon to St. Thomas's Hospital; and Mr. Solly, Surgeon.—Mr. W. J. Clarke and Mr. T. R. Tatham were elected Surgeons to the Huddersfield Infirmary on the 24th inst.

ST. THOMAS'S HOSPITAL.—The distribution of scholarships and prizes took place on Thursday, June 23. The Bishop of Oxford presided.

FOREIGN MEDICAL SCHOOLS.—The council of the Royal College of Surgeons of England have just placed the Royal Caroline Medico-Chirurgical Institute and Royal Seraphimor Hospital of Stockholm among the Continental Medical Schools from which they are ready to receive Certificates of professional education from candidates for their diploma of fellowship or membership, in addition to those of Paris, Montpellier, Strasburg, Berlin, Vienna, Heidelberg, Bonn, Gottingen, Leyden, Liege, Pavia, New York, and Philadelphia.

THE LATE CASE OF SELF-MUTILATION BY A FANATIC.—It may be in the recollection of our readers that about two years ago the "Lancet" contained a lengthed account of self-mutilation in Islington, by Elizabeth Edwards, a religious fanatic, who, after other mutilations of her body, cut off her hand, flung it in the fire, and then thrust the stump into the fire. She was removed to St. Bartholomew's Hospital, where her wounds were successfully treated, and afterwards she was transferred to the Maidstone Workhouse, where she lately attempted suicide by throwing herself out of the window, but was again rescued. Last week she was passed by the magistrates, as a confirmed maniac, to the County Lunatic Asylum.



**THE WAY INVALIDS ARE TREATED.**—The Oberon brought home a large number of military invalids from Malta. The poor devils were put on board—men, women, and children—without hammocks or bedding, and would have been sent to England in that state but for a strong remonstrance. At the eleventh hour bedding was sent on board for invalids only, but no hammocks; and the poor fellows were thus compelled to come to England lying about on the decks,—women, too,—and the decks so leaky that they had to put into Gibraltar to caulk them!—*United Service Gazette.*

**STORM AT PORTSMOUTH, AND LOSS OF LIFE.**—On Monday, the weather blew a heavy gale. A shore-boat, in which were Lieut. Lambert and Mr. Muirhead, Assistant-Surgeon, of the Edinburgh, foundered, and they, with two watermen, have been lost. They were "reported" as "missing" on the same day, and were last seen, we are informed, in Bath-square, Portsmouth, on Sunday night, about to go off to Spithead to join their ship.

## Notices to Correspondents.

**CELSUS (Gravesend).**—We advise you to apply to the Clerk of the Apothecaries' Society, Mr. Upton, to obtain their sanction to a prosecution. In order to go into Court with satisfactory evidence, you should be in possession of some of the offender's accounts for attendance within three mouths of the prosecution, or obtain a certificate of death, with his signature, from the Registrar. The Society of Apothecaries are bound in honour and duty to carry out the enactment with which they are entrusted, and we do not see that any reasonable objection can be offered in the present instance to the full exercise of their powers. The fellow is a barefaced poacher.

**W. E.**—A private note has been sent, in anticipation of the publication of this number. We shall probably deal with the impostor in another way, and effectually stop his impudent practices. We have already caused several of these vagabonds to decamp from the scene of their *pillage*.

**MR. ROB. E. CRAINE (Ramsay).**—The present number of our Journal contains a copy of the petition for presentation to the Houses of Lords and Commons, on the subject of the Naval Medical Officers' grievances, so that there will be no difficulty in copying it off on stout paper. We trust that numerous copies of this petition will be taken throughout the country, and that they will be largely signed. Our efforts are the more necessary in this instance, as the Junior Naval Medical Officers have little power or opportunity of helping themselves. We understand that the service is so much disliked that there are no candidates on the list, and that not one of the students of the College of Surgeons has accepted the appointment of Naval Assistant-Surgeon.

**S. T. R.**—The Army Medical Department requires a course of Natural History as a qualification, but we believe it will receive in lieu of it a course on Comparative Anatomy. At any rate, it accepts Dr. Grant's lectures on Comparative Anatomy and Zoology, at the London University.

**W. JENNINGS.**—1st. We have not heard. 2nd. Yes.

**MR. BENNETT.**—A special apparatus is necessary for sulphur fumigation. In want of a better, something of this kind might answer: Put a brazier, containing the sulphur, beneath a cane-bottomed chair; sit upon the latter, enveloped in a blanket or mackintosh cloak, fastened close round the throat, taking care that the head projects.

**A SUBSCRIBER.**—Many similar cases are on record.

**BARTHOLOMEUS.**—We have no doubt that the certificates would be received. You should inquire at the respective offices.

**J. B.**—It would be illegal.

**L. A. C.**—The refusal was unjustifiable; you have the remedy in your own hands.

**A PRACTITIONER.**—The note has been received, and may be found serviceable when the occasion offers.

**FIDES.**—We thank you for your approbation of the sketch. We endeavour to be just, and, if we err at all, lean to the side of kindness rather than of rigour. Mr. Cooper is a man of great desert, but it would not be just to others to call him a genius—nor would he be flattered by such a foolish compliment. Some of your remarks are not such as can gain our assent.

**A SUBSCRIBER FROM THE BEGINNING (Bristol).**—The caustic, or the seton, is the most usual application. At St. Bartholomew's Hospital large subcutaneous naevi are injected, after a mode described in a recent number of our Journal.

**H. M.**—The dose must depend upon circumstances. You can begin with the twelfth of a grain.

**ALIQUIS.**—No; but we thank you for the information.

**A COUNTRY SURGEON.**—Singleton's golden ointment 'is' not the Ung. Hydr. Nitr. of the Pharmacopœia, but is said to be composed of equal parts of orpiment and lard. It is, undoubtedly, a very useful preparation.

**LECTOR, AND AN ADMIRER OF THE "MEDICAL CIRCULAR."**—The translation of the new work on "Deaf-Dumbness" will soon be commenced. It will prove to be of the utmost interest. The subject, which involves important psychological problems, is, at this moment, engaging extreme attention among the scientific and benevolent.

**A JUNIOR NAVAL MEDICAL OFFICER.**—You may rely upon it that our advocacy shall be given to your cause. In consideration of your position we do not publish your letter. The Naval Officers should stir their friends to take up the question, and to procure signatures to the petitions.

**INQUIRER.**—Dr. Marris Wilson suffered himself to be made the fool on the last occasion. Will he so demean himself again?

**RISUS AB ANGULO.**—Your letter is not needed. Our Dublin contemporary, the "Medical Press," has the following *jeu d'esprit* on the subject of Dr. Semple's indecorum:—"But who in the world is this Dr. Semple, or Simple, that 'turns his back on the medical press, and speaks of it in derogatory terms?' Shall we transfer the poet's epitaph on an unfortunate brother to him?"

'Here lies poor Ned Semple, from misery free'd,  
Who once was a bookseller's hack;  
He led such a damnable life in this world,  
He scarcely will wish to come back.'

**SIR PHILIP FRAMPTON.**—Communication received.

**MR. W. H. MICHAEL.**—Communication received and answered.

**L. O.**—We are very reluctant to do what you so earnestly desire, because we fear that we shall be encouraging a morbid sensibility, engendered by reading the abominable pamphlets published by the swindling fraternity to whom you allude. As you have not given us your address, it is impossible that we can recommend to you any respectable medical man, as an interview is necessary to decide upon your case. You will do well to consult any legally qualified medical gentleman in your own town, for there is no specific remedy for such diseases. Avoid correspondence with impostors, who have no other intention or object but to alarm your fears and empty your pockets. We cannot publish a list of qualified men who have given attention to the subject, as you suggest. We are inclined to think that you are the victim of your imagination and that you are not labouring under any such disease as you fancy.

**M.R.C.S. (Dover).**—Communicate with the secretary, but we fear that you will be too late.

**QUERY?**—It had escaped our observation. We thank you for the reference.

*To the Editor of the "Medical Circular."*

**SIR,**—Observing in the "Times" to-day a report of the seizure of "a body of beef" that was exposed for sale in Newgate Market in an unfit state for human food, I take the liberty of suggesting that this most wholesome authority should be extended to butchers' shops and small market-places; wherever, indeed, meat is publicly sold. A "body of beef" might pass muster at the central carcass-market, which, when brought home by the retail butcher, cut into joints and small pieces, and exposed for sale for a few days without finding purchasers, might become tainted with incipient putrefaction, and wholly unfit for use. Such lots of "meat" are now commonly stuck with a skewer and sold in penny-worths to poor people; and we know not how much disease may be caused by the consumption of such unwholesome garbage. I propose, sir, that there should be a public officer authorised to visit fishmongers' and butchers' shops, and to condemn all such putrefying offal. This would be one of the proper duties of a sanitary officer, for we may rely upon it that there is more poison taken into the stomach than ever enters by the lungs. As I do not consider these matters foreign to our vocation, I hope that you will favour me by giving insertion to this note, and I beg to subscribe myself, your constant reader and subscriber,

HOMO SUM.



## ADVERTISEMENTS.

### Horne, Thornthwaite, and Wood,

OPTICIANS and PHILOSOPHICAL INSTRUMENT MAKERS, 123 and 121, NEWGATE STREET, LONDON.

ELECTRO-GALVANIC MACHINES, £3 3s., £5 5s., £8 8s. and upwards.  
ACHROMATIC MEDICAL MICROSCOPES, £5 5s., £7 10., and upwards.  
URINOMETERS, 4s. 6d., 10s. 6d., 15s., and upwards.  
PATENT PANTOSCOPIC and other SPECTACLES, accurately adjusted to the condition of the Eye by Smee's Optometer.

### Webb's Fetlock Boots and Knee-

caps.—The purpose of utility arising from their shape is, that they are retained in the desired position on the horse's leg. They are composed of vulcanised india-rubber, to enable them to be easily drawn over the hoof, and retain their position without exerting too great a degree of pressure on the leg.

Wholesale and retail, at Benham and Co.'s Mackintosh Warehouse, 118, Oxford-street, (corner of Regent-circus).

### Graham & Company's Carbonated

SOLUTION OF SARSAPARILLA.—The invaluable medicinal properties of Sarsaparilla are too well known and appreciated to require any comment. This preparation will be found the most agreeable and efficacious mode of exhibiting the medicine, being in the form of a delicious and refreshing beverage. It is prepared from the best Red Jamaica Sarsaparilla, only by GRAHAM & Co., late BEWLEY & EVANS, Chemists, &c., at their Mineral Water Manufactory, 55, BERNERS-STREET, LONDON. Each bottle is secured by a patent metallic clasp, without which none is genuine.

Soda and other Mineral Waters, Lemonade, Lemon-flavoured Soda Water, &c. G. & Co's Shaving Paste, unequalled for richness and durability of lather.

Agent for Brighton, Mr. H. B. Muriel, Marine Parade.

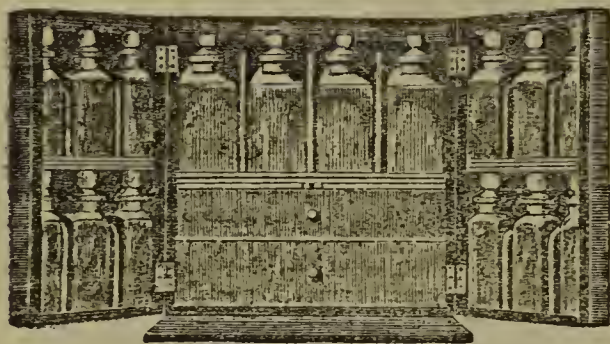
### Jozeau's Copahine-mege, or Sac-

charated CAPSULES, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhœa, Gleet, and Leucorrhœal Discharges, on an average of six days (see "Lancet" of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by G. Jozeau, sole French Chemist, 49, Haymarket, London; and Jozeau, Pharmacien, 161, Rue Montmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with the name of Gabriel Jozeau printed thereon.

### Dr. Fitch's Patent Abdominal Sup-

porter gives permanent relief to Ladies suffering from internal complaints, or during and after pregnancy, prolapsus uteri, &c.; also to Gentlemen, for corpulency, prevention of ruptures or injuries from athletic exercises, debility, &c. It will be forwarded to Medical Gentlemen for inspection, free, by addressing a line to L. H. Chandler, 66, Berners-street, Oxford-street.

"It is an ingenious instrument, and is constructed upon correct anatomical principles."—Extract from the "Lancet," of Sept. 18.



### To Chemists and Druggists.—

FREDERICK THOMPSON, late of the firm of SPRINGWEILER and THOMPSON, begs respectfully to return his thanks to those Gentlemen who have kindly given him the preference in their business since the death of his late step-father, Mr. Andrew Springweiler, and trusts by attention to their interests, economy in charges, and superior finish in workmanship, to merit their continued patronage.

MANUFACTORY, 26 & 27, BARTLETT'S-BUILDINGS, HOLBORN, LONDON.

Medicine Chests in every variety of quality and style of finish, embracing nearly one hundred different patterns, at prices from 6s. 6d. to £12. Ladies' and Gentlemen's Dressing Cases and Writing Desks, Despatch Boxes, Jewel Cases, Plate Chests, and Canteens. Wholesale and for Exportation. Ship Medicine Chests fitted according to Act of Parliament, at very reduced prices.

P.S.—Many customers of the late firm of SPRINGWEILER and THOMPSON, having forwarded their orders to the old address in error, F. T. begs that all future commands may be sent to the above address, Bartlett's-buildings, Holborn.

### For Varicose Veins & Weakness.—

SURGICAL ELASTIC STOCKINGS, AND KNEE-CAPS on a New Principle, pervious, light in texture, and INEXPENSIVE, yielding a permanent, efficient, and unvarying support under any temperature, without the trouble of Lacing or Bandaging: likewise, a Strong, Low-priced Article for Hospitals and the Working Classes: ELASTIC NET CORSETS of the same beautiful fabric, ABDOMINAL SUPPORTING BELTS, for both sexes, those for ladies' use before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instructions for measurement, and prices on application, and the articles sent by post, from the Manufacturers.

POPE & PLANTE, 4, WATERLOO-PLACE, PALM-MALL.  
The Profession, Trade, and Hospitals supplied.

### Bass's East India Pale Ale.—That

large portion of Medical Men who use and recommend this celebrated Ale, as supplied from our Stores, are informed that the October Brewings are in excellent condition, in Casks from 18 Gallons upwards. In the usual Wine-bottles and Imperial Pints, a good stock of Last Season's Ale can still be selected from. Much Beer being sold for BASS'S which is not brewed by them, every Bottle sent out from our Stores is sealed and labelled, and every cork branded with our names.

BERRY BROTHERS & Co.,  
3, St. James's-street, London.

### Champagne, 36s. per dozen, in One-

DOZEN CASES.—This really fine Wine in splendid condition, and undistinguishable from that charged double the price, is to be obtained only of H. WARREN & Co., who, being the *bona fide* Importers of French and German Wines direct from the vineyard, offer them at unexampled low prices. CLARET, 30s.; HOCK, 36s.; MOSELLE, 36s.; PALE SHERRY, 33s.; OLD PORT, 34s. Orders per post, containing a post-office order, will receive immediate attention.

H. WARREN & Co., 302, Regent-street, London (nearly opposite the Polytechnic Institution).

### New Truss for Hernia.—F. Walters

begs to call attention to his NEW TRUSS, with improved water-pad. The advantage of water is, extreme softness and the certainty of the pressure being always in the proper place. This truss has received the approbation of the most eminent surgeons, many of whom pronounce it the most perfect ever yet produced. F. W. can, therefore, confidently recommend it to all those requiring such assistance. Manufactured only by F. Walters, of whom can be had the new double-action Cycloidal Enema Syringe; also Walters's celebrated Railway Convenience for Ladies and Gentlemen.—F. Walters, 16, Moorgate, City.

### W. Twinberrow begs to draw the

attention of the Medical Profession to his

EXTRACT OF INDIAN HEMP,

Prepared expressly for him at Calcutta, its peculiarly sedative properties being so beneficial where opiates are inadmissible; also to his

LIQUOR TARAXACI AND MEDICINAL EXTRACTS,

Prepared from the fresh plant (*Hyoscyamus Niger*, *Conium Maculatum*, *Atropa Belladonna*, *Cotyledon Umbilicus*, &c.), all of which contain the properties of the fresh juices unimpaired in their manufacture.

W. T. has just received a supply of Indian Bael (*Egle Marmelos*), now being so much recommended for Dysentery and Diarrhœa.  
2, Edwards-street, Portman-square.

SULPHATE OF QUININE.

TO SURGEONS, DISPENSING CHEMISTS, &c.

### Sulphate of Quinine, Pure Cryst-

talized prepared by EDWARD HERRING,

For the use of Hospitals, Dispensaries, Surgeons, Dispensing Chemists, &c.

This Sulphate of Quinine is Chemically pure, its form of Crystal is the same, and in every respect identical with the Sulphate of Quinine of Commerce, the only difference being that the one is bleached and the other unbleached.

The mode of manufacturing the Hospital or Unbleached Sulphate, and also the usual White Sulphate, is being made the subject of a Patent, the peculiarity of process avoiding the use of Impure Animal Charcoal.

It is in use in the large London and Provincial Hospitals and Dispensaries; but its PURITY and GREAT REDUCTION IN PRICE are now attracting the attention of Medical Men and Dispensing Chemists.

It is put up in bottles (free) of three ounces and six ounces each; also in one-ounce sample bottles (charged), capsuled with the name of the Proprietor, and labelled with the name of the Inventor.

Both these Sulphates to be had of the leading Druggists in London and the United Kingdom, and in quantities of not less than 100 ounces, of

JACOB HULLE, jun., Proprietor,  
Chemical Works, Trinity-street, Southwark, London.

May 3, 1853.



## ADVERTISEMENTS.

### MR. HOOPER'S IMPROVED INVALID WATER OR AIR CUSHIONS, AND MATTRESSES OR BEDS.

Being made of prepared India-rubber, without the admixture of cloth materials, Leakage is avoided.

See the "LANCET," Jan. 25, 1851.



**CUSHIONS FOR BED-SORES.**—Whether threatened with Sloughing, or in which Sloughing has taken place, Fractures, Diseased Joints, Ulcerated Cartilages, Coldness of the Stomach, Pain in the Bowels, Spasms, Lassitude, Typhoid and other Fevers, Gouty and Rheumatic Affections, Cancer, Ovarian Dropsy, Coldness of the Stomach and Feet, Consumptive and all Bed-ridden Patients. They are simply placed on an ordinary mattress, and covered with two or three blankets and a sheet as an ordinary bed.

For further reports of their utility, see Mr. Caser Hawkins's Letter in the "Lancet," Oct. 27, 1849; Dr. Hake's Letter in the "Provincial Medical and Surgical Journal," Nov. 1, 1850; Dr. Thorn's Letter, "Medical Times," March 20, 1851; also the "Institute," February 8th, and the "Lancet," Jan. 25th, and Feb. 15th, 1851.

### Dr. Pereira.—This late Eminent

Physician's opinion of **HARDS' FARINACEOUS FOOD** for Infants and Invalids:—

"I have carefully examined, and repeatedly prescribed 'Hards' Farinaceous Food' (See Pereira's 'Treatise on Food and Diet,' pp. 309 and 473, &c.), which is prepared from the most nutritious of the cereal grains. It combines both nitrogenised and non-nitrogenised alimentary principles, and forms a very valuable food for children and invalids.

"JOHN PEREIRA, M.D., F.R.S.,

"Assistant-Physician to the London Hospital.

"47, Finsbury-square, July 1, 1843."

Sold by Chemists and Druggists, Patent Medicine Vendors, Tea Dealers, and Italian Warehousemen, in 1s. and 2s. packets, and tin cases, 7s. 6d. each. Observe—all genuine packets and cases are signed "James Hards," and manufactured at the Royal Victoria Mill, Dartford, Kent.

TO PHYSICIANS, SURGEONS, AND DRUGGISTS.

**BROWN'S CANTHARIDINE BLISTERING TISSUE,**

Prepared from pure Cantharidine.

### An Elegant Preparation, Vesicating

in much less time than the Emp. Lyttæ. P.L., easily applied and removed, and will not produce stranguary or troublesome after-sores. It has received the sanction and commendation of the most eminent practitioners in the kingdom.—In Tin Cases, containing twelve square feet, 6s. 6d.; and small Cases of six feet, 3s. 6d. each.

**BROWN'S TISSUE DRESSING,**

An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the "New York Journal of Medicine," March 1st, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharidis are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the medical profession.

"Accompanying this article is a very simple and neat dressing."

From the "Medical Examiner and Record of Medical Science," for May, 1850, published in Philadelphia.

"We have received from Mr. George D. Phelps of New York, specimens of Brown's Cantharidine Blistering Plaster and Dressing, with which our readers are doubtless familiar as a new and exceedingly neat preparation, easy of application and certain in their effects. We have given them a fair trial, and find they fully answer our expectations."

"Army Medical Department, January 16th, 1847.

"The Principal Medical Officer of the General Hospital, Port Pitt, Chatham, reports that Mr. Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of stranguary.

ANDREW SMITH, M.D.

"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist."

Prepared by THOMAS B. BROWN, PHARMACEUTICAL CHEMIST, 42, ADMIRAL-TERRACE, VAUXHALL-BRIDGE-ROAD, LONDON; and sold by the Sole Consignee, Mr. William Bailey, Wolverhampton, and all Wholesale and Retail Druggists and Medicine Agents throughout the British Empire.

### Clerical, Medical, and General LIFE ASSURANCE SOCIETY.

Established 1824.

Empowered by Special Act of Parliament.

ADVANTAGES.

**EXTENSION OF LIMITS OF RESIDENCE.**—The Assured can reside in any part of Europe, the Holy Land, Egypt, Madeira, the Cape, Australia, New Zealand, and in most parts of North and South America WITHOUT EXTRA CHARGE.

**MUTUAL SYSTEM WITHOUT THE RISK OF PARTNERSHIP.**—The small share of Profit divisible in future among the Shareholders being now provided for, the Assured will hereafter derive all the benefits obtainable from a Mutual Office, with, at the same time, complete freedom from liability—thus combining in the same office all the advantages of both systems.

The Assurance Fund already invested amounts to £250,000, and the Income exceeds £136,000 per annum.

**CREDIT SYSTEM.**—On policies for the whole of Life one-half of the Annual Premiums for the first five years may remain on credit, and may either continue as a debt on the Policy, or may be paid off at any time.

**LOANS.**—Loans are advanced on Policies which have been in existence five years and upwards, to the extent of nine-tenths of their value.

**BONUSES.**—FIVE BONUSES have been declared; at the last, in January, 1852, the sum of £131,125 was added to the Policies, producing a Bonus varying with the different ages from 24½ to 55 per cent. on the Premiums paid during the five years, or from £5 to £12 10s. per cent. on the sum assured.

**PARTICIPATION IN PROFITS.**—Policies participate in the Profits in proportion to the number and amount of the Premiums paid between every division, so that if only one year's Premium be received prior to the Books being closed for any division, the Policy on which it was paid will obtain its due share. The books close for the next division on 30th June, 1856, therefore those who effect Policies before the 30th of June next, will be entitled to one year's additional share of Profits over later Assurers.

**APPLICATION OF BONUSES.**—The next and future Bonuses may be either received in Cash, or applied at the option of the Assured in any other way.

**NON-PARTICIPATION IN PROFITS.**—Assurances may be effected for a Fixed Sum at considerably reduced rates, and the Premiums for term Policies are lower than at most other Safe Offices.

**PROMPT SETTLEMENT OF CLAIMS.**—Claims paid thirty days after proof of death, and all Policies are indisputable, except in cases of fraud.

**INVALID LIVES** may be Assured at rates proportioned to the increased risk.

**POLICIES** are granted on the lives of persons in any station, and of every age, and for any sum on one life from £50 to £10,000.

**PREMIUMS** may be paid yearly, half-yearly, or quarterly, and if the payment of any Premium be omitted from any cause, the Policy can be revived within Fourteen Months.

The Accounts and Balance Sheets are at all times open to the inspection of the Assured, or of persons desirous to assure.

Tables of Rates and Forms of Proposal can be obtained of any of the Society's Agents, or of

GEORGE H. PINCKARD, Resident Secretary.

99, Great Russell-street, Bloomsbury, London.

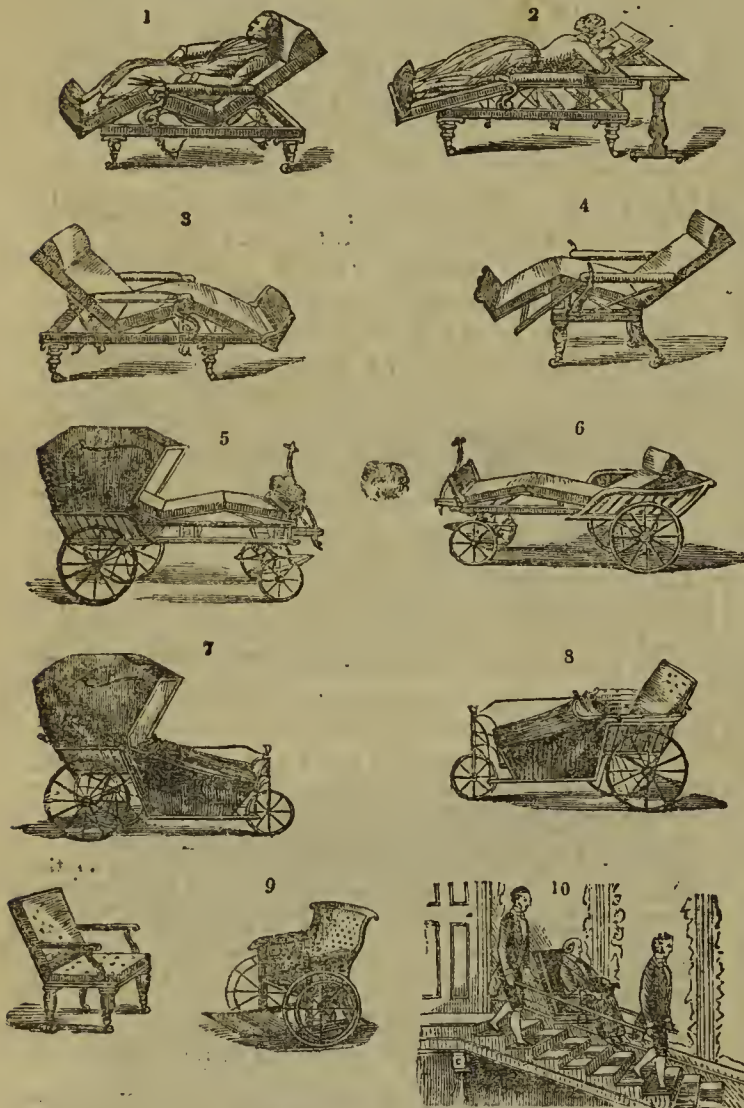
N.B.—A Fee of One Guinea is paid to the Medical Attendants of all persons proposing to assure.



## Comforts for Invalids.—Messrs

CHAPMAN and ALDERMAN, of No. 8 Denmark street, Soho, London, beg most respectfully to inform their medical friends that they have now completed their mechanical arrangements for their Graduating Spinal, Fracture, and General Invalid Couches, Chairs, Carriages, &c. &c. The Illustrations will show that they can be made to wind into any position whatever, according to the requirements of the patient. No. 1 is the same as was supplied, by the recommendation of Sir B. Brodie, Bart., to the late Sir R. Peel, Bart., when he met with his fatal accident. Price twenty-eight guineas.—No. 2, in a Prone Position.—No. 3, as an Easy Chair, the arms being made to throw back, to enable the patient to get on and off easy.—No. 4, a Self-adjusting Spinal Chair. Price fifteen guineas.—No. 5, a Spinal Carriage, with a Shifting Couch. Price thirty guineas.—No. 6, without a Hood. Price twenty guineas.—No. 7, a Bath Chair. Price twenty-five guineas.—No. 8, without a Hood. Price fifteen guineas.—No. 9, a Self-propelling French Merlin Chair. Price fifteen guineas.—No. 10, their newly-invented Equilibrium Carrying-Chair, which answers as an Easy Chair in the room, as well as for carrying the invalid up and down stairs, the Poles being made to hook on and off. Price eight guineas.

Hospitals and Public Institutions supplied.



The above can be had on Hire.

## To the Professional Judgment we

submit the PATENT RESILIENT BODICE and CORSALETTI DI MEDICI.—The basis principle is the arrangement of elastic materials in the back and sides, each portion having a distinct and separate action, in conformity with muscular movement and anatomical structure, the oblique transverse resilients being variable in number, size, and position, as individual configuration may require. The quilted silk or fine flannel under the open transverse work conduces to warmth of the spine, and favours free exhalation from the skin.

Patented in England, France, and Austria.

Enlarged Prospectus, with Illustrations and Prices, on receipt of Two Stamps for Postage.

MARION and MAITLAND, 54, Connaught-terrace, Hyde-park, London.

## A New Era in Medical Electricity

is opened by PULVERMACHEN'S PATENT PORTABLE HYDRO-ELECTRIC CHAIN BATTERIES.



One Hundred and Twenty Plates permanently connected and arranged, so as to be at all moments ready for instantaneous use, communicating shocks through eight to ten persons—ALWAYS IN THE SAME DIRECTION, and primary VOLTAISM, not secondary currents, as in the old Coil Machines—producing powerful contractions, decomposing distilled water, &c., &c. WEIGHT ABOUT EIGHT OUNCES, and CAN BE CARRIED IN A POCKET-BOOK.

At present a medical man may, at a reasonable expense, carry with him in his daily practice an inexhaustible source of primary Galvanism always ready for instantaneous use wherever a cup of vinegar can be procured, and producing all the effects that he can desire—a circumstance, the importance of which can scarcely be overrated, whether we look to cases of sudden emergency (swoons, fits, catalepsy, asphyxia, uterine hæmorrhage, &c.), or to the frequent opportunities and the facilities thereby afforded of applying ONE OF THE MOST POWERFUL AND UNIVERSAL THERAPEUTIC AGENTS, which has hitherto been kept back only through the difficulties attendant upon its use.



WEAKER CHAINS are constructed on the same principle, to be worn on the body under the garments, communicating a MILD but CONTINUOUS current to the system, which has been found of the most eminent benefit in many various forms of CHRONIC Diseases, where a mild but lasting stimulus of the functions of the nerves is indicated, and to assist the effect of specific remedies, the ACTION OF THE CHAINS BEING MADE LOCAL OR GENERAL, AT WILL.

The Invention has been demonstrated with great success before—

THE ROYAL COLLEGE OF PHYSICIANS,  
THE ROYAL COLLEGE OF SURGEONS,  
THE ROYAL PHARMACEUTICAL SOCIETY,  
THE ROYAL BRITISH ASSOCIATION,  
THE ACADEMIE DE MEDICINE (voted thanks to the Inventor).  
THE ACADEMIE DES SCIENCES AT PARIS,

And is already in extensive use in nearly all the Hospitals in London, Edinburgh, Paris, and Vienna.

Extract of a Letter from that distinguished Physician, of Guy's Hospital, DR. GOLDING BIRD, M.D., F.R.S., F.R.C.P., &c., &c. (Published with his kind permission):

"We have in this ingenious Invention that which has long been a desideratum, viz., an apparatus of the smallest possible bulk, capable of evolving a CONTINUOUS uninterrupted current of Electricity, of moderate tension, and always in one direction. . . . I can scarcely recommend Dr. Pulvermacher's Invention too strongly to the notice of my medical brethren."

A FULL DESCRIPTION OF THIS IMPORTANT DISCOVERY, WITH SPECIFIED DIRECTIONS FOR THE USE, Testimonials from high Scientific Authorities, &c., may be had (by post for two stamps), AND THE CHAINS MAY BE FREELY TESTED, at MR. CH. MEINIG'S head depots, 103, Leadenhall-street, and 71, Regent-street, London (at Paris, 45, Rue Richer, and 12, Boulevard des Italiens), and from all C. MEINIG'S Agents in town, country, and the colonies.

## Shower and all Domestic Baths.—

Purchasers of these valuable and important family requisites, should immediately inspect DEANE, DRAY and Co's extensive Stock, warranted the best manufactured, both for finish and durability. Deane, Dray, and Co's RECUMBENT SHOWER-BATH, forms at the same time an excellent Sponging-bath, and may also be used as a Hip-bath, thus affording to all the members of a family the various applications of the bath. Shower-baths of improved construction; hip, plunging, sponging, vapour, and other baths, of various sizes, and patterns. An illustrated pamphlet on baths and bathing may be had on application, or free by post. Established A.D. 1700.

Deane, Dray, and C. (opening to the Monument), London-bridge.

The Publisher of the "MEDICAL CIRCULAR," in answer to several enquiries from the country, begs to state that the following are the terms for inserting Advertisements:—

Eight lines and under . . . . .	£0 6 0
Every additional line . . . . .	0 0 6
Whole Column . . . . .	2 15 0
Whole Page . . . . .	5 5 0

London: Printed by WILLIAM TROUNCE, at his Office, No. 9, Cursitor-street, Chancery-lane, in the Parish of St. Andrew, Holborn, in the County of Middlesex; and published by CHARLES JAMES HARRIS, at No. 128, Strand, in the City of Westminster.—July 6th, 1853.



THE  
**MEDICAL CIRCULAR**  
AND  
**General Medical Advertiser.**

No. 28, NEW SERIES. }  
No. 54. }

WEDNESDAY, JULY 13, 1853.

{THREEPENCE.  
STAMPED, 4d. }

**TABLE OF CONTENTS.**

	Page		Page
Leading Articles:		Biographical Notices	31
The Recent Distribution of Medals at the Society of Arts	21	Reviews	32
The Medical Benevolent College	21	Medical Notes and Queries	33
Medical Reform	22	Hospital Reports	25
Mirror of Periodical Literature	22	Original Communications	35
Contents of the Medical Journals	26	Correspondence	35
Bibliography	27	The Medical Benevolent College	36
The Anatomy of Quackery (No. XXIII)—		Our Note Book	17
The Solomons, Brodies, Perrys, Curtises, La Merts, etc.	28	Obituary	38
History of the Medical Profession	29	Medical News	39
		Notices to Correspondents	40

**CAUTION.—“The Medical Directory.”—Whereas, it has come to the**

knowledge of the Editors of this Work, that persons are going about soliciting information and orders for a Spurious Directory, under pretence that they come on behalf of the original work: the members of the profession are hereby CAUTIONED against this new attempt at imposition. The information necessary for the established and only recognised Directory is obtained by means of the ANNUAL CIRCULAR of Interrogatories, which will be issued in due course. The only recognised Medical Directories for England, Ireland, and Scotland, are published by John Churchill, Princes-street, Soho, and at the Office, 128, Strand, removed from 4, Adam-street, Adelphi.

**To Life Assurers.—A List of all**

the principal Offices, their Tables, Names of Secretaries, Medical Officers, and every information required by Assurers will be found indexed and alphabetically arranged in the “LONDON and PROVINCIAL MEDICAL DIRECTORY for 1853.” Office, 128, Strand.

**Medical Benevolent College.—**

OFFICE, 4, HANOVER-SQUARE.

Notice is hereby given that the EIGHTH LIST of Contributors to the funds of the College, including the donations presented on the day the foundation-stone was laid, will be published on SATURDAY the 30th inst. Honorary Local Secretaries, and other gentlemen who have received monies in behalf of the College, would much oblige by making a report to the Treasurer, John Propert, New Cavendish-street, on or before the 25th instant.

By order of the Council,  
July 7th, 1853. HERBERT WILLIAMS, Assist. Sec.

Fourth Edition, just published, Illustrated, price 1s.

**Gilbert on the Extraction of Teeth;**

being a work descriptive of a new and much less painful method of operating, by means of Gilbert's Patent Fulcrum. The jaw cannot be fractured or the gums lacerated; there is less danger of breaking the diseased tooth, and of hæmorrhage, etc.

Mr. Gilbert invites the Profession to inspect his invention, from Eleven till Four, at 3, Suffolk-street, Pall-mall.

“We can confidently direct attention to it as a boon to the Profession and the public.”—The Lancet, Dec. 2nd.

“It allows of the extraction of teeth in the most scientific and easy manner; and in performing certain other surgical operations, the chair will prove of inestimable value to the surgeon.”—Medical Times, Feb. 10th, 1851.

London: Henry Renshaw, 356, Strand.

**Graham & Company's Carbonated**

**SOLUTION OF SARSAPARILLA.**—The invaluable medicinal properties of Sarsaparilla are too well known and appreciated to require any comment. This preparation will be found the most agreeable and efficacious mode of exhibiting the medicine, being in the form of a delicious and refreshing beverage. It is prepared from the best Red Jamaica Sarsaparilla, only by GRAHAM & Co., late BEWLEY & EVANS, Chemists, &c., at their Mineral Water Manufactory, 55, BERNERS-STREET, LONDON. Each bottle is secured by a patent metallic clasp, without which none is genuine.

Soda and other Mineral Waters, Lemonade, Lemon-flavoured Soda Water, &c. G. & Co's Shaving Paste, unequalled for richness and durability of lather.

Agent for Brighton, Mr. H. B. Muriel, Marine Parade.

**Dental Practice for Disposal.—**

Established over Thirty Years. Returns from £1000 to £1500, per annum. The present holder is a qualified medical man, and wishes to retire. Two Thousand Pounds required; and only those prepared with the cash will be treated with. The son of a medical man would find this a good opening. Twelve months' introduction will be given. Particulars may be obtained of Mr. Harris, “Medical Directories” Offices, 128, Strand.

**Horne, Thornthwaite, and Wood,**

OPTICIANS and PHILOSOPHICAL INSTRUMENT MAKERS, 123 and 121, NEWGATE STREET, LONDON.

ELECTRO-GALVANIC MACHINES, £3 3s., £5 5s., £8 8s. and upwards.

ACHROMATIC MEDICAL MICROSCOPES, £5 5s., £7 10s., and upwards.

URINOMETERS, 4s. 6d., 10s. 6d., 15s., and upwards.

PATENT PANTOSCOPIC and other SPECTACLES, accurately adjusted to the condition of the Eye by Smee's Optometer.

**Dr. Fitch's Patent Abdominal Sup-**

porter gives permanent relief to Ladies suffering from internal complaints, or during and after pregnancy, prolapsus uteri, &c.; also to Gentlemen, for corpulency, prevention of ruptures or injuries from athletic exercises, debility, &c. It will be forwarded to Medical Gentlemen for inspection, free, by addressing a line to L. H. Chandler, 66, BERNERS-STREET, Oxford-street.

“It is an ingenious instrument, and is constructed upon correct anatomical principles.”—Extract from the “Lancet,” of Sept. 18.

**Bass's East India Pale Ale.—That**

large portion of Medical Men who use and recommend this celebrated Ale, as supplied from our Stores, are informed that the October Brewings are in excellent condition, in Casks from 18 Gallons upwards. In the usual Wine-bottles and Imperial Pints, a good stock of Last Season's Ale can still be selected from. Much Beer being sold for BASS'S which is not brewed by them, every Bottle sent out from our Stores is sealed and labelled, and every cork branded with our names.

BERRY BROTHERS & Co.,  
3, St. James's-street, London.

**Champagne, 36s. per dozen, in One-**

DOZEN CASES.—This really fine Wine in splendid condition, and undistinguishable from that charged double the price, is to be obtained only of H. WARREN & Co., who, being the bona fide Importers of French and German Wines direct from the vineyard, offer them at unexampled low prices. CLARET, 30s.; HOCK, 36s.; MOSELLE, 36s.; PALE SHERRY, 33s.; OLD PORT, 34s. Orders per post, containing a post-office order, will receive immediate attention. H. WARREN & Co., 302, Regent-street, London (nearly opposite the Polytechnic Institution).



## ADVERTISEMENTS.

BANKS OF DEPOSIT AND SAVINGS BANKS.

INVESTMENT OF CAPITAL.

NATIONAL ASSURANCE & INVESTMENT ASSOCIATION

TRUSTEES.

The Right Hon. the Earl of Besborough.  
The Right Hon. Lord George Paget, M.P.  
The Right Hon. Lord Templemore.  
The Hon. Henry Fitzroy, M.P.  
The Rev. Joseph Prendergast, D.D. (Cantab.), Lewisham.  
George Stone, Esq., Lombard-street.  
Matthew Hutton Chaytor, Esq., Reigate.

### Persons desirous of investing Money

are requested to examine the Plan of this Association by which a high rate of Interest may be obtained combined with perfect security.

Prospectuses and full information may be had at the Office, or sent post free, on application. PETER MORRISON,

Managing Director.

7, St. Martin's-place. Trafalgar-square, London.

### To the Professional Judgment we

submit the PATENT RESILIENT BODICE and CORSALETTI DI MEDICI.—The basis principle is the arrangement of elastic materials in the back and sides, each portion having a distinct and separate action, in conformity with muscular movement and anatomical structure, the oblique transverse resilients being variable in number, size, and position, as individual configuration may require. The quilted silk or fine flannel under the open transverse work conduces to warmth of the spine, and favours free exhalation from the skin.

Patented in England, France, and Austria.

Enlarged Prospectus, with Illustrations and Prices, on receipt of Two Stamps for Postage.

MARION and MAITLAND, 54, Connaught-terrace, Hyde-park, London.

### Weakness of the Back, Stooping,

&c.—The Members of the Medical Profession are invited to inspect an apparatus for the support of the back where sedentary pursuits, bodily weakness, or rapidity of growth, have led to the habit of stooping, &c. It consists of two very light elastic springs, and is instantaneously applied without either straps or buckles, being retained in its position by reactive force. With the slightest change of adjustment, it can be made to form a support for light cases of hernia, as also for the whole of the abdominal region between the pubes and umbilicus, thus superseding belts and trusses and at the same time holding the body perfectly erect. To be seen or procured only at HENRY BIGG and SON'S, 29, Leicester-square, and 9, St. Thomas's-street, Bow. Patented in England, &c. Price, £1 1s.; when made with umbilical support, £1 10s.

### For Varicose Veins & Weakness.—

SURGICAL ELASTIC STOCKINGS, AND KNEE-CAPS on a New Principle, pervious, light in texture, and INEXPENSIVE, yielding a permanent, efficient, and unvarying support under any temperature, without the trouble of Lacing or Bandaging; likewise, a Strong, Low-priced Article for Hospitals and the Working Classes: ELASTIC NET CORSETS of the same beautiful fabric, ABDOMINAL SUPPORTING BELTS, for both sexes, those for ladies' use before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instructions for measurement, and prices on application, and the articles sent by post, from the Manufacturers.

POPE & PLANTE, 4, WATERLOO-PLACE, PALL-MALL.

The Profession, Trade, and Hospitals supplied.

### W. Twinberrow begs to draw the attention of the Medical Profession to his

EXTRACT OF INDIAN HEMP,

Prepared expressly for him at Calcutta, its peculiarly sedative properties being so beneficial where opiates are inadmissible; also to his

LIQUOR TARAXACI AND MEDICINAL EXTRACTS,

Prepared from the fresh plant (Hyoscyamus Niger, Conium Maculatum, Atropa Belladonna, Cotyledon Umbilicus, &c.), all of which contain the properties of the fresh juices unimpaired in their manufacture.

W. T. has just received a supply of Indian Bael (Ægle Marmelos), now being so much recommended for Dysentery and Diarrhoea. 2, Edwards-street, Portman-square.

### New Truss for Hernia.—F. Walters

begs to call attention to his NEW TRUSS, with improved water-pad. The advantage of water is, extreme softness and the certainty of the pressure being always in the proper place. This truss has received the approbation of the most eminent surgeons, many of whom pronounce it the most perfect ever yet produced. F. W. can, therefore, confidently recommend it to all those requiring such assistance. Manufactured only by F. Walters, of whom can be had the new double-action Cycloidal Enema Syringe; also Walters's celebrated Railway Convenience for Ladies and Gentlemen.—F. Walters, 16, Moorgate, City.

### Prices of Medical Bottles, best

quality, at F. and S. WINDSOR'S, 37, BARTHOLOMEW-CLOSE, CITY.

6 OZ. & 8 OZ. GREEN, 10s. per Gross.

FLINT GREEN, 6 OZ. & 8 OZ., 11s. per Gross.

1½ OZ. PLAIN PHIALS, 8s. per Gross.

1½ MOULDED, OCTAGON, or ROUND, 8s. 6d. per Gross.

WASHED READY FOR USE.

Every requisite for the Surgery supplied to order.

Price Lists forwarded free on application.

### Argyll Baths, 10, Argyll-place, REGENT-STREET,

AND AT 5, NEW BROAD-STREET, CITY.

TERMS:

WARM BATHS—ONE SHILLING EACH.

Reserved Rooms, including the Ladies' Department, One-and-Sixpence each; Twenty-one Transferable Tickets, One Guinea.

Vapour, Sulphur, and Harrowgate Baths, 3s. 6d. each—8 for 21s. Hot Air, Mercurial, and other dry Fumigating Baths, 5s. each—6 for 21s.

Portable Warm Baths sent out within ten miles of London. Single Bath (with hot linen, &c.), within one mile of Argyll-place, 5s.; every additional mile, 1s. extra.

An idea may be formed of the capacity of these Establishments when it is stated that upon their erection and completion upwards of £30,000 has been expended, and that at each place one hundred Baths can be given in an hour.

NO ACT OF PARLIAMENT REQUIRED TO SETTLE THE BOTTLED-BEER QUESTION.

### Earle Brothers & Co. beg to inform

the Public that they have made arrangements to sell Bass's or Allsopp's Pale Ale and other Pale Ales of the first quality, genuine Dublin Stout, in Bottles manufactured expressly for them, containing the full IMPERIAL QUART and PINT MEASURE, at the following prices:—

	s.	d.
Bass's or Allsopp's best Pale Ales,		
at per Dozen Imperial Quarts	8	0
Ditto ditto Pints	4	6
Genuine Dublin Stout, warranted of the first quality—		
per Dozen Imperial Quarts	7	0
Ditto ditto Pints	4	0



EARLE BROTHERS & Co., guarantee their Ales and Stout to be of the finest quality, and earnestly invite the Public to avail themselves of the great saving they will make by honouring this firm with their patronage.

EARLE BROTHERS & Co. call the attention of the Public to the important fact, that they are offering

Three Gallons—that is One Dozen and a Half of the present mis-called Quarts and Pints—for a Lower Price than the public is now paying for Two Gallons, or One Dozen of precisely the same article, identical in quality, and brewed by the same eminent firms.

The advantage to the Public is one-third more for the same price.

The Public has loudly complained of the short measure it has been the practice of the dealers in Bottled Beer to give.

EARLE BROTHERS and Co. offer the Public a complete remedy, and respectfully beg the Public to avail themselves of it.

TERMS, CASH.

Bottles charged per dozen Quarts ... 3 0

Ditto ditto Pints ... 2 6

Full credit given for the Bottles when returned.

EARLE BROTHERS and Co.,

Wine and Beer Merchants,

4, DUNCANNON STREET, TRAFALGAR SQUARE, LONDON.



## The Medical Circular.

WEDNESDAY, JULY 13, 1853.

### THE RECENT DISTRIBUTION OF MEDALS AT THE SOCIETY OF ARTS.

THE adjudication of the Society's medal to Mr. Toynbee was an act so inconsiderate and unjust, that we are resolved to pursue the subject until the matter be thoroughly sifted and exposed. If favouritism and jobbing have crept into the Council-chamber of this Society, all respect for its decisions is gone; and it is, therefore, both the interest and duty of the governing authorities to examine our allegations, and to publish the reasons which induced them to award to Mr. Toynbee one of their medals for his advertised *invention*. If this toy were proved to be useful, the evidence must be in their hands, and there can be no trouble in arranging it for publication; on the contrary, if the medallist were designated without such proof having been adduced, then let the Council retrieve their honour by recalling the award, and confessing their inadvertence.

We have already shown that the principle of treatment which Mr. Toynbee's bit of gutta-percha is intended to carry out, was first devised and reduced to a rule by Mr. Yearsley, to whom the entire credit belongs. Although it is well known, and is admitted by Mr. Yearsley, that some deaf persons have occasionally employed the cotton wool, a slip of fat bacon, or some other substance for the relief of deafness, yet this fact does not derogate from his claims as the discoverer of the *principle* of treatment, and the scientific analyst of the lesions in which an appliance of the kind might be beneficially employed. Many milkmaids knew the fact that certain pustules on the udder of a cow had communicated an eruptive disease to a human subject, but it was left to the immortal Jenner to elicit the principle and to establish the practice of vaccination, with a view to counteract the ravages of the small-pox. Illustrations of a similar kind abound, and must suggest themselves to every reader.

To Mr. YEARSLEY, therefore, the prize awarded to Mr. Toynbee is most unquestionably due. There is not a man to be found who will deny that, but for Mr. Yearsley's sagacity, the treatment would not now have been known to the profession, and, consequently, Mr. Toynbee's toy would never have been designed. Mr. Toynbee has a right to use Mr. Yearsley's ideas, as every other man has, so long as he acknowledges their author; but to use them, and not to avow the ownership, is to *steal* them, and to expose himself to public reprobation.

If Mr. Toynbee is wholly disintituled to a prize in consideration of the *discovery* of the principle of treatment, yet it may be supposed that his instrument may be an *improve-*

*ment* on the means heretofore employed to make the treatment effectual. This supposition, however, we unequivocally deny. We assert more,—that the instrument is INCONVENIENT, PAINFUL, and MISCHIEVOUS! We have sufficient evidence in proof of our statement in our possession.

We now call upon the Council of the Society of Arts to *publish the evidence* upon which they felt themselves justified to conclude that this bauble was an improvement on the means introduced and practised by Mr. Yearsley. They durst not, for the sake of their own characters, have bestowed the medal without adequate investigation. If they have evidence, what is it? Name the PATIENTS; state the EXPERIMENTS; give the RESULTS.

According to the 40th bye-law, each Committee is required to present an Annual Report upon the subjects connected with its department, and "*to suggest subjects for reward.*" Such a Report was doubtless presented to the Council by MESSRS. DENISON, SMEE, and VARLEY; and we desire to know whether it contained the evidence we demand, and whether Mr. Yearsley's name was mentioned in it as the discoverer of the new treatment?

This Report must be in the archives of the Council, and we earnestly request their re-examination of the document. They are under an obligation of honour to investigate anew the circumstances of this award, and to do justice to a man who has sustained a deep wrong through their want of information or their negligence.

If the Council refuse justice, we trust that some ten members of the Society will be found with spirit and probability enough to sign a requisition for a General Meeting, so that this matter may be fairly and openly discussed. It cannot lie where it is; it must be drawn into daylight, to receive either confirmation or censure.

### THE MEDICAL BENEVOLENT COLLEGE.

As was expected, a numerous gathering of the profession and of the friends of the MEDICAL BENEVOLENT COLLEGE, took place on the recent occasion of laying the foundation-stone of this invaluable institution. The exertions of its philanthropic founder, Mr. PROPERT, were rewarded on that day with a most brilliant and gratifying demonstration of public respect and gratitude. In another part of our Journal our readers will see an account of the ceremony, which, therefore, we shall not now describe. Considerable funds being in hand, we trust that the building will be carried on with due speed, so that our more necessitous brethren may early enjoy the blessings it will bestow. The Profession must not, however, hold their hands or diminish exertions, because the undertaking is brought thus far towards realisation. More money is wanted to enable the committee to complete the noble design, and the Profession must continue to work with sustained energies.



## MEDICAL REFORM.

LORD PALMERSTON seems to be in a state of extreme indecision on the subject of Medical Reform. A few weeks since he declared his inability to deal with the Medical question this Session; he now seems so far to have yielded to the "pressure from without" as to consent to place a Bill on the table of the House, in order that it may be discussed during the recess. This is a right course. So soon as the Bill shall be published, we intend to subject it to an analysis, so as to enable our readers to form an opinion upon its clauses. The following is a report of Lord Palmerston's recent declaration in the House of Commons:—

Colonel DUNNE inquired what course the government intended to take with respect to the introduction of a bill for regulating the Medical Profession? He also wished to know whether certain regulations or bye-laws of the Pharmaceutical Society had been referred to the law-officers of the crown.

LORD PALMERSTON hoped to be able to bring in a bill, but probably not so much with a view of passing it in this session, as with the view of submitting its provisions to consideration. At the same time, he did not preclude himself from proposing it with a view of carrying it. With respect to the bye-laws of the Pharmaceutical Society, they were presented to him for approval. He sanctioned them, subject to any legal decision which might be come to on one of the articles, to which objections had been made as not been consistent with law. He would not take on himself to decide that point; neither did he think it expedient to refer it to the law-officers of the crown.

## Mirror OF PERIODICAL LITERATURE.

(From the "Glasgow Medical Journal," July, 1853.)

### CASE OF PREGNANCY COMPLICATED WITH CARCINOMA OF THE UTERUS, IN WHICH GESTATION WAS PROLONGED TO THE SEVENTEENTH MONTH.

The following extraordinary case is reported in an article by Dr. Menzies, of Edinburgh. After stating that he was summoned to see his patient in February, 1852, when she was suffering under acute pain in the inguinal region, which was relieved, he remarks:—

"I heard no more of my patient until the end of March, when I received a message that she was in labour. I found her in bed, complaining of intermittent pains, commencing in the centre of the abdomen, extending to the back, and thence towards the hypogastrium. They had begun nearly twenty hours before, but had not been frequent. The uterine tumour was very prominent, giving a broad flattened appearance to her sides: very firm to the touch, it did not become firmer during the pains. It still reached to the epigastrium, although it had apparently prolapsed somewhat since my previous attendance. The os uteri was quite closed, its anterior and posterior labia being firm, and uninfluenced by the action of the pains. The vagina was moist and cool. The countenance betrayed considerable anxiety; the pulse was frequent and rather weak, and the tongue furred. She was ordered some oil, which acted before I called in the evening, but no progress was made in the labour, nor were matters more promising next morning. Being doubtful of her calculation regarding the duration of her pregnancy, I made more minute inquiry, and ascertained the following particulars:

"About the end of April or beginning of May, 1851, while nursing her former child—a fine boy then twelve months old—she menstruated for the first time since she had become pregnant of him, and a month afterwards weaned him without the return of the menses. She had miscarried before the conception of this child. During her present pregnancy she had remarked nothing unusual until the middle of February, at which period she observed that the motions of the child, which had been much more turbulent than in the former pregnancy, ceased altogether to annoy her; that there was a sense of weight and coldness in the abdomen, and that the breasts, which had previously been large and plump, became small and flaccid. She was not certain when she first felt the foetal movements, but was quite sure they were present in October, 1851.

"The abdominal tumour was very prominent, and of a well defined ovoid form; firm, though fluctuating; when undisturbed, situated exactly in the median line, but readily admitting of lateral movement. From all parts of it, percussion elicited a dull sound. Auscultation, carefully repeated on several successive days, and subsequently at longer intervals, failed to detect either the placental *souffle* or the sounds of the foetal heart's action. Per vaginam, the uterus and its contents felt firm and elastic. An attempt to discover the foetal head through its anterior wall was unsuccessful. The urine was passed with ease, but the bowels were still inclined to constipation, and defecation was performed with pain and difficulty. The breasts were flaccid and destitute of milk, the areola around the nipples was, however, well marked and studded with numerous enlarged papillae. She had been the subject of dyspepsia for many years, and now the stomach was very irritable, and the anorexia complete.

"The abdominal and dorsal pains had been more severe and frequent during the night, and continued throughout the day, without any effect on the os uteri, although the lower part of that organ descended under their action a little farther into the pelvis. A sedative was administered at bedtime, with the effect of procuring her some refreshing sleep during the night. In the morning the pains again increased, and as the gastric irritation was now much relieved, and her strength somewhat improved, I resolved to try small and repeated doses of tartrate of antimony. To aid this remedy in relaxing the genital passages, fomentations—previously ordered to be applied to the vulva—were continued, and a large emollient enema administered. The antimony produced considerable general relaxation, but had no effect on the os uteri. During the succeeding night there was little change; and on the evening of the next day—the fourth of my present attendance—she was so much exhausted that it was necessary to repeat the anodyne. The exact duration of her pregnancy being still not fully determined, I did not consider it proper to adopt any other measures at that time with the view of hastening delivery; and, as her general condition had begun to improve, while the pains, which had never been strong, gradually became less frequent, I resolved to wait until labour should set in more energetically.

"From that time till near the end of April, the local and constitutional irritation continued to diminish; but in the latter part of that month the pains became again more active, and accompanied with a greater feeling of bearing down. The uterus too, descended farther into the pelvic cavity, but examination of its os convinced me that it still possessed an equal, if not greater amount of hardness and resistance. Its margins were, however, a little more apart, and allowed the point of the finger to be introduced about a third of an inch into the intervening fissure. A female catheter was introduced more than an inch backwards and upwards, without the discharge of the liquor amnii, and with the loss of only a few drops of blood. I now determined to attempt the dilatation of the os with sponge tents, and accordingly introduced a very narrow one a short distance next day. About five hours after



its insertion, there was a sudden discharge of nearly twelve ounces of blood; and on examination, I discovered a nodulated flattened mass of semicartilaginous density, overlapping the anterior margin of the os. I feared this might be the placenta, rendered unusually dense and firm by some morbid process. The vagina was plugged, and cold applied to the vulva. The bleeding soon ceased, but the pains, which continued considerable for two days longer, produced no effect upon the os."

Dr. James Paterson now saw the patient, and it was considered that she was labouring under malignant disease, and that the fetus was dead. Dr. Menzies goes on to say:—

"During the next five months it suffered augmentation at irregular intervals, but never attained the strength it had previously possessed. The pains were present every day, becoming aggravated towards evening, and frequently causing the patient to take a nocturnal dose of morphia and opium. They gradually became of a more mixed character; lancinating pains shooting from the hypogastrium to the sacrum, and others travelling in the course of the erural and sciatic nerves, being added to those of a bearing down nature. For two months prior to the termination of her illness, she complained of a constant feeling of weakness, heat, and dragging pain in the loins, which rendered her incapable of remaining long in the sedentary posture.

"The uterine tumour gradually receded from the epigastrium, and became smaller, firmer, and less fluctuating. Its resistance became unequal, apparently from the more prominent members of the fetus being pressed against the uterine walls. It continued slowly and almost imperceptibly to descend in the pelvis, until the os was within an inch of the perineum, yet there was little inconvenience felt in passing urine. Defecation, however, was long, difficult, and painful. The breasts, which had been so flaccid and destitute of their life-supporting fluid, became, in the month of June, somewhat more plump, and resumed their secretory function to such an extent during the remainder of her illness, as to keep her linen constantly wet with the milk they spontaneously discharged.

"On the 3rd of November I received a message to visit her. Being unwell, my friend Mr. McGill went in my stead. He found her suffering from symptoms of subacute peritonitis. She complained of great pain and tenderness in the upper part of the abdomen. There was much thirst and vomiting: the bowels had not been moved for some days; the pulse was rapid, and the skin hot and dry. With the aid of leeches, turpentine epithems, enemata, mercurials and sedative anodynes, these symptoms were relieved; but they soon returned, and she sank on the 17th of the month.

A *post-mortem* examination disclosed the usual signs of peritoneal inflammation, and "a vertical incision into the anterior wall of that organ gave exit to a small quantity of excessively fetid gas, and disclosed the head and shoulders of a fetus, the breech of which was contained in the lower part of the viscus that lay in the true pelvis. The child was closely embraced by the walls of the uterus; the liquor amnii having been so much absorbed that it came into immediate relation with them; and the vertex was so flattened, by the action of the muscular fibres of the fundus, that it conferred a cuboid form on the whole cranium. The fetus was a well-formed male, that had apparently arrived at or near to maturity. Its hair and nails were quite perfect. It had undergone no decomposition; the skin, with its firmly adhering cuticle, being seen of a perfectly normal colour, when freed of the large quantity of smegma and debris of the liquor amnii with which it was covered. The umbilical cord seemed to have been quite healthy, though now tinged with the green hue of commencing putrefaction. The placenta, which was easily detached from the upper part of the left uterine wall, was deeply injected, and of a much denser consistence

than usual. It contained no coagula, was circular in form, and was bounded by an abrupt edge, as completely deprived of its membranes as if they had been carefully removed by the scalpel. The involucre appeared to have been entirely absorbed, with the exception of some debris, which assisted in thickening the small quantity of fluid that remained in the uterus.

"This liquid, in quantity about ten ounces, was thick and very turbid, of a dirty yellowish-brown colour, and abominably fetid. The internal surface of the uterus presented its mucous lining uncovered by any other tissue, much softened, and its capillaries and veins deeply injected with dark-coloured blood. For the purpose of examining the condition of this organ more minutely, Mr. McGill removed it and the upper part of the vagina from the adjacent structures. Its orifice barely admitted a goose-quill, and was filled with a thick soft matter, which had prevented the escape of the fluid from its cavity. The circumference of this internal orifice consisted of a remarkably firm and tough ring, as hard as cartilage, thicker in its anterior than in its posterior half, of a pale bluish-white colour, and offering great resistance to the knife. The same dense tissue extended continuously through the lower fourth of the body of the organ, gradually diminishing in thickness as it ascended. It was continued as far as the upper fourth, in patches infiltrated into the muscular and areolar tissues, rendering the walls very unequal, both in thickness and consistence. In the lower fourth the muscular fibres were so much atrophied that they were scarcely discernible. In the middle half they were much more evident; while in the fundus they were abundant, and communicated to it a much deeper tint. Under strong pressure, a segment of the dense tissue yielded a small quantity of opalescent fluid, which the microscope showed to contain a quantity of granular matter, and a few nucleated and granular cells, of irregular shape, some being nearly spherical, while others were caudate or fusiform. None of the other viscera were examined."

Dr. Menzies concludes his article with an examination of the causes of prolonged gestation, and gives an interesting analysis of cases of Carcinoma Uteri, complicated with pregnancy, with the treatment adopted at the labour.

(From the "Lancet," July 9, 1853.)

#### CASES OF FRACTURE OF THE BASE OF THE SKULL.

We quote the following observations from Mr. Hilton's lecture on this subject:—

"The most striking feature in all the three cases related was the escape of cerebro-spinal fluid from the ear, and it is well worth our while to inquire whence this fluid proceeds—(what are its possible sources?) Is it, as some believe, the endo- and peri-lymph of the internal ear? This is not in the least likely, for the whole quantity of that fluid does not altogether equal half a drachm; you have seen the cavity in the temporal bone which contains it; it is, indeed, very small, and it is occupied by delicate membrane, as well as the expansion of the nerve of hearing. Now, as more than four drachms of this fluid were collected in half an hour from the ear of one of these patients, and as I have myself in other patients similarly affected obtained more than two drachms of it at one gush from the ear, we may, I think, conclude that the peri- and endo-lymph had but little, if anything, to do with the symptom of the escape of the fluid in question.

"Let us further inquire whether the fluid might not be simply the serum of the blood, separating from some supposed clot, or from the lateral sinus itself. This latter supposition rests on the idea that the red corpuscles may be too large to pass through the accidental crack or fissure in the bone, whilst no such impediment would be given to the transit of their serum resulting from the injury; but this can hardly be defended when we see that the apertures of



the fracture are quite large enough to allow fluid blood to pass freely.

"The other supposition, that the discharge of fluid is owing to the separated serum of a clot of blood in the lateral sinus, or elsewhere, from the fracture extending into the sinus, and the serum penetrating thence the chambers of the ear. This position is not more tenable than the others, for if we had to deal with serum the latter would coagulate completely by the action of heat, but the fluid collected in the preceding cases only became opaline by being exposed to the spirit-lamp.

"You may hence conclude that the fluid of which I have been speaking is neither endo- nor peri-lymph; nor the serum of the blood, and must therefore of necessity, there being no other possible source for it, be looked upon as *cerebro-spinal* fluid, which proceeds, as I have shown through many years, in my Lectures on Anatomy, from the internal arachnoid sac; but I thought it right to dwell upon these different opinions, so that we may treat the matter, not dogmatically, but in a strictly logical manner.

"As to the drayman, who unexpectedly died, I would just have you look at one point in the post-mortem. A small clot of blood was found between the dura mater and the bone, and it might perhaps have been supposed by some of you that the paralysis of the face was owing to that effusion of blood; but the further examination of the head demonstrated that the paralysis was due to actual and direct injury to the facial nerve, and that the escape of blood resulting from a wound of the middle meningeal artery had nothing to do with the loss of muscular power in the face.

"It is also stated in this examination of the body 'that a good deal of whitish, turbid fluid was discovered in the lateral ventricles.' Now, you should remember that pathologists differ somewhat as to the normal quantity of the fluid in these ventricles. Some say that they should not contain scarce any fluid, and others that they ought to present a great deal of it. My opinion is that some fluid in the ventricles is as necessary, and more so, to the healthy function of the centre of the brain as the fluid in the pericardium is to the heart's action, or the fluid in the tunica vaginalis to the mobility of the testis. What is the meaning of the existence of cavities in the interior of the brain, occupied by a varying quantity of fluid, and lined by a thin membrane? It means that the brain's structure surrounding the so-called cavities are liable to temporary alterations in size, from congestion or fulness of blood in relation to respiration, mental and physical exertion. You know the views I have long taught regarding this subject. I believe the parts at the floor of the lateral ventricles, for example, which are associated with the ordinary muscular exercise and sensibility of the extremities of the body, become enlarged by excessive or prolonged exercise of their functions. Such an opinion is in accordance with good physiological principles, for a like condition is seen in other organs during the fulness of their respective functions. Now suppose these parts in the lateral ventricles had been built within the solid walls of the brain without any free surfaces; it would not have been possible for them to become increased in size without encroaching upon some other part which has its own appropriate function. These different parts, forming prominences on the surfaces of the different ventricles, may be compared to the different viscera occupying the single cavity of the abdomen, and the cavity (as it is termed, although, as you know, there is no void or unoccupied space) would represent a cerebral ventricle.

"If, in making a post-mortem examination, you do not find any fluid in the ventricles, you must not conclude that to have been the state during life, for it may be that the fluid has sunk to the base of the brain through the continuous ventricles and inter-ventricular passages, in consequence of the chest and abdomen having been previously examined and their viscera displaced by the knife; for in that case the veins within the vertebral canal (which adjust themselves with most precise accuracy to the quantity of

cerebro-spinal fluid) pour their contents into the abdomen or chest, and the void so created in the vertebral canal is immediately occupied by the cerebro-spinal fluid descending into it from the brain when the calvaria is raised for the purpose of exposing the brain. To judge accurately of the quantity of the fluid in the ventricles after death, the head should be examined *first*, and care taken not to lift the brain from the base of the cranium before the ventricles have been opened."

Mr. Hilton gives the following summary of appearances:—

"In conclusion, we may enumerate the pathological phenomena which these patients collectively presented: 1, blood resulting from the actual fracture; 2, escape of cerebro-spinal fluid from the ear; 3, loss of hearing; 4, loss of smell; 5, bleeding from the nose; 6, bleeding from the mouth; 7, paralysis of facial nerve; 8, paralysis of lingual nerve; 9, difficulty of swallowing."

#### ON THE NATURE AND TREATMENT OF THE DISEASES OF EUROPEANS ON THEIR RETURN FROM TROPICAL CLIMATES.

Mr. Ranald Martin makes the following observations on this subject:—

"In tropical invalids suffering, on their return to Europe, from chronic diarrhoea, we perceive, along with the cachexia so generally characteristic of the class, an excessive irritability of the mind and body, an anxious countenance, and a blanched condition of the entire surface, conveying an impression that the patients have been drained of all their fluids, and thus become dried up and attenuated. The *vis vitæ* appears in such cases to be absolutely washed out of the body.

"The abdomen is generally tumid, but occasionally, in common with the muscles and integuments of the entire frame, it is shrunk and shrivelled. Pain I have seldom been able to trace in this cavity, on the most careful exploration of its various regions by tactile examination and percussion.

"The skin will generally be found dry, cool, and sometimes harsh to the touch; occasionally of a soft, velvety character, all indicating a diminished vitality. The state of the system, as already stated, is usually anæmic. There is much restlessness, the little sleep that is obtained being unrefreshing. The intestinal secretions are sometimes of the appearance and consistence of pea-soup, and at others serous or watery, or, as some patients describe them, like soap-and-water, or semi-fluid and yeast-like, with little or no colouring matter. The evacuations are generally voided without any pain. They are always copious and exhausting, especially during the night or in the early morning. The urine, in all the instances in which I have examined it, contained oxalate of lime in greater or lesser quantity. The appetite is sometimes voracious, at others defective and capricious.

"The secondary or chronic diarrhoeas of Europeans who have resided long in hot climates are always difficult of cure; and when of long standing, they constitute a class of disease dangerous and intractable beyond most others.

"Whether the disease under consideration presents itself in the form of diarrhoea originally contracted as such in India, or as one of the sequelæ to acute tropical dysentery, as the result of hepatic disease, fevers, cholera, malaria, the abuse of mercury and purgatives, or from errors in diet and habits of life, we seldom find the disease simple in its pathological nature—that is, confined to the mucous digestive surface alone. On the contrary, a careful exploration of the abdominal regions, coupled with an attentive consideration of all the antecedent and attendant circumstances, will generally show that diarrhoea, in a large proportion of instances, is complicated with, if not mainly dependent on, chronic disorders and diseases of the liver. And here it is worthy of remark, that in India diarrhoea is a frequent and immediate evidence of dangerous congestion, or of inflammation of the parenchyma of the liver, and sometimes it results both in India and in Europe from abscess of that



organ. The first approach of congestion or of inflammation of the liver suspends its secreting power, and diarrhoea is the result. An entire suspension, or its converse, an excessive flow of the biliary excretion, will generally produce diarrhoea. That there are in India, on the other hand, diarrhoeas of a simple and uncomplicated nature, is a fact well known; but they are mostly acute, and comparatively easy of cure, the subjects of them recovering on the spot, so that in effect none are sent home but the most severe and complicated cases.

"Although chronic diarrhoea generally follows on previous tropical disease, I have seen it affect persons on their return to England, who, during their residence in India, had never suffered from any of the diseases of that country. The health of such patients, however, had been enfeebled, and they were thus rendered susceptible to the influence of cold or damp, or to what is always more injurious to the returned Indian—to both conjoined. The returning Indian is often seized with diarrhoea from exposure to cold on board ship, especially if exposed to the spring easterly winds. Diarrhoeas, of course, vary in their nature with their causes, and these last constitute the most necessary points for primary consideration in practice. One will depend on disorder or disease of the liver; another will result from fever; a third from dysentery; a fourth has for its cause an hyperæmia of the mucous digestive surfaces; while a fifth is associated with anæmia of the same textures, as well as of all the abdominal organs. I have seen cases in which the abuse of purgative medicines appeared to produce chronic diarrhoea, and others in which the same effect seemed to result from the large or protracted use of calomel.

"A morbid state of the biliary secretion, with its injurious influence in producing and maintaining the chronic bowel complaints here noticed, have been mentioned emphatically by all writers on the diseases of tropical climates, as a fact of most frequent occurrence; and so also has the total absence of hepatic secretion, constituting what is termed the *white flux*. This latter form of diarrhoea, whether associated with intermittent fever or not, often recurs in paroxysms more or less distant. On such occasions it is common to find the tongue assume a more or less red, abraded, or even ulcerated state; but it is worthy of careful remark, that, on the restoration of the hepatic function, all these indications of mucous-intestinal irritation gradually subside."

(From the "Medical Times and Gazette," July 9, 1853.)

#### ORGANIC DISEASES AND FUNCTIONAL DISORDERS OF THE STOMACH.

In this lecture Dr. Budd enters largely on the question of diet as contributing to the healing of ulcers of the stomach. He advises that a change of volume of the stomach should be avoided as much as possible, by eating little at a time, and the food being of the least irritating kind, such as milk, bread, maccaroni, semolina, biscuit powder, and occasionally, when the irritation is not great, mashed potatoes, turnips, or carrots, and other vegetables. A good description is given of the "small scattered ulcers" common in the stomach of drunkards. He remarks:—

"These minute superficial ulcers usually cause pain in the stomach after solid food; frequent vomiting, excited by the presence of food; and hæmorrhage. The effects are so far like those of common simple ulcer; but there are several circumstances which may serve to distinguish the two forms of disease.

"1. The hæmorrhage which results from the minute scattered ulcers consists of an oozing of blood from the capillary vessels of the abraded surface. It occurs as soon as the ulceration takes place, and continues, day after day while the ulcers exist, but is usually small in amount at any one time. The hæmorrhage in simple ulcer arises from the ulcer eating into one of the vessels of considerable size which run in the cellular tissue under

the mucous coat. It usually occurs suddenly after the other symptoms of simple ulcer have existed for some time, and is profuse; and, where it does not prove fatal, seldom continues more than two or three days.

"2. When these superficial ulcers exist there is usually a catarrhal or inflammatory condition of the mucous membrane in great extent, and, as a consequence, probably, of this, there is often a thin white coat on the tongue, and there is much greater irritability of the stomach, and the appetite and power of digestion are very much more impaired than in cases of simple ulcer, in which the stomach is usually healthy, except at the ulcerated spot. For the same reason, the matter vomited in cases of hæmorrhagic erosion often contains much mucous tinged with blood, which seldom happens in cases of simple ulcer.

"3. The two forms of diseases may be further distinguished by the different circumstances in which they respectively occur. The minute superficial ulcers, like the deep ulcer, may continue long, if the stomach be constantly irritated by food which it cannot digest, or by alcoholic drinks, or irritating medicines: they may, perhaps, by such means, be fretted into deep ulcers; but, as long as they remain superficial, they may in most cases be readily healed, and the stomach be restored to its healthy condition. A few leeches, or a blister, or the daily application of a large mustard poultice to the epigastrium; the frequent sipping of iced water, which tends greatly to allay the vomiting; and a diet restricted to the lighter farinaceous substances and milk, to be taken cold, and in small quantities at a time,—are all the means that are generally necessary. As the stomach becomes less irritable, the diet may be improved; but, as long as food has a tendency to cause pain or vomiting, it should be given in the form of pulp, so as not to irritate the stomach mechanically, or needlessly tax the power of digestion. Alcoholic stimulants, and aromatics of all kinds, greatly irritate the stomach, and should be strictly forbidden. If, in spite of these means, there be much pain in the stomach, or frequent vomiting, excited by food, powdered opium, with small doses of nitrate of silver, in pills, may be given with advantage. Powdered opium is less irritating to a raw surface, and agrees better than tincture of opium, or the salts of morphia, especially when these salts are given in solution.

"If constipation exist in such a degree as to increase the disposition to vomiting, or cause unpleasant distention of the belly, it may be remedied by enemata, or, as in cases of perforating ulcer, by an aloetic, or the compound colocynth pill.

"When the disorder is thus treated at its first occurrence, the irritability of the stomach, in most cases, as I have already stated, soon subsides; but, when the disorder has been neglected, or the ulcers have been fretted by improper physic or food, persistence for a considerable time, in the means I have mentioned, may be necessary to effect their healing."

#### ON AN EPIDEMIC OF VARIOLA AT CORFU, IN 1852.

Mr. Spencer Wells gives tables of "Vaccinated," "Not Vaccinated," and "Doubtful" cases in connection with an epidemic variola at Corfu, and he thus sums up the results:—

"It will thus be seen, that the protecting influence of vaccination, which diminished the general mortality of the vaccinated 20 per cent. below that of the non-vaccinated, was sensible at all ages, but much less so in advanced life than in early youth. Again, it will be seen how very few of those protected by vaccination were attacked in the first ten years of life, and how very large a proportion of those not so protected were attacked at this period; the whole series of facts leading to the inference, that the preserving influence of vaccination, both in preventing attacks and diminishing mortality, is greatest during the first ten years of life, and is afterwards considerably lessened. The conclusion in favour of re-vaccination is obvious. It was



singular, that while, in 1841-2, the epidemic raged principally in the Jews' quarter of the town, this quarter was particularly free from it in the last epidemic. The population of the town is between 15,000 and 16,000; that of the Jews' quarter between 4,000 and 5,000. There were 1,000 cases in the town, but only 183 in the Jews' quarter.

(From the "Association Medical Journal," July 2, 1853.)

#### CASES IN PRIVATE MIDWIFERY PRACTICE.

Mr. Falloon, following up the example set by Dr. G. Hamilton, of Falkirk, whose observations were recently published in this Journal, contributes notes of his practice. The results are comprised in the following table:—

"The object of the subjoined tabular statement is to exhibit at a glance my mode of practice, and its success:—

#### RESULTS OF LABOUR IN 316 CASES.

##### Character of Labour:

Natural . . . . .	173
Tedious . . . . .	51
Hard . . . . .	52
Quick . . . . .	34—310

##### Complication:

Twin cases (all males) . . . . .	5
Monsters . . . . .	2
Turning . . . . .	4
Instrumental . . . . .	11
{ Forceps . . . . . 6	
{ Embryotomy . . . . . 2	
{ Blunt Hook . . . . . 3	

##### Presentations:

Head . . . . . 290	Footling . . . . . 4
Face . . . . . 2	Placenta prævia . . . . . 1
Breast . . . . . 6	Funis with head . . . . . 3
Arm . . . . . 2	Hand with head . . . . . 2

Chloroform used beneficially . . . . . 41

##### Hæmorrhage:

Post-partum . . . . .	20
Ante-partum . . . . .	8
Internal . . . . .	2—30

Mortality among mothers . . . . . 0

" among children:

Ordinary labour . . . . .	13
Twins . . . . .	5
Forceps . . . . .	1
Monster . . . . .	1
Breech presentation . . . . .	1
Embryotomy (one a twin) . . . . .	2
Premature . . . . .	2
Decomposed at birth . . . . .	1
Turning . . . . .	1
Ante-partum hæmorrhage . . . . .	1
Funis presenting with head . . . . .	1—29

Sex—Male . . . . . 176

Female . . . . . 139—315

(Five cases of twins.)

Retained placenta . . . . . 19

##### Funis round neck of child:

Thrice . . . . .	4
Twice . . . . .	2
Once . . . . .	21—27

Hand in utero . . . . . 1

"The mortality amongst children from all causes would be 1 in 10; but, deducting the 16 accounted for above, it would be 1 in 75.

"The proportion of twins is 1 in 62, rather below the average, which, according to the hospital returns for England and Ireland, is 1 in 65. All occurred amongst the lower classes. I find the average among the higher classes yields 1 in 120, showing the influence the luxuries and refinements of highly civilised life possess in restraining fecundity."

#### CONTENTS OF THE MEDICAL JOURNALS.

#### The British and Foreign Medico-Chirurgical Review.—(No. XXIII. July, 1853.)—ANALYTICAL AND

CRITICAL REVIEWS.—1. Carpenter on the Nervous System. 2. Mackenzie and Bennet on Uterine Diseases. 3. Fatty Degeneration. 4. Heller on Albumen in Urine. 5. Beneke on the Method of Advancing Rational Medicine. 6. Natural Sciences at Oxford. 7. Headland on Therapeutics. 8. The Diseases of Children. 9. Guggenbuhl on the Cure of Cretinism. 10. Golding Bird on Urinary Deposits. 11. "The Whey-Cure." 12. Moyse and Bright on Pancreatic Disease and Fatty Discharges. 13. The Chemistry of Digestion. 14. Schroeder van der Kolk on Tubercle.—BIBLIOGRAPHICAL RECORD.—1. Turnbull on the Treatment of Consumption. 2. Valentin's Text-book of Physiology. 3. Johns' Clinical Phrase-book. 4. Nunn on Inflammation of the Breast, and Milk Abscess. 5. Mahony on Epidemic Cholera. 6. Tilt on Diseases of Women, and Ovarian Inflammation, &c. 7. De Meric on Prophylactic and Curative Syphilization. 8. M'Cormac on Moral Sanatory Reform. 9. Chapman on the Treatment of Obstinate Ulcers. 10. Cooper on Impaired Vision and the Means of Assisting Sight. 11. Dunglison's Medical Lexicon. 12. Alison on the Medication of the Larynx and the Trachea. 13. Forbes's Memorandums made in Ireland. 14. Stevens on the Nature and Treatment of the Asiatic Cholera. 15. Braun on the Mineral Waters of Wiesbaden. 16. Sichel on Ophthalmic Iconography.—ORIGINAL COMMUNICATIONS.—1. The Causes of Dilatation of the Heart. By W. T. Gairdner, M.D. 2. On the Liver and Kidney in Diabetes. By Lionel Beale, M.D. 3. On Excision of the Os Calcis. By H. M. Greenhow, Esq. 4. Decennium Pathologicum. By T. K. Chambers, M.D.—CHRONICLE OF MEDICAL SCIENCE.—Annals of Physiology. By Henry Gray, F.R.S. Pathology and Practice of Medicine. Surgery. Midwifery, &c. Materia Medica. Therapeutical Record.—Books received for Review.

Glasgow Medical Journal.—No. II. Vol. I. July, 1853.—ORIGINAL COMMUNICATIONS.—1. Case of Pregnancy Complicated with Carcinoma of the Uterus, in which Gestation was Prolonged to the Seventeenth Month. By Peter Rae Menzies, M.D. 2. Case of Diseased Ovarium, in which Ovariectomy was performed by Wm. Lyon, Esq. Reported, with Remarks, by James H. Howie, M.D. 3. On Facial Anæsthesia. By John B. Cowan, M.D. 4. Remarks on the Propriety and Advantages of Hospitals for the Cure of Syphilitic Diseases. By R. D. Tannahill, Esq. 5. Reminiscences of Hernia. By Wm. Lyon, Esq. 6. Berlin, its Medical Institutions, Professors, &c. By William Hales Hingston, M.D. 7. On the Utility of a Skeleton Articulated with Caoutchouc, as an Aid in Illustrating the Diagnosis of Dislocations. By George Buchanan, M.D. (With Two Drawings.) 8. Narrative of a Case of Poisoning by Aconite and Belladonna, with Remarks. By J. A. Easton, M.D. 9. Report of Cases Treated in the Medical Wards of the Glasgow Royal Infirmary. By William Weir, M.D. 10. Contributions to Midwifery Statistics and Practice. By J. M. Pagan, M.D. 11. Notice of the Dissection of a Case of Lateral Transposition of the Viscera of the Thorax and Abdomen in a Man. By Allen Thompson, M.D. (With a Drawing.)—REVIEWS AND BIBLIOGRAPHICAL NOTICES.—1. The Sophistry of Empiricism. Homœopathy: its Tenets and Tendencies. By James Y. Simpson, M.D. 2. On Diseases of Women, and Ovarian Inflammation. By Edward John Tilt, M.D. 3. Remarks on Hysteria in Connexion with Hydrophobia and other Convulsive Affections. By John Dalziel, M.D. 4. Chemistry. Tables Introductory to a Course of Testing in Qualitative and Quantitative Analysis. By John Macadam.—SELECTIONS FROM MEDICAL JOURNALS.—1. Mr. Richardson on the Anæsthetic Properties of the Lycoperdon Proteus. 2. M. Nelaton on the Means of Averting Death from the Administration of Chloroform. 3. Dr. Gason on the Intermediary Nerve between the Portio Dura and Portio Mollis of the Seventh Pair. 4. Mr. Gay on the Treatment of Aneurism, by Injecting a Solution of the Perchloride of Iron into the Sac.—MEDICAL INTELLIGENCE.—1. Quarterly Report of Disease in Glasgow Royal Infirmary. 2. Glasgow Medico-Chirurgical Society. Dr. Lawrie on Aconite. 3. Medical Ethics. 4. Monument to Dr. Orfila.

Lancet.—(No. II. Vol. II. July 9, 1853.)—CLINICAL LECTURES, delivered at Guy's Hospital. By John Hilton, Esq., F.R.S., Surgeon to the Hospital. Lecture X.—Cases of Fracture of the Base of the Skull. (With Engravings.) On Artificial Dilatation of the Os Uteri. By James Gilmour, Esq.,



L.F.P. & S. Glasgow, L.A.C. Lond. Practical Observations on the Nature and Treatment of the Diseases of Europeans on their Return from Tropical Climates. By James Ranald Martin, F.R.S. Electricity as a Therapeutic Agent. By Charles Dibdin, Esq., L.S.A.—HOSPITAL REPORTS.—St. Bartholomew's Hospital: Valvular Disease of the Heart; Hemiplegia; Gangrene of the Toes. Middlesex Hospital: Thoracic Aneurism; Prominent and Pulsating Tumours in front of the Chest; Severe Cough and Dyspnoea; Rapid Subsidence and Disappearance of the Tumours; Pulmonary Symptoms unchanged. London Hospital: Double Encysted Hæmatocele of the Testicle. Cases of Affection of the Knee-Joint: (Conclusion of the Series.) St. Mary's Hospital: Chronic Thickening of the Synovial Membrane of the Knee-joint of Six Years' Standing; Free Incisions on either side of the Joint; Iodine Injections; Unsatisfactory Results. Coventry and Warwickshire Hospital: Obscure Case of Fracture of the Neck of the Thigh-bone.—REVIEWS AND NOTICES OF BOOKS.—On Prophylactic and Curative Syphilization. By Victor de Merie, M.R.C.S.E. On the Decline of Life in Health and Disease; being an Attempt to Investigate the Causes of Longevity, and the best Means of attaining a Healthful Old Age. By Barnard Van Oven, M.D. A Naturalist's Rambles on the Devonshire Coast. By Philip Henry Gosse, A.L.S.—LEADING ARTICLES.—Lord Palmerston's Declaration on Medical Reform. State and Aspects of the Medical Profession. The late Mrs. Catherine Cumming: The Inadequacy of the Amended Lunacy Laws in Affording Protection against Incarceration on the Imputation of Insanity. The Evil Effects of Giving Gratuitous Advice. Statement of Objections to the Treasury Minute Legalizing the Sale of Mixtures of Chicory and Coffee. The Lambeth Abortion Case: Conviction of Cunningham.—London Medical Reform Committee. Laying the First Stone of the Medical Benevolent College at Epsom.

**Medical Times and Gazette.**—(No. CLVIII. July 9, 1853.)—ORIGINAL LECTURES.—Lectures on the Organic Diseases and Functional Disorders of the Stomach. By George Budd, M.D., F.R.S. Lecture IV. A Course of Lectures on Organic Chemistry. Delivered in the Laboratory of the Royal Institution of Great Britain. By Dr. A. W. Hofmann, F.R.S. Lecture X.—ORIGINAL COMMUNICATIONS.—Navy Medical Reports. No. I.—On an Epidemic of Variola at Corfu, in 1852. Extracted from the Official Journal of T. Spencer Wells, F.R.C.S., for H.M.S. Modeste, for the Year 1852. Case of Laryngeal Disease in which the Operation of Tracheotomy was Performed. By Henry Smith, Esq. Contributions to Orthopædic Surgery. By Bernard E. Brodhurst, Esq.—HOSPITAL REPORTS.—St. Bartholomew's Hospital: Cases of Exostosis. Guy's Hospital: Scrotal Hernia.—EDITORIAL ARTICLES.—Government Neglect of Men of Science. Faraday on Table-Turning. The Late Slander-Case at Wimbledon. The Aztecs. The Medical Benevolent College.—REVIEWS.—On the Use of an Artificial Membrana Tympani in Cases of Deafness dependent upon Perforation or Destruction of the Natural Organ. By Joseph Toynbee, F.R.S. The Progress of Improvement in the Treatment of Consumption and other Pulmonary and Laryngeal Diseases, and on some New Remedial Means. By James Turnbull, M.D. The Sea-weed Collector's Guide. By J. Cock, M.D. Periodicals.—PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals; Upon Colloid Cancer, with Remarks upon Non-Malignant Colloid Growths; Report upon a Case of Death from Chloroform; Lithotomy.

**Association Medical Journal.**—(No. XXVII. July 8, 1853.)—LEADING ARTICLES.—Table Moving and Homœopathy: Value of Evidence in Science. Character is Professional Capital. Laying the Foundation Stone of the Medical Benevolent College. Progress of Medical Reform. The Vaccination Bill.—ORIGINAL COMMUNICATIONS.—Operation and Results of Quarantine in British Ports since the Beginning of the Present Century. By Gavin Milroy, M.D. Propriety and Morality of Using Anæsthetics in Instrumental and Natural Parturition. By J. Y. Simpson, M.D. Case of Congenital Diaphragmatic Hernia. By James Crang, Esq. Inflammation of the Sciatic Plexus. By Joseph Bullar, M.D.—BIBLIOGRAPHICAL NOTICES.—Epidemiological Society. Report on Small-Pox and Vaccination. Forbes. Memorandums made in Ireland in the Autumn of 1852.—PERISCOPIIC REVIEW.—Practice of Medicine and Pathology. Treatment of Tape-Worm by the Male Shield Fern. Administration of Food and Medicine by the Rectum. Nature and Treatment of Hoarseness.—Surgery. Polyp of the Rectum.

Division of the Tendo Achillis in the Treatment of Fracture. Method of applying Cold Water in Surgery.—Toxicology. Bite of the Rattlesnake successfully treated by large Doses of Whiskey and Ammonia. Case of Bite of the Cobra di Capello: Treatment by Ammonia: Recovery.—REPORTS OF SOCIETIES.—Epidemiological Society. Yellow Fever as it appeared in Antigua in 1835, 1839, and 1842. By Thomas Nicholson, M.D.—ASSOCIATION INTELLIGENCE.—Medical Benevolent Fund. Metropolitan Counties Branch: Notice of Annual Meeting. North Wales Branch: Annual Meetings. Newspaper Reporters; President's Address; Report of Council; Election of Officers; Medical Reform; Cases and Communications; The "Journal;" The Dinner. West Somerset Branch: Annual Meeting. Officers and Place of Meeting Next Year; The "Journal;" The Dinner.

**Dublin Medical Press.**—(No. DCCLVII. Vol. XXX. July 6, 1853.)—PROCEEDINGS OF SOCIETIES.—Surgical Society of Ireland: New Fracture Apparatus. By Z. Johnson, M.D., Surgeon to the Kilkenny County Infirmary.—SELECTIONS FROM MEDICAL JOURNALS.—Trephining the Cranium and Ligature of the Carotid in Epilepsy. Excision of the Scapula. Syncope from Entrance of Air into the Facial Vein. Death from Inhalation of Chloroform.—REVIEWS AND NOTICES OF BOOKS.—A Treatise on Diseases of the Heart. By O'B. Bellingham, M.D., F.R.C.S., &c.—CORRESPONDENCE.—Indiscriminate Dispensary Relief: Letter of "A Professional Observer." Midwifery Qualification: Letter of "P. Q." The Muff Dispensary: Letter of Dr. Burnside.—LEADING ARTICLES.—District Hospitals. Payment of Dispensary Surgeons from the Consolidated Fund. Medical Life in London. Proposed Antidote for Quackery. Moral Sanitary Economy. The Irish Medical Association.

#### BIBLIOGRAPHY.

NEW WORKS IN MEDICINE AND THE COLLATERAL SCIENCES, PUBLISHED FROM THE 14TH TO THE 30TH OF JUNE.

Electric Science; its History, Phenomena, and Applications. By F. Bakewell. 8vo. with illustrations, cloth, 2s.

On the Nature and Proximate Cause of Insanity. By James George Davey. Post 8vo. pp. 82, cloth 3s.

The Harmonies of Physical Science in relation to the Higher Sentiments. By W. Hind, 12mo. cloth, 5s.

Horæ Homœopathiæ. By an Amateur. 12mo. pp. 58, cloth, 1s. 6d.

Lectures on Surgical Pathology, delivered at the Royal College of Surgeons of England. By James Paget. 2 vols. 8vo. pp. 1000, cloth, 28s.

Plates of the Brain, in Explanation of the Nervous System. By Joseph Swan. 4to. 22 plates, pp. 67, cloth, 21s.

A Dictionary of Domestic Medicine and Household Surgery. By Spencer Thomson. New edit. post 8vo. pp. 560, cloth, 7s.

**REPORTED NEW REMEDY FOR YELLOW FEVER.**—We call the attention of our medical friends to the following letter, forwarded recently by the English Vice-Consul at Cumana to the Consul-General of the same nation at Venezuela.—"Senhora Maria Orfila, an elderly lady, has discovered an infallible remedy for the cure of yellow fever and black vomit. With this medicine several persons have been cured, after having been given up by the medical men. The remedy is as follows:—Take the juice of the green leaves of the verbena, obtained by pounding them with a pestle and mortar, and give it to the patient in small doses three times a day, accompanied by injections of the same juice every two hours till the bowels are cleansed. The verbena is a small shrub which grows in all countries, and principally in low, moist situations. There are two species, male and female; the latter sort is mostly used for this purpose. All our medical men have adopted this remedy."—*Jornal do Commercio*, Rio de Janeiro, May 10.



## The Anatomy of Quackery.

### QUACK MEDICINES,

#### THEIR HISTORY, COMPOSITION, AND QUALITIES.

#### NO. XXIII.

THE SOLOMONS, BRODIES, PERRYS, CURTISES, LA MERTS, ETC.

Leaving, for a time, the compounders of antibilious pills, worm cakes, cough lozenges, universal ointments, &c., &c., to physic and dupe their victims as they choose, we propose to notice a few quacks of even a more dangerous character than those we have already crossed swords with. These are the men who reap a golden harvest from the degraded passions, vices, and imbecilities of their fellows—passions which they pander to, vices which the perusal of their lewd works frequently engender, and imbecilities which are often mere nonentities, invented to delude the unwary. Did we say “their” works? Why, many of the knaves are so notoriously ignorant as to be scarcely able to write even a legible letter. Then how write they books? The difficulty is got over by purchasing the talents of others, who thereupon industriously prostitute themselves for a sordid bribe. The lucrative offer held out to needy talent is frequently sufficient to overcome all scruples. The man of science and letters, struggling in contracted circumstances, nay, often in absolute poverty, unable to resist temptation, becomes the quack’s tool. Gold allays the pangs of remorse and shame in his bosom for a time, but they nevertheless occasionally spring out upon his path, in dark upbraids, and cannot fail to embitter the latter moments of his life.

The ignorance of quacks—and the quacks in question more particularly—is an undoubted fact. We have it on indubitable authority that three of the leading quacks of the present day neither write their own advertisements nor the books which bear their names; and this arises from absolute ignorance and inability so to do. If we refer to those who have flourished during the last half-century, we shall find this little peculiarity to have been a matter of very common occurrence indeed. Numbers could not write their names; and several celebrated arrant quacks, have been unable even to read. Barbers, ostlers, huxters, Jew pedlars, and druggists’ porters cannot be expected to possess much acquaintance with the art of advertising or authorship, still less with the mysteries of Esculapius. Hence a new name and a skilful secretary become important acquisitions to the enterprising quack.

The ease and facility with which diplomas were formerly obtained at the Scotch colleges offered a ready means of adding “M.D.” to the newly-assumed name. On this subject a late king, on being assured by Dr. R. that no college could boast of conferring the degrees of physic, &c., on so many gentlemen as that of Edinburgh, remarked, “Heaven! Heaven have mercy on my poor subjects!”

The plausibility and impudence of this class of quacks, as soon as they get properly “fledged,” surpasses, if possible, that of all their brethren. The perusal of their delusive and hypocritical circulars and advertisements, “backed up” by spurious and purchased testimonials, frequently exerts such an influence over the nervous and credulous, as to induce the belief that they are afflicted with some of the horrible imaginary maladies which are so artfully described by these writers. The consequence is that they purchase the nostrums; its stimulant effects, supported by the imagination of the patient, creates a temporary excitement, which he mistakes for curative action; he purchases more, swallows more, more, until at length he finds his hopes blasted, his pockets picked, and his health ruined. The gullibility of the masses, nay, of every class and grade of society, is prodigious. The mere assurance of a quack is sufficient to make thousands believe that, to swallow his “heal-all,” is to ensure a restoration to health, whilst the truth is, it is only a slow species

of suicide. “Conceit can kill, conceit can cure,” is a very old proverb. Imagination can do wonders, and to its powers many of the cures attributed to quack medicines may be referred; but in general, when recovery follows their use, it may be traced to the ordinary operations of nature, or collateral circumstances quite independent of the action of the nostrum.

The advertisements of these quacks are as disgusting and degrading as they possibly can be, and are absolutely a disgrace to the periodicals in which they appear. The “Leader” and a few other first-class papers refuse them admission altogether. The Messrs. Morison, although quacks themselves, cannot resist a passing censure of the conduct of the knaves referred to. Referring to the authors of the “Silent Friend,” “Manly Vigour,” “Human Happiness,” &c., &c., they make the bookseller remark to the pseudo-doctor: “The last book goes off famously;—the young fellows come in by dozens to buy it. Nothing like a highly-seasoned work to sell; so I have advertised it in all the papers. I was very careful to have the advertisements *striking* in all the papers which find their way into schools and colleges.” We hope it will not be long ere the Society for the Suppression of Vice, which has already effected so much good, will turn its attention to these parties. Of the professed critical notices by the press, and the quack works alluded to, we shall speak hereafter.

The achievement of the quacks to which this article refers, and the miraculous action of their very costly medicines, have been amusingly satirised by Mr. Pratt, the author of the “Gleanings,” in a strain of ingenious irony: “What are the achievements of Achilles and Æneas, of Belial or Beelzebub, to the exploits of these more than demi-gods, or demi-devils, I have to recount. And what, alas! can I do to glorify, or indeed to avoid disgracing, my heroes—heroes of the pill, more fatal than the spear; chieftains of the powder, more unerring than that which wings the cannon-ball; potentates of the draught, more certain in their effects than rivers of poisoned water; compounders of balms and balsams, more noxious than the fumes of the deadly upas tree. How can I help disparaging, debasing these without some celestial auxiliary? \* \* \* \* If he who sung the song of Fingal despaired to relate the deaths of the people, how can I—frail, unenlightened, unfavoured mortal!—to record the lives of the multitudes saved from death by heroes of far greater might than any of the forenamed? What was Ossian, wounder and killer of men, to the balsamic, balmy Perry, healer of his fellow-creatures? What Runa, who went on like a pillar of fire, to La Mert, from before whom diseases fly at his command? What Fillan, who flung his lance through heaven, desolating, like the lightning, all in his path, to Curtis, whose cordial balm is unparalleled in the annals of medicine? Or what the terrible sword of the dark-browed Gaul, to the blazing luminary De Roos, whose pabulum of life glows on mankind like the sun upon the earth? \* \* \* All unsupported as I am by muse, or harp, or lyre, what a goodly display have I to make of these heroes of health! Lo! they assemble on the plains, on the hills, in the cities, and in the smallest villages of this medicine-defended isle. It is true they go forth prepared for battle—but not to spread, like Fingal, the *groan* of the people over the mountains, nor, like him, to listen or to *create* the *shrieks* of a thousand ghosts on the wind. Ah, no! they muster and march to *silence* those who shriek, and bid the voice of the groaner be heard no more! \* \* \* Place yourself so as to make a grand review of the empirical army; survey them for a moment while they rest upon their arms; examine those arms—no steel, no iron, no flint, no fire. They fight blameless and bloodless men, only with balms, balsams, essences, honies, pills, and oils—no harsher instruments than these are employed against the fierce enemies of human life.”\* But our space will not allow us to follow

\* We have taken some liberties with these quotations, to adapt them to a more recent date than when they were written.



Mr. Pratt further, and we must therefore refer the reader to the original work. We shall give the quacks themselves, and their nostrums, a passing notice in our future numbers.

(To be continued.)

# HISTORY OF THE MEDICAL PROFESSION, AND ITS INFLUENCE ON PUBLIC HEALTH IN ENGLAND. BY WILLIAM FARR, ESQ., M.D., F.S.S.

(Continued from page 428, Vol. II.)

Upon turning to the list of the College, I find at its head George Ent, who gained a colour of celebrity by defending Harvey's doctrines; and among "the most cunning and expert men in London, cleped elects," the distinguished Glisson, and the obscure Stone, Frazier, Micklethwayte, Paget, Cox, Whistler, Scarborough, and King. In the midst of ten licentiates, crowded at the bottom of the page in the Pharmacopœia, there is one declared totally unfit to be a fellow, and only servicable in some cures, yet an Englishman by birth, a fellow of Oxford, and a graduate of Cambridge,—one sufficiently learned, and of competent age and gravity—Sydenham!

It is in the nature of self-elected corporations to be at war with genius; to be influenced by self-interest; to be led away by envy; and to mislead public opinion by disturbing the level which men have a natural tendency to find in society. The system exposed great men to persecution, and at the same time paralysed the exertions of the monopolists; for the George Ents would never waste their energies in observing the phenomena of disease, when riches and intrigue could elevate them to the highest point in public consideration, and place Sydenham in the dust.

The crimes of a corporation must not obliterate the good deeds of its members. The foundation of a building, which served as a library, a lecture-room, a museum, a place of meeting and public resort, must be reckoned foremost among the services rendered by the College. The first meetings (1518) were held at the house of Linaere, called the Stone-house, Knight-Rider-street.<sup>(a)</sup> The College never founded lectures, but, as has been stated, it erected an anatomical theatre adjoining Linaere's house. About the time of the accession of Charles I., the College removed to a house at the bottom of Amen-corner. The house belonged to the dean and chapter of St. Paul's, and was condemned by parliament as part of the church property. It was purchased by Dr. Hamey, and presented afterwards to the College. Harvey erected a museum in 1653. The College voted a statue, to be placed in their hall, in honour of Harvey. The immortal physiologist was thrice happy; he had a statue raised to commemorate his discoveries in his life-time. He lost practice at first by the whisperings of the faculty; but he was now 80 years of age, and had retired from practice—an expedient which medical discoverers who desire fame from their contemporaries will do well to imitate. The College, however, in its relations with Harvey, displayed considerable liberality; and is in some degree associated with his glory. It had, probably, not been divided into castes in his time. The College was burnt down in the fire of 1666; and in 1674 a new structure was opened in Warwick-lane. The lectures, the library, and the museum, tended to promote anatomical studies; and must be considered of less equivocal value than the Pharmacopœia, or the advice which the College distributed during the plagues.

The avowed object for which the medical corporations were established was the suppression of uneducated practitioners. The poor, the bondmen, the great mass of the

population, trusted to magic, miracles, mountebanks, and ignorant traders. They had nothing else to confide in. The townspeople were now able to pay, and to call in physicians; but from habit, and views of economy, they still resorted, particularly in slight cases, to empirics who eked out a scanty livelihood by dealing in physic. Medical practitioners now increasing in numbers, attempted to suppress all illicit practice, and the government listened to their plans. In reading the denunciation of ignorant practitioners, whether in the acts of parliament or contemporary writers, it must not be imagined that there was any new eruption of quackery in the sixteenth century. The individuals denounced were the established practitioners of the age; and the project for their suppression was the only novelty. The following passage from Caius may be cited to show how extensively physic was practised, and how many ingenious means ignorance had of clothing itself in the garb of knowledge.—"And flee the unlerned as a pestilence in a comune wealth. As simple women, carpenters, pewterers, brasiers, sope-ball-sellers, pulters, hostellers, painters, apotecaries (otherwise than for drogges), avaunters themselves to come from Pole, Constantinople, Italie, Almaine, Spaine, Fraunce, Greece, and Turkie, Inde, Egypt, or Jury; from the service of emperors, kinges and quienes, promising helpe of all diseases, yea incurable, with one or two drinckes, by waters sixe moneths in continuall distillinge, by *aurum potable*, or quintessence, by drinckes of great and high prices, as though they were made of the sunne, moon, or sterres, by blessinges, and blowinges, hipocriticall prayenges, and foolish smokinges of shirtes, smockes, and kerchieffes, with such others theire phantasies and mockeries, meaninge nothinge else but to abuse your lighte beliefs, and scorne you behind your backes with theire medicines, (so filthie that I am ashamed to name them), for your single wit and simple belief, in trusting them most which you know not at all, and understande least; like to them weiche thinken faire foules have faire feathers although they be never so evil favoured and foule; as though there coulde not be so conning an Englishman as a foolysh running stranger (of others I speake not), or so perfect helthe by honest learning as by deceitfull ignorance. For in the errour of these unlerned reasteth the losse of youre honeste estimation, diere bloudde, precious spirites, and swiete lyfe, the thyng of most estimation and price in the worlde, next unto the immortal soule." (a)

Charters and acts of parliament allowed none to practise physic who had not been examined; it gave the corporations the power of testing the practitioner's acquirements, and either of licensing him to practise, or of prohibiting him altogether from following the profession. What was the necessary result of these legislative measures? The principle of a test in physic is sound; the monopoly was an abuse. In the first place the medical profession suffered. The charters and acts offered no facilities to medical education; and excluded many from practice by limiting the numbers; whether by exorbitant entrance fees, or by other means is not now known. They permitted the heads of a monopoly to persecute the promoters of science—to foster the love of lucre and intrigue—to mislead public opinion by placing men of no merit in high places, and men of transcendent merits in the lowest places. Then great numbers of the members were deprived of their natural rights. They were excluded from the government, and from any share in the administration of their own funds. All the eminent physicians in the provincial towns were treated in the same manner—although they included men like Sir Thomas Brown, of the most conspicuous talent.

The public were the greatest sufferers. What would be thought of acts of parliament for suppressing the practice of eating potatoes in Ireland—declaiming in the language of Mr. Cobbett, against this article of food—pronouncing

(a) Caius on the Sweat, fol. 27.

(a) The Gold-headed Cane, p. 120, understood to have been written by Dr. Macmichael. The facts are apparently derived from the annals. Why has the College never published its annals? Is it prudence or modesty which has withheld the acts of the College from the public eye.



wheat bread and roast beef infinitely better—and lodging in the hands of the wheat growers and the cattle-breeders, not only the power of casting the cultivator of potatoes into prison, and of examining his qualifications if he desired to grow wheat, but of limiting their own numbers? What would be the effect of an act which gave the proprietors of a railway company, each of whom had *one carriage of his own*, the power of suppressing every mode of travelling—of putting down horses, asses, dogs, carts, gigs, coaches, canals—everything but the railway; and at the same time gave them the power of admitting *other carriages* to run on the train? The acts conferring monopolies in medicine had precisely these characters, and produced the anticipated results. At the time the physicians were prosecuting quacks, and making martyrs of old women, there were twenty members of the College in the London district; in 1618 there were thirty-four. Now the annual deaths within the *bills of mortality alone*, in the years 1629—36, amounted to 15,292, and as there are two years of sickness to one death, this implies the existence of 30,584 constantly sick, and requiring medical attendance. There were 450 deaths to *each member* of the College, and 900 sick who would require visiting every other day on an average. Could the fellow pay 450 visits daily in London? Could he examine and prescribe for every patient? At present, there are more than 1500 practitioners in the metropolis, besides chemists; and this would give somewhere about one to every twenty-seven annual deaths, and one to fifty-four constantly sick. The barber-surgeons were twelve in number; (a) the apothecaries knew less of physic than the druggists of the present day; what resource then had the people in sickness but to resort to quacks and irregular practitioners? And is it not melancholy to reflect that the medical corporations, from mercenary motives, and in the worst spirit of self-elected bodies, exerted all their influence to deprive the people of adequate medical relief—that in this conspiracy against the health of mankind thousands of Englishmen fell victims to plague, and diseases which medical art may have averted, or cured? The people knew their enemies. At the trials of Dr. Barker, Dr. Trigg, and others, “great numbers were present—they came to testify what benefits they had received from these men—which being done, they had the satisfaction to hoot the collegiates out of the great hall of justice.” When in the days of Oliver Crom-

well—“from whom the college-men had gotten such countenance that they arrested Dr. Read”—the Chief Justice St. John declared that he could not admit the College patent as a record—“the vast body of the people there present filled Guildhall with acclamations.” (a)

How much it is to be regretted that the government did not endeavour to suppress quacks by the *substitution* of educated physicians; that a part of the church property, formerly appertaining to physic, was not employed at the Reformation as a bounty on medical education, in founding lectureships in London, where dissections could have been carried on, and diseases studied in the hospitals. That small salaries were not set apart from the monastic funds for the *partial* support of medical officers all over the country, upon the same principle as the Scotch system of schools. That translations were not made into English, and manuals composed in that language; and that the College of Physicians was not constructed upon liberal principles, including among its fellows all the medical practitioners in the kingdom; *then* quackery may have been suppressed.

The political events of this period open with the accession of Henry V., (1413,) the victory of Agincourt, (1415,) and the conquest of France—then followed the long civil war of the Roses, (Henry VI., 1422—61,) the reign of Edward IV., (1461—1483,) the assassination of Edward V., the usurpation of Richard III., 1483, and the revolution of Henry VII., 1485. A state of internal peace prevailed in the reigns of Henry VIII., 1509, Edward VI., 1547, Mary, 1553, Elizabeth, 1551, and James, 1603, only disturbed by the Reformation and ferocious religious persecutions. Charles I., 1625, was dethroned by the parliament; the long parliament (1641) was *purged*, and gave place to the ambitious protector Cromwell, 1653. The restoration of Charles II., 1660, exercised its blighting influence until James II., 1685, was driven from the country by the Revolution, in the year 1688, the accession of William of Orange, and the Bill of Rights, the late fruit of the blood of Russell and Sidney. Anne, 1702, reigned to the end of the period.

(To be continued.)

(a) 5 Hen. VIII., c. 6.

(a) A Corner Stone laid towards the building of a New College in London, by A. Huyberts, physician, 1675. Goodal wrote an answer to this pamphlet.

## MEDICAL BIOGRAPHY.

THE great interest which has been excited in the Profession and among a large section of the community by the publication of the Portraits and Biographical Sketches of Members of the Medical Profession in this Journal, leaves no doubt that their *re-publication*, in a separate form, will receive considerable support, not only from those who are individually interested, but from their numerous connexions, who naturally take pride in seeing a faithful record of the attainments, the status, and the good deeds of those for whom they feel affection or friendship. This laudable feeling is associated with a higher pleasure when such Biographies tend to the advancement and instruction of mankind, which must be especially the case with those which relate to persons engaged in a noble and eminently useful profession. The first Volume will include the Biographical Sketches of Members of the Profession, which have already appeared in the “Medical Circular,” in addition to many others now waiting their turn, agreeably to the alphabetical arrangement of the “London and Provincial Medical Directory.”

Further particulars of this important and most interesting Work will appear in a future Number

## NOTICE.

Our next Number will contain a PORTRAIT and BIOGRAPHICAL SKETCH of the distinguished Physician and Accoucheur, DR. CONQUEST.



## Biographical Notices.

WM. WHITE COOPER, ESQ.

(A Portrait and Biographical Sketch of this gentleman will appear on an early opportunity.)

W. COOPER, ESQ.

(*Vide* "London Medical Directory, 1853.")

HOLMES COOTE, ESQ.

Mr. Coote was a pupil of Mr. Lawrence, and received his professional education at St. Bartholomew's Hospital, where he now fills the office of Demonstrator of Anatomy. He is the author of some excellent works; among the chief being his "Homologies of the Skeleton." He has also contributed to the "Psychological Journal" papers "On the Anatomy of the Brain" and "On the Anatomy of the Nervous Centres in relation to Insanity." He was the successful candidate, in 1845, for the Triennial Prize Essay of the Royal College of Surgeons; the subject being "The Anatomy of the Fibres of the Human Brain, especially Illustrated by the Anatomy of the same Parts in the Lower Vertebrata." Mr. Coote was admitted a Fellow of the Royal College of Surgeons, by examination, in 1844; he is also a Fellow of the Royal Medical and Chirurgical Society. He resides in Queen-square, Bloomsbury.

THOMAS COPELAND, ESQ.

We hardly dare conceive what Mr. Syme would say at the honours to which Mr. Copeland, the specialist, has arrived in this metropolis. In the last number of the "Monthly Journal" we find Mr. Syme congratulating the people of Edinburgh that there are no orthopædic institutions in that city to which they can resort, and that they must, perforce, subject themselves to his merciful manueuvres. He is also especially eloquent against "rectum-doctors," whom he regards as a profane herd, and seems to be particularly jealous of the monopoly which they enjoy in their department of practice. The truth is, we believe, Mr. Syme would himself like to monopolise every department of surgical ingenuity. He aspires to be the first aurist, the first oculist, the first orthopædist, the first enterotomist, and the first stricture-cutter in the profession, and is exceedingly loath to admit any improvement that does not carry the name of "James Syme."

On this side of the Tweed, however, there seems to be a difference of opinion. The immense population of this city produces a large number of diseases of the same kind, for which the limited accommodation of our general hospitals does not adequately provide, and the consequence is that, in order to study special diseases with more care, and more effectually to relieve human suffering, hospitals devoted to the reception of persons afflicted with particular forms of disease, have been established in different parts of this metropolis; and have been either founded or fostered by some of our most eminent practitioners. How many "Eye Infirmaries" there are, from Mr. Guthrie's downwards, we cannot stay to recite; and "Ear Dispensaries" are scarcely less numerous. Then there are hospitals for fistula and infirmaries for the cure of cancer, consumption, spinal distortion, and club-foot.

If a man conduct himself according to the well understood principles of professional decorum, the fact of his being a specialist does not now constitute an exclusion from offices of honour. Some years ago, indeed, the profession, like every other segregate and corporate body, was exceedingly jealous of individual aberrations from the beaten path, but these days are past. Talent ever manifests a tendency to rise to its proper level, and if it find barriers erected by conventional customs to arrest its progress, it will in the end make a way for itself. A little more self-reliance, or a little less, often constitutes the only difference between the disappointed and grum-

bling "regular" and the enterprising and successful specialist. However men may argue against specialism, it is certain that some of our most distinguished physicians and surgeons have acted as if the arguments were insincere and frivolous, and the practice wise and good. The example set by these men has at length silenced all cavillers, except indeed such very acrimonious spirits as the Edinburgh professor.

Mr. Copeland is well known as the great consultant at the West-end of London, and among high circles, in cases of rectal disease. For many years his practice has been limited to this class of maladies, and although he is now growing old, we believe that he still retains a considerable share of public favour. He is the author of a work on the "Diseases of the Spine and Rectum."

Among the Profession Mr. Copeland is held in much respect, his career having been always marked by a becoming deference to the regulations of professional etiquette, and by courtesy and friendship towards his brother practitioners. He was nominated a Fellow of the Royal College of Surgeons in 1843, on the grant of the charter, and now occupies a seat on the Council of the College. He is a Fellow of the Royal Society, and holds the distinguished appointment of Surgeon-Extraordinary to the Queen. Thus the highest offices in the profession have not been closed against a "specialist," an evidence that good sense is gradually triumphing over jealousy and prejudice.

Mr. Copeland resides in a large mansion,—a corner house, 17, Cavendish-square, having a cold, dreary, comfortless look outside, which is by no means removed by a more intimate acquaintance with the interior. Everything connected with a man of some consequence is deserving of notice as an evidence of character, and we may be, therefore, excused for saying a word about Mr. Copeland's domestic arrangements. The truth is, we contracted a ferocious lunibago some months since while sitting in his antechamber, and we have not yet forgotten our sufferings. There is a questionable fragrance in all the rooms,—something between musty and musky—which is, doubtless, highly agreeable to the olfactory organs of the owner, but exceedingly peculiar to noses less familiar with the aroma. A few chaldrons of coals, duly incinerated, would, we think, abate the unpleasant odour. As for the furniture, the chairs and tables look exceedingly disconsolate for want of company. There is a cheerless state and melancholy look about the place, which strike a beholder with a sense of loneliness and mystery. All this is, doubtless, to Mr. Copeland's taste, or he may be grown indifferent to what constitutes the happiness of such Sybarites as ourselves. He may be the wiser man, and we will not dispute his philosophy. We really think that Mr. Copeland would lose much of his individuality if he should dye his curtains, french-polish his tables, and hang up his carpets in the sun. There is something, after all, grand, calm, and antique, in those large rooms, with their plain and faded furniture, which seems as if it might have been the handiwork of Tubal-Cain and his antediluvian corps of upholsterers. We apprehend that Mr. Copeland is a bachelor—if it be so, the riddle is solved at once: everything is in taste and *apropos*.

Mr. Copeland is, whatever may be his peculiarities, a good surgeon, and he is rewarded with the confidence of a large connexion. We have understood that he has often talked of retiring from practice, but fears that there is no one sufficiently competent to succeed him. He need not be under any anxiety on this account; but we trust that he will, notwithstanding, handle the knife as long as he is able, for he is a prudent and a skilful surgeon.

JAS. COPLAND, M.D.

(We shall omit a Biographical Sketch of this celebrated writer and physician in the regular sequence of our notices, as we are making arrangements to publish a Portrait and Memoir of him in a future Number.)



## Reviews.

*Observations on the Nature and Treatment of the Asiatic Cholera.* By Wm. Stevens, M.D., &c. London: Hippolyte Bailliere, 219, Regent-street.

Those who know the zeal with which Dr. Stevens has urged the adoption of the saline method of treatment in cases of Asiatic cholera, will not be surprised at the appearance of this large volume in defence of the system. It is another proof of the sincerity and earnestness of the Doctor's labours. We find, from the author's statement, that this work was undertaken in consequence of the republication by Mr. Ross, in his "*Lectures on the Asiatic Cholera*," of certain tables, exhibiting the results of the saline treatment at the Greville-street Dispensary and elsewhere. Dr. Stevens considered that the benefits of the system had been misrepresented in these tables, and that he himself had been deprived of credit that was justly his due. Mr. Ross had also passed over the results of the practice with the salines in Coldbath-fields, believing them to be too questionable to deserve reliance.

Under these circumstances we are not surprised that a physician so devoted to this system of treatment, and whose future fame will be tried to a considerable extent by the evidence afforded by its results, should endeavour eagerly and laboriously to correct the alleged misrepresentations that have brought prejudice on his doctrines and practice. This volume is, then, an elaborate examination of the official documents relating to the treatment in Coldbath-fields Prison, issued in 1832.

There can be no mistake about the Doctor's earnestness, for he does not scruple to apply the most opprobrious epithets to the Government Commissioners, Messrs. Barry, Maling, and McCann, to Dr. O'Shaughnessy, then sub-editor of the "*Lancet*," and to Mr. Wakefield, then, as now, the Surgeon of the Prison,—all of whom he charges with having done him a deep wrong. The chief onus of fabricating false reports, Dr. Stevens lays upon Mr. Wakefield, and these allegations are brought forward with a distinctness of phrase, and severity of tone, that imperatively call upon Mr. Wakefield to publish a refutation, or to confess his error. If he do neither of these things, his honour will lie under a heavy impeachment, and his character for truthfulness will be gone. As the correctness, or otherwise, of these tables must be received upon authority, we quote a single paragraph from the work, to show the unmistakeable manner in which Dr. Stevens assails the integrity of his opponents:—"It must now be clear that if, in the beginning of 1833, Mr. Wakefield had sent in a true statement of the above facts to the Privy Council, he would have done his duty to himself, to true knowledge, and also to his fellow-men. But, in place of this, though Barry's public statements to the world proved Mr. Wakefield's published statements in the "*Medical Gazette*" to be untrue, he has kept the truth locked up in his own Prison Journal for nearly twenty years. For, instead of contradicting Barry's false statements, which proved the Surgeon of the Prison to have been a dealer in that which is the reverse of truth, it is proved, by his own verified records, that Mr. Wakefield, in 1832, not only concealed the truth from the world, but supplied the Privy Council and the Central Board with the many official but false reports that enabled Barry and his then well-paid agent in the "*Lancet*" to conceal from the world that which they both knew to be by far the most important discovery of that day." (P. 330.)

We wait Mr. Wakefield's reply to these charges. No man can sit down tamely under them, and hope to escape the censure they imply. The question in itself is important as a matter of science; and if Mr. Wakefield can clear up the anomalies and contradictions that exist, he is bound so to do. With respect to the book itself, there are some irrelevant exogitations in it which mar its plan, but, on the whole, it is cleverly and vigorously written.

*The Destructive Art of Healing, or Facts for Families.* By the Author of "*Fallacies of the Faculty*."

Though all the world should be wrong, Dr. Dickson is sure to be right; and if by chance any bungling explorer should accidentally stray into truth, he must be a poacher on the exclusive preserves of the irreful chronothermalist. Dr. Dickson is a greedy monopolist in his way; he owns everything within the domains of truth; he is the source of all knowledge, anatomical, physiological, therapeutical, and transcendental. Nobody knew anything about remissions, intermissions, and periodicities in disease, until Dr. Dickson hit upon the happy idea, but since then every writer of distinction has been pilfering from his treasures. He is the maker of a host of reputations: Brodie, Holland, Copland, Laycock, Forbes, Copeman, Watson, Dundas, and a host of inferior stars, shine in his light. He taught Brodie how to cure diseased joints; Copeman, pneumonia; Dundas, fever; Holland, apoplexy. Hippocrates was a charlatan, and Sydenham a mere apprentice in the art, compared with Dr. Dickson.

What is this pamphlet about—this "*Destructive Art of Healing*?" We really cannot tell unless it be Dr. Dickson. It is Figaro here, Figaro there, Figaro everywhere. Figaro! Figaro!! Figaro!!! The Doctor will make himself known, or he will die for it. There is a remarkable unity in the pamphlet—a unity of doctrine, a unity of purpose, and a unity of person. In this respect it is as legitimate as a drama.

There is only one thing that Dr. Dickson cannot do—he cannot write anything new. "What, not new!" we think we hear the Doctor exclaim, "Did I not discover the unity of disease?" Not at all. Every empiric, from Hahnemann to Holloway, teaches the same doctrine. You call disease an *ague*, which means nothing. Hahnemann called it an *itch*, which is equally obscure. But, after all, we do not classify Dr. Dickson with the order of quacks. He rides his hobby hard, but does not, on that account, deserve to be placed in the obnoxious category. His principles are becoming more and more acknowledged, and his practice, as we have seen, is adopted in the treatment of some most obstinate forms of disease by our best practitioners. In America his doctrines appear to have been received with so much approbation as to cause a College to be founded for their especial teaching and diffusion.

*Elements of Experimental and Natural Philosophy.* Edited by Jabez Hogg. Ingram, Cooke, and Co.

An admirable work on the subject of which it treats, and well adapted to the instruction of youth.

*The Illustrated London Geometry.* By R. S. Burn.  
*Electric Science; its History, Phenomena, and Applications.* By F. C. Bakewell.

*Mechanics and Mechanism.* Edited by R. S. Burn.  
*The Illustrated London Astronomy.* By J. R. Hind.

These four works, like the preceding, have been issued from the teeming press of the publishers of the "*Illustrated London News*," Messrs. Ingram and Cooke. They are printed in a clear type, and abound in illustrations. The literary department is also well performed, as might be expected from the repute of the several authors. They constitute, together, an excellent series of school-books.

THE SUPERINTENDENCE OF THE "*AMERICA*."—The inquiry instituted by the Local Emigration Board into the conduct of the Surgeon-Superintendent of the *America*, during her passage to this port, was brought to a close on Monday week. We understand that cases of neglect and incapability of attending to duty were substantiated to the satisfaction of the Board, who have recommended that the surgeon be mulcted one half the gratuities. The forfeiture will amount to about £80.



## Medical Notes and Queries.

### NOTE.

VINEGAR PLANT.—In No. 51 of the "Medical Circular" appear some queries on this subject from your correspondent W. B. H. Leaving the learned to explain its "natural history" and "habitat," I will merely observe that its presence in saccharine solutions has no connexion with their conversion into vinegar; nay, its very presence in such solutions will cause the resulting vinegar to be of a weaker strength (that is, containing less acetic acid), than when it is absented, because the materials which enter into its structure are borrowed from the quantity of the solid matter in the solution. Your correspondent will doubtless perceive this if he reflect on the actual process of acetification. Vinegar, or acetic acid, is not a direct product of the decomposition of sugar. The saccharine matter is first changed into alcohol, which remains in solution, and carbonic acid, which chiefly escapes in the form of gas. It is this alcohol which, by the absorption of oxygen, becomes acetic acid, or vinegar. This change may be effected in a few hours on alcoholic liquids, as in the quick process for making vinegar (on the German plan), or even in a few minutes, as when the black powder of platinum is employed, just as perfectly, and with the production of a larger proportionate quantity of acid to the quantity of sugar originally used, as in the tedious process commonly employed for converting solutions of sugar, malt-wort, beer, cider, &c., into vinegar, in which the above plant is occasionally found. Yours (in haste),

A PRACTICAL CHEMIST.

Strand, July 11th, 1853.

### QUERY.

UNGUENTUM HYDRARGYRI NITRATIS.—Will any gentleman kindly give your readers directions for producing this article of a *fine colour*, and of a consistence which will not be altered by age? The ointment sold by some houses possesses a permanent golden colour, and never gets hard or crumbly; whilst that vended by others speedily loses its colour, or becomes mottled with grey spots, and acquires a degree of hardness which unsuits it for being employed as an ointment. The production of the "good looking" article is of greater importance in this than in many other preparations, as I find its action and curative power is in exact proportion to the beauty of its colour, and its qualities in other respects of an ointment.

A PROVINCIAL L.S.A.

Exeter, July 5th, 1853.

### QUERY.

PIL. COLOC. COMP. P.L.—Why did the London College substitute "Pilulæ Colocynthis Compositæ," in the last edition of their very erudite Pharmacopœia for "Extractum Colocynthis Compositum" in that of 1836? Alterations and substitutions are not always improvements; and this more especially applies to a preparation the approval of which had become general amongst British practitioners. I shall be glad to find that the above question can be satisfactorily answered, but doubt that it can be so; and remain, yours, obediently,

VERDANT GREEN.

Pimlico, July 9, 1853.

### QUERIES.

WARM PLASTERS.—Sir,—Having one, or two, or may be more queries for your intellectual correspondents, I will place them *minores priores*.

1st. Are the articles called "Warming" or "Warm Plasters" (Emplast. Calificientia), of *any* use to *any* patients in *any* sickness? I know as counter-irritants they may have some shadowy claims, but have we not unguents, liniments, embrocations, &c., that are far more effectual than these unsightly and unscientific applications?

THE USE OF MERCURY.—2nd. In Dr. Prout's valuable work on "Stomach and Renal Diseases,"—under the head "Diabetes," at pages 52, 53, and 54, he condemns the in-

discriminate use of mercury, and adds, that "when it has no real disease to combat, it (mercury) is liable to give occasion to a disease;" that "medical men to gain reputation, and to save trouble, resort to mercury without due regard to its remote consequences," &c. Now I believe all are agreed as to the evil of giving mercury indiscriminately in diseases of the assimilating organs—in confirmed kidney and liver diseases, &c.; from my earliest medical experience to this time, I shudder at mercurializing a patient unnecessarily. In syphilis I seldom salivate, barely touching the gums, and that only when I can't help it. But did Dr. P. mean to say, that if a child were brought to a dispensary with feb. intest. or intestinal irritation, or that if an alderman were to come to his study with dyspepsia, constipation, and coated tongue, &c., that in the former case a dose of colomel, and pulv. rhu., and in the latter pills of calomel and colocynth, would do any evil. For my part I would that even these mercurial compounds were ostracised. But what are the substitutes? Did Dr. P. allude to mercury *per se*? I hope some sapient Esculapian will enlighten me on these points.

3rd. What is meant by being "bilious" as used by unmedical folks? I never could make it out. I believe out of every 12 people (say in a railway or theatre) 9 are, or imagine themselves "bilious," and the remaining 3 "nervous."

Yours &c.

July 8, 1853.

DARTOS.

## Hospital Reports.

### MIDDLESEX HOSPITAL.

*Hydrocele with Thickened and Inelastic Sac.—Iodine Injections, and use of the Air Compressor.—Recovery.*

(Under the care of Mr. DE MORGAN.)

The subject of this case was a labouring man, in middle life, who had for several years been troubled with a large hydrocele on the left side. Before admission it had been repeatedly tapped, and on one occasion injected, in the usual way, with the iodine solution. The operation, however, for causes about to be alluded to, failed. A few days after admission, Mr. De Morgan again used the trocar, and found that, after a certain quantity of fluid had flowed out, there did not appear to be sufficient contractile power in the walls of the cavity to expel the remainder. He accordingly squeezed as much out as was easily practicable, and injected tincture of iodine, once diluted, into the sac. This produced considerable irritation; but the walls being rigid, and thus kept at a considerable distance from the surface of the contained testis, the desired adhesions between the two were not formed, and after a lapse of a few weeks the part was in just the same condition as prior to the operation. A second injection was now performed, and the *pure* tincture of iodine used, but with the same want of success as before. Mr. De Morgan now decided to try the plan of affording artificial support to the relaxed parts, thus hoping to be able to insure sufficiently close contact between the testis and the lining membrane of its scrous investment. To accomplish this, he selected the "air-compressor" lately introduced into practice by Mr. Hutchinson. An apparatus of this kind having been got into readiness, the operation of tapping was again performed, and with much difficulty the sac was nearly emptied of its contents, for, so little tendency had the sides to contract, that, immediately the pressure of the hands was removed, they re-distended, like an elastic bottle, drawing in air through the canula. The pure tincture of iodine was again used as an injection, and as much pressure was afterwards kept up by the air-compressor as the patient could bear. The compression was persevered in for nearly a week, when it was laid aside, on account of inflammation and excoriation of the scrotum. Enough had, however, been done to effect the cure of the hydrocele. The testicle had, it appeared, participated in the inflammation, as it remained



for some little time enlarged and tender. When the man left the hospital, it was, however, but very little larger than the opposite one. No further effusion had taken place, and the disease was apparently permanently cured. Mr. De Morgan remarked, that he had seen cases in which the sacs were quite as thick as in this one, but in which, notwithstanding, perfect contraction took place. He was, therefore, inclined to believe that the difficulty experienced in its treatment was rather to be laid to the account of some peculiar loss of elasticity in the structures, than simply to their thickened condition.

#### LONDON HOSPITAL.

##### *Double Encysted Hæmatocele of the Testicle.*

(Under the care of Mr. CURLING.)

S. B.—, a rope-maker, aged forty-nine years, was admitted into the London Hospital May 25, 1853, under the care of Mr. Curling, on account of a large and painful swelling of the left testicle. It appeared that the patient had been subject to a tumour of the part for about thirteen years, and that it occurred after a blow, which was followed by pain and swelling. The tumour gradually increased in size from that time till nine months before admission, when it grew rapidly larger, without any apparent cause.

When the man was admitted, it reached half way down the thigh, and was heavy, firm, and very tender on pressure. Finding an obscure fluctuation, Mr. Curling punctured the swelling with a trocar, and removed twenty-four ounces of a thick, dark, grumous fluid. Considerable thickening remained at the upper part, apparently connected with the spermatic cord, which was also extremely tender. The nature of this thickening could not be made out, but the testicle was felt at the bottom of the thickened sac.

Opium was ordered, and the man was kept at rest in bed, with the part well supported. The tumour quickly returned nearly to its former size, and continued painful, especially when touched. On the eighth day after admission, the man was brought into the operating theatre, the tumour was again punctured with a trocar, and about ten ounces of fluid, of the same character as before, removed.

A further operation being considered necessary, he was put on the table and narcotised by chloroform. Mr. Curling made a free incision into the sac, dividing tissues of great thickness and density. A considerable quantity of soft, dark, recent coagula were thus exposed in the thickened portion at the upper part of the tumour, and also in a very large cyst below, coated with tough layers of lymph of a reddish-brown colour. The walls of this sac did not collapse. Mr. Curling's colleagues having concurred with him in the propriety of excising the morbid parts including the testicle, the original excision was extended towards the abdominal ring, the cyst dissected from the scrotum, and a small portion of the integuments removed at the same time. A great many scrotal vessels required to be tied, and the parts having been brought together as usual, the patient was removed to his bed. The wound subsequently healed up very favourably, the progress was in every way satisfactory, and nineteen days after the operation the man was on the eve of being discharged.

Mr. Curling, in some clinical remarks on the case, stated that he had carefully examined the morbid parts, and found that the chief bulk of the tumour was formed by a very large cyst, lined by thick and dense layers of adventitious membrane. The inner surface of the sac was rough and granular, of a reddish-yellow colour, and contained the remains of the thick grumous fluid removed by the trocar. Between the layers of this cyst, at its upper part, there was a quantity of recent coagula, constituting, as it were, a separate or parietal hæmatocele. The testicle was situated quite at the lower part of the sac, but distinct from it, and not imbedded in the thickened walls as in vaginal hydrocele. The surfaces of the tunica vaginalis were adherent, partly by old and partly by recent adhesions; but

the latter easily admitted of separation. The epididymis was drawn up and lost in the walls of the cyst above the testicle. On cutting into the substance of the testicle, numerous small rounded bodies, about the size of millet-seeds and of a greyish colour, were found interspersed among the tubuli, and thickly clustered towards the rete. These bodies proved to be recent deposits of lymph.

Mr. Curling therefore considered that the case was originally an encysted hydrocele of the testicle, which had long ago been converted into a chronic hæmatocele. Fresh extravasation of blood having taken place between the thick layers of lymph coating the sac (from what cause appears doubtful), the case became converted into a double hæmatocele—a recent and an old one. The recent effusion had given rise to further swelling and excited inflammation, which had extended to the substance of the testicle. Mr. Curling was induced to excise the whole of the morbid parts, because he thought that castration was attended with less risk than leaving the parts to suppurate, especially as the man was not in good health; and that the loss of a testicle was not of much importance at his time of life. It was a curious circumstance, that on a microscopic examination of the testicle, in addition to the deposits of lymph found between the tubules, the ducts were loaded with a granular substance, the result of fatty degeneration.

#### ST. BARTHOLOMEW'S HOSPITAL.

##### *Development of Numerous Exostoses in the same Subject.—Necrosis in the Centre of one of them.—Operation.—Recovery.*

(Under the care of Mr. STANLEY.)

George Curtis, aged thirty-one, admitted May 25. He is an odd-looking, very short man, standing only about four feet eight in height, of fair complexion, and somewhat knock-kneed. Although none of the long bones appear to be materially bent, yet his physical conformation much resembles that of a rickety subject. He is the possessor of no less than fifteen distinct exostoses, varying in size from a walnut to that of a large hen's egg. They are arranged with tolerable symmetry on the articular extremities of the bones of the legs and arms—viz., above the ankles, above and below the knees, and above the wrists; a solitary one, however, of small size, is seated on the right acromial process. It appears from his account, that they commenced to grow in very early infancy, and after a few years, ceased to enlarge more than *pari-passu* with the rest of his body. With an exception about to be noticed, they have never occasioned him any annoyance. He states that he has a half-brother who is affected in exactly the same manner, and to nearly a similar extent as himself, but is not aware that any others of his relatives have been so. There is a curious fact connected with his family history which we must not omit to mention. His mother has been twice married, and had children by each husband. The first family consists of himself and an elder brother, who is tall, strong, well-developed, and free from blemish of any kind, while of the second marriage the only issue has been the half-brother to whom we have alluded, thus appearing to show that the hereditary predisposition, whatever it be, is derived from the maternal side. To return to the subject of the case: he is a painter by trade, and states that he is a very drunken man, and that when tipsy he has frequently bruised his tumours by knocks and other injuries, so as to make them very painful. The one over the head of the right ulna, being very large, used to receive more than its share of knocks, and, about a year ago, after an unusually severe one, it inflamed, and became very tender. An abscess gradually formed, which has never since healed; and it is on account of the pain connected with it that he now applies for advice. There is an unhealthy ulceration over the most prominent part of the bony mass, the surface of which is exposed, and a sinus from the sore leads into the middle of the growth.



On May 28, the patient being under the influence of chloroform, Mr. Stanley dissected off the integument, and removed, by means of the saw and bone forceps, the whole of the morbid growth. It was composed of dense, osseous structure, and had in its centre a cavity which contained a portion of loose necrosed bone, the size of a filbert. The wound made was necessarily a large one, but it did not in any way interfere with the wrist joint. It was dressed at first with water-dressing, and afterwards with a common bread poultice, under which it has progressed satisfactorily; and, although not yet quite healed, yet it is so nearly so that the man, who is in excellent health, is allowed to be up and about in the open air. It is not intended to interfere with any other of the tumours.

### Original Communications.

#### CASE OF PURPURA HÆMORRHAGICA, CURED BY CHLORATE OF POTASS AND TURPENTINE.

BY C. J. MILL, SURGEON, KIRRIEMUIR.

On the morning of the 26th of June, a boy, aged four years, was brought to me, on account of a bleeding at the nose, which had persisted for two days previously. I learned from his parents that on the 24th his gums began to bleed; on the next day his nose, and that all his body was covered with black spots. I found the gums spongy and bleeding, and dark-coloured petechiæ covering the lower extremities and trunk, while larger ecchymoses were seen on the upper part of his body. Blood was issuing in a continuous flow from both nostrils; the neck and face were swollen and exsanguined; the discharge from the bowels was of the colour of tar. Having frequently observed the remarkable curative effects of chlorate of potass in cases of stomatitis with ulcerated and bleeding gums, I resolved to give that remedy a trial in this case of purpura, having seen citric acid repeatedly fail. The case being urgent, I also determined to use, at the same time, turpentine internally, and externally as a topical application,—a remedy singularly useful in restraining hæmorrhage.

10 a.m.—I, therefore, plugged the nares with lint soaked in turpentine, and ordered two grains of chlorate of potass, in solution, to be administered every two hours, along with strong beef-soup and port wine.

4 p.m.—Hæmorrhage still continuing. Very exsanguine and weak. Give 5 drops of oil of turpentine every alternate hour with the chlorate of potass.

27th, 6 o'clock, morning.—Child sleeping. Bleeding had stopped two hours previously. Continue.

4 p.m.—No more bleeding. Petechiæ of a red colour, and diminishing in number and extent. Taking nourishment freely. Continue the chlorate of potass every two hours, with three-fourths of a grain of tannin, and omit turpentine.

28th.—Child sitting up in bed playing with his toys. Continue potass every four hours, and give acid vegetables, as stewed gooseberries, spring apples, &c.

29th.—Complains of headache. Omit all medicines.

30th.—Convalescent, and continues steadily recovering.

SANATORIUM FOR CONSUMPTION.—Means are being adopted for the erection of a sanatorium, in connection with the Brompton Hospital for Consumption, at Bourn, it having been found that many patients, after having been relieved at Brompton, were compelled to return either to unwholesome homes or pursuits that completely destroyed all that had been done towards the restoration of health in the hospital. The site selected for the sanatorium is on the south-eastern coast of England, and is most admirably adapted for its object, in consequence of its dryness, equability, and the mildness of its temperature.

### Correspondence.

#### REVIEWING IN THE "LANCET."

To the Editor of the "Medical Circular."

SIR.—The March Number of the "Lancet" fell into my hands the other day, and, finding that it professed to review Dr. Spurgin's "Lectures on Materia Medica and its Relations to the Animal Economy"—a work which I had read very carefully, with much pleasure as well as profit—I was somewhat curious to see what the reviewer would say on the subject. The "Lancet," as I read on its title-page, aspires to be a journal of many virtues, including "Criticism and Literature," in imposing black letter. I was thus prepared to find a literary repast, that would unite the *utile* with the *dulce*, by pointing out, in the attractive language of a scholar, the merits or the demerits of the work, and thus correct or confirm whatever notions I had formed concerning it. But, what was my surprise, when I had gone through this delectable piece of criticism, concentrated in a few lines, to find that it was merely a vehicle for low, contemptuous abuse, which might have emanated befittingly from the most ignorant and scurrilous of "printers' devils!"

The reviewer (!), to give poignancy to his malice, in the first place professes sorrow that in this instance the lecturer falls below the usually high standard of his predecessors. He then speaks of the work as containing some five or ten pages "which would satisfactorily form a portion of elementary physiological discussion for a student in his first winter session, when engaged with the subject of 'the blood.'" This literary Rhadamanthus would, in mercy, have stopped here, were it not for a certain *prestige* "that many will feel accompanies the issue of Dr. Spurgin's lectures from the College." We have, then, to attribute all the rest to pure and gratuitous homage to the lecturer's position, and we ought to be grateful. In this spirit, accordingly, the imperial *we* "feels bound to offer an extract or two for the consideration of our readers."

Now these extracts, it is quite obvious, are, like the rest of the book, utterly beyond the small attainments of this insolent sciolist; and they are, in almost every instance, severed from the context, evidently for the dishonest purpose of misrepresentation and detraction. To assist "the consideration of our readers," they are utterly useless, as, of course, they were virtuously intended to be. This *morceau piquant* then concludes with *Verbum sap!* as an *To triumphe* to the sagacity of its author.

Such reviewing as this might very safely be left to the fate it deserves; but I am utterly astonished that the members of the medical profession continue to tolerate the existence of a periodical like the "Lancet," which, I understand, gladly seizes every opportunity of attacking the College of Physicians, either as a body or individually, and which is uniformly distinguished for its illiterate coarseness and vulgarity. Is this a befitting periodical, I would ask, for any body of professional men? In the present instance we have the professional reputation of a physician—whose name has, I know, been long associated with the most profound attainments and experience in medicine, the most valuable discoveries in practical science, and the most enlarged benevolence as a man—stabbed by the wretched scribbling I have described.

My object in noticing such conduct, in any so-called review of a book, is, to hold it up to the scorn which it deserves, and to urge upon the medical profession to repudiate the medium which produces it. Be the value of Dr. Spurgin's book what it may, it is a disgrace to Medical Literature that it should be reviewed in this way. There are things in it which may be regarded as its salient points, viz., the new views which it presents of the circulation of the blood through the heart; of the existence of a subtle fluid circulating through the nerves; and of the formative force. There is here abundant scope for discussion, which the interests of truth demand, but let us have



no more of such ignorance as that I have referred to. Let the edged tool be taken from the hands of the ignorant and unskilful, and entrusted to those who know how and when to use it aright.

CLERICUS.

— Vicarage, June 15, 1853.

### HYDROCYANIC ACID IN CHOREA.

To the Editor of the "Medical Circular."

SIR,—Your correspondent, Dr. Cox, I am glad to find, is a convert to the chrono-thermal theory, and practises, like many others, with very considerable success. Hooping-cough he adduces to be a complete illustration of the periodic principle, and he argues, very clearly, the effect of the remedy—hydrocyanic acid—both during the paroxysm and in the intermission. "I have frequently," he says, "found that, when given just before an expected paroxysm, it sensibly mitigated its severity;" and, "as the attacks often occur with a kind of periodicity, chiefly towards sunset, and also on the patient's first waking in the morning, it is of advantage to exhibit the remedy at these times—the fit is frequently altogether prevented thereby;" quite in accordance, you will perceive, Mr. Editor, with the doctrines laid down by Samuel Dickson, as far back as 1836. Dr. Cox states that he "has no real experience as to the efficacy of hydrocyanic acid in chorea." The following case in point I would beg leave to submit to his notice; it occurred under my own immediate observation:

Sarah Earwaker, aged 18, unmarried, and four months advanced in pregnancy, was admitted into the Winchester Hospital, under the care of Dr. White, December 1st, 1847. She was the subject of very severe chorea, induced by some mental anxiety. Hydrocyanic acid, m. iv, was ordered to be taken three times a day. The good effect was immediate, and she was discharged on the 25th of the same month, perfectly cured. No other medicine was prescribed. Your obedient servant,

BENJAMIN T. MOORE, M.D.

Chace-house, Lavender-hill, Surrey.

### MEDICAL BENEVOLENT COLLEGE.

The Right Hon. the Earl Manvers laid the first stone of this College, on Wednesday last, Prince Albert being prevented from being present by indisposition. Large numbers of the profession attended from London, as well as many provincial surgeons, accompanied by their ladies, the entire number of visitors present being estimated at 3000. The site of the proposed new College is finely chosen on a hill side, in the immediate vicinity of the Downs at Epsom—within a very short distance, in fact, of the grand-stand; and the locality became almost the scene of an extra Derby-day, in consequence of the announcement, that the first stone was to be laid by Prince Albert. Triumphant arches were erected, and various attempts at floral decoration were made. About four o'clock, however, a rumour began to be circulated that his Royal Highness would not come; and in a few minutes later Mr. Propert, in a voice broken with emotion, confirmed the intelligence, for he had just received an intimation from Buckingham Palace, to the effect that his Royal Highness was indisposed. In this crisis the noble President of the Institution, the Earl Manvers, consented to act as the Prince's proxy, and so, after a short delay, the ceremonies commenced. On his lordship's arrival with his attendants the band of the Royal Marines struck up "God save the Queen." His lordship was received by the Bishop of Winchester and the president and the treasurer of the College. When the procession arrived at the stone, the children sang the first three verses of the 34th Psalm, and the Bishop of Winchester offered up a prayer. The president, Earl Manvers, then laid the first stone. The architect, Mr. E. N. Clifton, handed to the

president a glass vase, retaining the stopper, and he placed it on the stone. The coins and a scroll, illuminated with the following inscription, were then secured in the vase, and deposited in a cavity in the larger stone:—

"Hvnc . Lapidem . Primum .

Edificii . Benevolentiae . Dicati .

Cvra . Studiorum . Johannis . Propert . Armigeri . et . Medici .

Vdi . Medicorum . Levanda . Synt . Infortunia .

Amoris Auxilio . Christiani .

Posvit . Illvstrissimus .

Albertus . Princeps . Reginae . Consors .

Die . Jvlii vi . A.D. MDCCCLIII .

Gloria . Deo."

"On this 6th day of July, 1853, H.R.H. Prince Albert laid this first stone of the Medical Benevolent College; projected, under Providence, by John Propert, Esq., himself a medical man, in aid of those his fellow practitioners who, having long alleviated the sufferings of others, need at last the soothing hand of friendship themselves."

This inscription was also engraven on a brass plate, and placed over the cavity. The upper stone was then lowered into its place, and, after certain mystic ceremonies, was pronounced by the noble earl to have been "well and properly laid." Three hearty cheers for the prosperity of the institution were given; and then perhaps the most interesting part of the proceedings commenced, namely, a procession of ladies who deposited purses upon the newly-laid stone. Nearly 1,600*l.* was thus collected. Finally, the bishop dismissed the assembly with the blessing, and the proceedings terminated by the children singing the Hundredth Psalm.

The band of the Royal Marines were in attendance, and played repeatedly during the ceremony. The company then adjourned to the *dejeuné* prepared under an immense tent. Lord Manvers presided, supported by the Bishop of Winchester and many influential gentlemen. The usual toasts upon such occasion were given and responded to with enthusiasm. The "Success to the Medical College," given by the president, called forth repeated plaudits, in which the ladies joined with enthusiasm; "John Propert, Esq., the founder of the Medical Benevolent College," by Henry Pownall, Esq., likewise elicited great applause; "The Ladies," who had so warmly supported the Institution, by Nathaniel Clifton, Esq.; "The Earl Manvers," by the Rev. Mr. Pocock; "The Bishop and Clergy of the Diocese," by J. W. Freshfield, Esq., M.P. In reference to this toast, Mr. Propert stated, that in his applications to the bishops, he had always met with a most cordial reception. Nothing could exceed the beauty of the weather, the day being almost cloudless, and the company amounting to a multitude.

It only remains to add a few words respecting the new edifice. The entire design comprises the three sides of a quadrangle, with a detached chapel occupying a portion of the fourth. The principle façade will be no less than nearly a thousand feet long. The entrance is under a tower, and leads into a spacious hall, round which are disposed the buildings appertaining to the school. On the right will be the schoolmaster's house and the school-room, and on the left will be the warden's residence and the great dining-hall. Each wing will consist of a vast number of rooms for the pensioners, in two storeys, each set comprising three apartments and every convenience. The contract, which has been let to Messrs. Glenn and Co., of Islington, is for 22,000*l.* and will complete only about two-thirds of the principle side of the building.

The list of subscriptions was headed by Earl Manvers with 52*l.* 10*s.*, Sir R. H. Hoare with 100*l.*, Mr. Winthrope with 525*l.*, the Brighton Railway Company with 100*l.*, and Dr. Forbes with 100*l.* The total sum realised, including the purses deposited on the stone, was, about 3000*l.*, the amount previously raised being over 18,000*l.* We must congratulate Mr. Propert on the great success which has, so far, attended his benevolent exertions.



## Our Note Book.

### ACCIDENTAL OBLITERATION OF THE VAGINA. BY NELATON.

Frequently as occurs congenital deficiency or occlusion of the vagina, the accidental obliteration of this part is of very rare occurrence. The author had the opportunity of observing an instance in a woman, aged 40, who had always menstruated regularly; she was suddenly attacked with cholera, lay many days senseless, and could give no account of any feelings which she experienced during the time. Upon her recovery, it was noticed that, instead of the return of the menstrual secretion, there came on severe pain in the pelvis, and swelling of the lower part of the abdomen. The author ascertained that the menstrual fluid was retained, in consequence of obliteration of the vagina, within the cavity of the uterus.—Boyer and Dupuytren feared, in such cases, to puncture the vagina, because they always remarked that peritonitis ensued. But this inflammation is not an immediate consequence of the operation; it results from air making its way into the uterine cavity, producing decomposition of the remaining clots of blood, and thus exciting irritation. It is, therefore, desirable to make the opening from the vagina small, that the admission of air may be prevented. In this way was made the opening in the case here related. It was subsequently enlarged, and the remaining blood was extracted with the fingers.—*Gaz. des Hop.*

### UPON THE TREATMENT OF VESICO-VAGINAL FISTULA.

BY DR. BERTHEZ.

If the fistula be of moderate size, the author is convinced that its closure may be brought about by cauterisation. He has had, during the last ten years, six opportunities of bringing this method into practice, and of witnessing quick and permanent cicatrization of the wound. Before proceeding to cauterisation, he clears out the bowels by mild medicines, and the bladder by the use of the catheter. He then introduces a thick, elastic canula into the urethra. The patient is put in the position as for the operation of lithotomy, and a speculum, composed of separate blades, is introduced into the vagina, so as to bring the fistulous aperture into view. The bladder is next distended with air, which, making its way through the fistula, distends the opening, and shows the windings of its borders. The author prefers the hot iron to any other kind of caustic. The application will fail to a certainty, unless the whole border of the aperture is cauterised; and, without the inflation of the bladder, it is impossible to trace all the sinuosities and excavations of the fistula. The safest mode of applying the actual cautery is by using several small pointed balls fixed at their base to a right angle with the handle of an instrument, of such size as to be readily introduced within the interior of the speculum. If the first application does not suffice, it should be repeated after fourteen days. The granulations are often so abundant, that they require to be kept down by the use of the nitrate of silver. That the case should go on well, a fixed and non-stimulating diet must be directed. The patient must be kept in that position which prevents the urine from making its way to the abnormal opening; little fluid should be drunk, that the secretion from the kidneys may be inconsiderable; and a plug of wadding should be introduced into the vagina, and renewed twice or thrice a day. Cicatrization usually is complete in five or six weeks. If the opening is very large, cauterisation has no effect; and the author then recommends the autoplasmic operation of Jobert.—*L'Union. Med.*

### ON PAINFUL DISTENSION OF THE VAGINA AFTER THE BIRTH OF THE CHILD. BY DR. LEOPOLD.

Dr. Leopold states that he has several times met with examples (never in primiparæ) of excessive suffering, coming on from half an hour to an hour after the passage of the child, and referred to the vagina. It is of the most

agonizing character, described by the women as worse than when the child is passing, and causing them to twist and toss about in agony. It arises from distension of the vagina, either by accumulated coagula, or a very large placenta. In the first case, owing to the quantity of blood lost, there are always the early symptoms of uterine hæmorrhage; and the women, usually having suffered already from hæmorrhage in former labours, are dreadfully frightened at their danger. The softish but not distended uterus is felt pushed up into the umbilical region. The hand should be at once introduced into the vagina, and after the coagula are completely removed, it should be retained there for at least half an hour, keeping two fingers on the watch within the relaxed os uteri, and irritating this if required. In the other case there is always a large placenta, which will not yield to moderate traction, partly because its size prevents it from easily traversing the vaginal passage, partly from a spasmodic action of the *constrictor cunni*, and partly because the membranes still remain in connexion with the uterus to some extent. Notwithstanding the pain it will cause, the entire hand must be passed into the vagina, so as to embrace the whole placenta and bring it down.—*Neue Zeitschrift für Geburtskunde*, xxxiii. 352.

### BUBO.

Dr. Claiborne applies *collodion* over a bubo when there is not much local inflammation; the collodion is applied layer after layer, until considerable compression is produced. If there be any amount of inflammation, leeches are previously applied.—*Amer. Journ. of Med. Sc.*, April.

### CHORDEE.

M. Doring relates a case of chordee, in which, after trying all the usual internal remedies in vain, when the penis had become relaxed by means of cold, he covered the organ with a thick layer of *collodion*, with the effect of completely preventing the erection. Next day, however, when the collodion was removed, the erection returned.—*Rev. Med. Chir.*, xiii. 240.

### CROUP.

M. Trousseau speaks most highly of the employment of sulphate of copper as an emetic in croup, as recommended by Beringnier. The efforts which it induces often detach the false membranes, this emetic seeming to act less on the stomach than the pharynx, while it does not derange the digestive organs, as antimony sometimes does. Vomiting occurs very soon, and is repeated, at very short intervals, three or four times; and in three or four hours the medicine may be again given. M. Beringnier gives from 2 to 3 grains; but M. Trousseau gives as much as 10 grains, divided into two doses.—*Gaz. des Hop.*, No. 39.

### THE AZTECS.

We have been lately favoured with an opportunity of seeing and examining two of the most extraordinary specimens of the human race which have ever been brought to this country; and as they have excited great interest in the scientific circles of the metropolis, some account of them may prove interesting. The male child is 33¼ inches in height; the female, 32 inches. The male weighs 23 lbs., having gained 1½ lbs. in the last three years. The girl weighs 21½ lbs., while she only weighed 17 lbs. three years ago. Their appearance is very peculiar,—the forehead retreating, the nose and upper jaw projecting, and the lower jaw retreating. The hair is black, long, coarse, and curls naturally. The complexion is a dark clear olive, and the skin of the parts covered by the clothes is lighter than that of those exposed to the sun. The spine of the boy is slightly curved. His legs are weak. He cannot extend his arms completely, from some malformation of the elbow-joint; and there is also a defect in the articulation of the little finger. The girl is well formed. The expression of countenance is decidedly idiotic, although a bright, restless curiosity gleams from the eyes. The story told of them is highly calculated to excite



interest. They are said to be the representatives of an almost extinct race of beings like themselves,—degenerated descendants of the Aztecs, who were expelled from Mexico by Cortes. Stevens, in his work on Central America, gives an account he received from a priest, residing at Santa Cruz del Quiche, a city beyond the Great Sierra range, which no modern traveller had explored, but which was said to be inhabited by a peculiar race. Excited by this account, a Mr. Huertis, of Baltimore, and a Canadian, named Hammond, determined to search for the mysterious city. They were joined by a Spanish priest, named Velasquez, who alone returned to tell the story of the death of his companions and his own escape. He gave an account of the domes, minarets, temples, statues, and battlements he had seen, marvellously like some vision of the "Arabian Nights." The people were said, in manners and customs, to resemble what is known of the Mexicans in the days of Montezuma. The name of the city, he said, was Iximaya, situated in lat. 15° 48' N., at a level of 9,500 feet above that of the sea, upon the River Lugartos. The people kept themselves entirely separated from all others; and Velasquez stated, that although he was told that white men had previously entered it, no one but himself had ever returned. Among these people were a family said to be direct descendants of noble Aztecs, who had not been allowed to intermarry with those of any other family, and consequently, while degeneration had preserved and exaggerated certain peculiarities of race to such an extent that they presented the marks of a distinct people, they were said at first to have been priests, and afterwards to have been deified and worshipped as idols, and kept apart by the priests as objects of worship. They certainly resemble some sculptured figures of ancient Mexican idols; and, when they sit on the floor, do so with the legs extended laterally, exactly like those figures, in a mode which could only have been acquired in early youth, and which has left the legs so weak and undeveloped, that their gait in walking is tottering. Thus far Velasquez. Then comes the story of the exhibitors,—that Velasquez brought the two children with him when he escaped, and made them over to the persons who exhibited them in America. It appears that they were afterwards claimed in Philadelphia by a Mexican, who said he was their father, but his claim was rejected by the legal courts; the defence being, not that the children were Aztecs, but that they had been bought of full-grown Indians in Central America. This part of the story requires further examination. On Wednesday night, they were exhibited at the Ethnological Society, and Professor Owen read a Paper about them, which will appear in due time among our Reports of Societies. His opinion is, that they are not of a peculiar race, but are dwarfish children of some Spanish inhabitants of Mexico, with probably some slight admixture of Indian blood; the hair and complexion associating them with the darker European families of Southern Europe. Considerable discussion will doubtless be raised as to these singular creatures, and the impression produced on first seeing them is so powerful, that we cannot be surprised at many believing the tale told by the exhibitors, and acknowledging them as the representatives of a previously unknown race of the human family. Our own belief is, that it is extremely improbable,—not to say impossible,—that there can exist a race, even a limited race, of such beings, and that they must be mere dwarfish idiots of mixed Spanish and Indian blood, of some individual family in Mexico.

#### LITHOTOMY.

The extraction of a urinary calculus from the bladder by the recto-urethral operation has been now successfully accomplished by Mr. Lloyd, in three instances, at St. Bartholomew's Hospital. The stone was removed quickly, and the patients have done well. It may, therefore, be interesting to state, that the proceeding resembles, in great measure, the operation performed by Vacca Berlinghieri, and described by Malgaigne. (*Manuel de Médecine*

*Opératoire*, p. 686, 1843.) The subject having been placed as in the lateral operation, a staff is introduced into the bladder, and given to an assistant, who is directed to hold it in a vertical direction, so that the groove should correspond exactly with the mesial line. The index finger of the left hand is introduced into the rectum, the palmar surface being turned forwards. Upon its flat surface a straight bistoury is inserted to a depth of eighteen millimetres (about nine lines) from the margin of the anus. The handle of the knife being then depressed, the point is thrust through the walls of the intestine, and the edge being also carried upwards, the sphincter ani, the inferior part of the rectum, the perinæum from the anus to the bulb, and the cellular interval which separates these parts, are divided together. The inferior region of the prostate can then be felt through the wound. In front is felt the membranous portion of the urethra containing the staff. The nail of the index finger is next used, as in the lateral operation, to discover the groove in the staff, and to conduct to it the point of the bistoury. The staff is then withdrawn, and the bistoury is thrust into the bladder; the edge is turned downwards, so as to divide partially, but not completely, the prostate in the mesial line, care being taken to avoid re-entering the incision of the rectum. Therefore, this operation effects the division of those parts which were torn in the old operation with which the "apparatus major" was associated. Mr. Lloyd introduces a speculum into the rectum; his incision is, perhaps, somewhat deeper than that of Vacca Berlinghieri; he dilates, but does not cut the prostate, unless the stone should be of very considerable size. The incision appears remarkably small when the operation is concluded; and, as Malgaigne has observed, at each effort of excretion, the mucous membrane descends over the wound, which is thus placed under conditions most favourable to healing without leaving a fistula.—*The British and Foreign Medico-Chirurgical Review*.

#### Obituary.

June, 1852.—R. P. DEAKINS, Esq., Staff-Assistant-Surgeon of her Majesty's forces, at Antigua, of yellow fever, after five days' illness, aged 27. The deceased was son of the late W. Deakins, Esq., of Buckingham-gate, London, and cousin of E. Deakins, Esq., of Bicester, Oxon.

Feb. 13, 1853.—ROBERT WRIGHT WRIGHTSON, Esq., Surgeon, H.E.I.C.S., at Sauger, on board the ship *Alfred*, on his passage from Calcutta to the Cape of Good Hope. Mr. Wrightson, was the youngest son of the late William Wrightson, Esq., of Nesham-hall, Darlington, county of Durham.

June 4.—A. M. OUTLAW, Esq., M.R.C.S. Eng. 1810, at Wellingtonborough, Northamptonshire, aged 87.

June 20.—DENIS O'FLAHERTY, M.D., after a protracted illness, at Croom, Co. Limerick, Ireland, much and deservedly regretted.

June 24.—THOMAS JARROLD, M.D. Glasgow 1802, at Greenhill-street, Manchester, aged 84. Dr. Jarrold was author of "Essay on the Lateral Curvature of the Spine," "Philosophical, Physiological, and Political Essay on Man, in reply to Mr. Matthews on Population," "Anthropologia, or Essay on the Form and Colour of the Person of Man," "Instinct and Reason Philosophically Investigated," "Education for the People," and "Paper on Diabetes Insipidus," 1802.

Latelý.—HENRY GREEN, Esq., Surgeon, at the Oven Diggings, near Melbourne, Australia, aged 44. The deceased was formerly coroner of Neath and Breton Ferry.

APPOINTMENT.—Dr. Septimus Gibbon has been elected Assistant-Physician to the London Hospital.



## Medical News.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners on the 1st inst:—Samuel Argent, Hinckley, Leicestershire; Thomas Chaplin, Lewes, Sussex; Peter Clark, Kirkconnell, Dumfries; Ephraim Matthews Cridge, Stoke, Devonport; John Henry Gould, Broad-street, Golden-square; John Hallilay, Wakefield, Yorkshire; William Hall Ryott, Thirsk, Yorkshire; Arthur Henry Sankey, Dover; Richard Burford Searle, Bridport, Dorset; Northcote William Spicer, Chard, Somerset; William Turner, Lancaster.—The following gentlemen were admitted Members on the 4th inst.:—Charles Dunn, Scarborough, Yorkshire; James Thomas Fraser, Southampton; Henry Leach, Trinity-square, Southwark; Evan Llewellyn, Mount-place, White-chapel-road; Thomas Alexander Moore, Preston, Lancashire; John Blakemore Phipps, Ipswich, Suffolk; John Bye Silver, West Wrating, Cambridgeshire; Alexander Packington, Hon. East India Company's Service; William Edward Monckton Watts, Battle, Sussex.

**ELECTION OF COUNCILLORS.**—The annual election of Fellows into the Council of the Royal College of Surgeons took place on Thursday afternoon, in the library of the institution: upwards of sixty Fellows attended. The president took the chair at one o'clock precisely, soon after which the voting commenced, and closed at two, when Mr. Hawkins declared that Messrs. Skey, Wormald, and Luke were re-elected members of the Council. The votes were: For Mr. Luke, 62; Mr. Skey, 60; Mr. Wormald, 52; and Mr. Hilton, 13. It must be a gratifying circumstance to Mr. Luke, that every Fellow present voted for him. A dinner afterwards took place, at the Freemasons' Tavern, at which upwards of one hundred gentlemen were present.

**LICENTIATES IN MIDWIFERY.**—At a meeting of the Board of Examiners in Midwifery of the Royal College of Surgeons, on the 6th inst., the following members of the Council were admitted licentiates:—Messrs. John Jones, Swansea; John William Howard, Fenchurch-street; Cecil Calvert Cogan, Winsley, Wilts; Henry Joseph Hurschell Griesbach, Pocklington; William Bass Smith, Louth, Lincolnshire; Peter William Rolston, Devonport; George Elin, Kent-terrace, Regent's-park; Joseph Ewart, Holmhead, Cumberland; Daniel Gwynne, Halsey-terr., Sloane-street; William Hall Ryott, Thirsk, Yorkshire; Henry Stiles, Spalding, Lincolnshire; Clarence Cooper, Brentford.

**APOTHECARIES' HALL.**—Names of gentlemen who passed examination in the science and practice of medicine, and received certificates to practise on Thursday, June 30th, 1853: St. John Edwards, London; Kennedy Gill, Acerington; Richard Heighway, Cleve, Shrewsbury; Thomas Hillier, Stroud, Gloucestershire; George Yeates Hunter, Jun., Margate; William Naylor Kempster, Whitechurch, Salop; Michael Fenton Manifold, Dublin.

**INDIA.—MERIT.**—The following is an extract from a dispatch of Brigadier-General Sir J. Cheape, K.C.B., Commanding the Bengal Division, to the Deputy-Adjutant General Army of Ava, dated Donabaw, March 25:—"To Surgeon Andrews, 67th N.I., and the Medical Department, I have to return my best thanks for the performance of their very arduous duties in the care of the sick and wounded; and to Assistant-Surgeon Murphy, Staff-Surgeon to the Division, in particular, my special thanks are due; he was the senior medical officer until the arrival of the reinforcements from Rangoon, and all the arrangements made by him have been most perfect. On the 19th instant, the wounded men were attended to by him under a very heavy fire, and though wounded (I am happy to say very slightly), it did not deter him a moment from the zealous discharge of his duties; he has performed them throughout in the most unwearied and able manner, accompanying the men in the boats to the steamers, and seeing them carefully attended to and dis-

posed of. I consider the force fortunate indeed in having a medical officer of his talent and character in such trying circumstances; and I feel assured the Major-General will accord his approbation of the services of this officer.

**PHOTOGRAPHIC SOIREE.**—Mr. Philip De la Motte, the proprietor of the Photographic Institution, in New Bond-street, lately gave a *soiree* in his rooms, at which various specimens of this curious art were exhibited. The collection comprises views taken with the nicest accuracy in all parts of the world, as well as photographic reproductions of microscopic objects, shells, plants, etc. In illustrating the results of a scientific research, there is no doubt that photography will prove a most important art. Without the slightest knowledge of drawing, the traveller, who has been armed with the proper apparatus, may bring home with him the scenes of his voyage; and the collector of natural curiosities, similarly provided, may give the world a transcript of his cabinet, almost as instructive as the original contents.

**THE AZTECS.**—A pair of these extraordinary and recently discovered race of lilliputian human beings from central America, whose existence has hitherto been supposed to be fabulous, have arrived in this country. Previous to their appearance before the general public, they are being introduced to scientific societies, and distinguished members of the medical profession. We had an opportunity of seeing them a few days since, on a visit they paid to the Hunterian Museum of the Royal College of Surgeons, in company with Dr. R. G. Latham and their attendants. With some of the specimens in this stupendous anatomical collection, they appeared much struck, particularly with the skeleton of O'Brien the Irish giant, and that of Miss Craechimi, the Sicilian dwarf. They peered with great curiosity into some of the cases containing mummies, but what appeared to rivet their attention more than any other objects, was a volume of Gould's Birds of Australia, which Mr. Stone, the librarian, placed before them. The eldest Aztec, whom one of the gentlemen in attendance on them called Max, at once gave up a box of toys which had been presented to him, when he saw the gorgeous colouring of this superb work, and placing himself, without any ceremony, on Mr. Stone's knee, proceeded to turn over the leaves of the book with a celerity equal to any gentleman that had served an apprenticeship in the "Row." on coming to the parrots, he would stop and point it out to the female, when both uttered "toche! toche!" and repeatedly rubbed their tiny hands over the plate, apparently unconvinced of the real existence of the bird. It was stated that their respective ages are eighteen and eleven, but this is doubted by Professor Owen and other distinguished ethnologists, inasmuch as the eldest has still one of his milk teeth left. There are many interesting and curious points about them, that must attract great attention from the scientific and general public. They possess many peculiarities quite distinct from any other portion of the human race.

**HEALTH OF THE TROOPS AT CHOBHAM.**—We are happy to be able to contradict a report, that the troops at this place were in an unhealthy state, which report was evidently made by a contemporary in entire ignorance of the true facts of the case, since the troops have been in remarkably good health, and which may be chiefly attributed to the judicious arrangements made by the Army Medical Department. On the 2nd of July, we find, from official reports, that, of a total strength of 8,940, there were only 122 in the regimental hospitals, and 54 in the general military hospitals,—only 2 of these being severe cases. The regimental hospitals are tents in the rear of the lines of each regiment. The general hospital is at Chobham. It is a building which has been hired for the purpose, and contains 70 beds. Great credit also appears to be due to those entrusted with the care of the camp equipage. We have heard, that the tents have been so well constructed, that, notwithstanding the very heavy rains, the soldiers, when within the tents, have been scarcely inconvenienced by wet.



**THE CLAPHAM ABORTION CASE.**—The prisoner Cunningham has been found guilty, on the above charge, and sentenced to fifteen years' transportation. The other prisoners (Currie and Thomas) were acquitted. It affords us gratification to add, that we are informed that Cunningham is not a legally qualified medical man.

**THE NAVAL MEDICAL OFFICERS.**—We are happy to state that petitions from the large manufacturing towns in favour of the claims of the medical officers of the Royal Navy are being forwarded every day for presentation to the House of Commons; and as an illustration of the deep interest taken in the subject, we may mention that a telegraphic message was received on Tuesday night directing a petition to be sent to the president of the Provincial Association at Swansea, to which Dr. Bird, F.R.C.S., had kindly promised to obtain signatures. Several members of the House of Commons have promised to co-operate with Colonel Boldero, Mr. Montague Chambers, and other friends of the naval medical officers in getting their grievances satisfactorily settled. Most of the teachers and students of the metropolitan hospitals have signed the petition.

### Notices to Correspondents.

**MEDICUS.**—The debt can be recovered in a County Court.

**D. D.**—It is clear to us that, according to the terms of the Deed of Partnership, as represented by you, the gentleman in question is prohibited from practising, *i.e.*, attending patients, prescribing and providing medicines, &c., or enjoying any beneficial interest in the latter within a distance of two miles of the house where the business is now carried on. This restriction applies as much to new patients as to old ones. An engagement with a druggist to dispense the medicines, if the practitioner participated in the profits, would, undoubtedly, come within the terms of the prohibition; if there were no pecuniary advantage, the case is not so clear. The object seems to have been to prohibit general practice, but to leave the liberty of practising as a physician within the defined distance. We think that, notwithstanding the looseness of the wording of the deed, the gentleman adverted to is not at liberty to charge a small fee—half-a-crown or five shillings for his visit, and arrange with a chemist to send in the medicines, although he may not receive any portion of the profit from the chemist, but, on the contrary, may pay him for the medicines he dispenses. Such an arrangement will not evade the terms of the agreement; for what signifies it whether the outgoing practitioner pay a wholesale or a retail chemist for the medicines administered? They are his by purchase, and he virtually provides them. The chemist is hired by him and acts as his assistant. We do not think that a Court of Equity would allow such an attempt at evasion.

**A READER AND SUBSCRIBER.**—The qualification being sanctioned by the Legislature, we would not advise you to bring an action. Brethren should live together in peace.

**A LICENTATE.**—The fee cannot be recovered, the magistrates not having any power to grant it.

**QUIVIS.**—Your paper lies for you at our office, the subject not possessing, at the present time, sufficient interest for publication.

**M.R.C.S. (Eng.)**—Bateman and Willan were of opinion that scarlatina did not attack a patient a second time, but we suspect this to be erroneous. We have, however, observed a peculiar kind of eruption on the neck and about the elbows attending *cynanche tonsillaris*, which is often mistaken for the rash of scarlet fever, but it appears to us to be very different.

**MR. JOHNSON.**—Your letter has been received, and the copies shall be sent. We thank you for your kind expressions.

**MR. ROSE.**—A reply was given in our last number; your letter having been, by some accident, mislaid.

**M.D.**—The felon Cunningham has been tried at the Old Bailey, and transported for fifteen years. His associates, Currie and Thomas, were acquitted.

**M.D. (Aberdeen).**—The College of Physicians will not interfere. ZETA's letter is under consideration.

**A GENERAL PRACTITIONER.**—Dr. Waller's edition of "Denman's Treatise" is the most recent; it is a useful work.

**M.R.C.S. & L.A.C. (Norwich).** We cannot recommend the course suggested.

**MR. R. T.**—You should apply to the Secretary. A discretionary power lies with the Court.

**MR. CARTER.**—The number shall be forwarded.

**MR. NUNN.**—Communication received with thanks. The note will be borne in mind when the "Directory" is prepared.

**G. S. M.**—1st. No. 2nd. No.

**A LICENTATE OF THE ROYAL COLLEGE OF SURGEONS, (Ireland).**—Arrangements are in progress for the purpose.

**MR. WILLIAMSON'S** communication can only be inserted as an advertisement.

**GAMMA.**—The Coroner has the power to dispense with medical evidence. He is guided by the other evidence as to the necessity or not of summoning a medical witness. It is not easy for us to decide whether in the first case stated a medical witness ought to have been called, the circumstances detailed not being sufficiently minute. In the second case it seems to have been unnecessary, as the witnesses were able to swear to the fact. It does not follow because a deceased man received an injury, that a surgeon should necessarily be summoned.

**MEDICUS (Norwich).**—Your suggestion has been frequently made, but it is impracticable. With respect to the "Medical Circular," we do not hesitate to affirm,—what a comparison will immediately prove,—that it contains more valuable *scientific* matter than any other Medical Journal; in fact, it gives the cream of all they contain. Whatever is good and practical in any of the Periodicals—quarterly, monthly, or weekly—is, in due course, transferred to our pages, without the perpetual iteration of the original article. Amplification can impose only on the man who cuts the leaves but never reads the articles, and fancies, because there are so many columns, there must be so much science.

**L.A.C. (Gravesend).**—The writer of this note has evidently assumed a designation to which he has no right, with the view of deceiving us and bringing ridicule on some member of our profession. It was a foolish attempt.

**W. D. P.**—You cannot demand payment unless you are duly appointed. The appointment, we presume, is in the hands of the Commander-in-Chief.

**\*\*** We have received several letters on the subject of Mr. Toynbee's piracies, including one from a patient who had been induced to try his gimerack, the effect of which was to produce a severe inflammation, which actually endangered his life! This we can readily understand. The following are selected from our correspondence:—

*To the Editor of the "Medical Circular."*

**SIR,**—Please to remind F.R.S. Toynbee of a distich handed down to us by the ever-to-be-lamented Jonathau Wild:—

"Him as prigs what is'n't his'n,  
When he's coteh'd must go to pris'n."

Yours ever,

FILCH.

*To the Editor of the "Medical Circular."*

**SIR,**—Although it may be true that Mr. Toynbee has adopted Mr. Yearsley's ideas without acknowledgment, yet I cannot allow that the latter gentleman is to have the merit of all the artificial membranæ tympani that may hereafter be invented. This would be to offer an obstacle to all human progress. Mr. Albert Smith lays claim to Mont Blanc, and quarrels with poor Mr. Howard for ascending it as well as himself. Mr. Hobbs, in like manner, is the sole inventor of unpickable locks, and won't admit of a rival. No, the error Mr. Toynbee has committed is, in not acknowledging the merit of Mr. Yearsley's important discovery. If he chooses to bring forward an appliance which is useless, so much the better for Mr. Yearsley and the worse for himself. The profession will soon find out which is best; at all events the patients will.

Your obedient servant,

J. S.

*To the Editor of the "Medical Circular."*

**SIR,**—You have the best thanks of myself and several other members of the Pathological Society, for so effectually unmasking the quackeries of Mr. Toynbee. It is astonishing that this plagiarist of other men's ideas has not been earlier exposed. It is not because others of his craft do not cultivate Medical Societies, but prefer to publish their notions in the regular way, that Mr. Toynbee is to appropriate them and bring them before us as emanations from his own brain. This he has constantly done, and *quacked* to such an extent that we are all tired of it.

Yours,

A MEMBER OF THE PATHOLOGICAL SOCIETY.

**MR. JOHN COX.**—Your note shall appear in our next number.

**MR. T. H. WARDLEWORTH.**—Communication received, but came too late for insertion in the present number.

**DARTOS.**—Communication received.



## MR. HOOPER'S IMPROVED INVALID WATER OR AIR CUSHIONS, AND MATTRESSES OR BEDS.

Being made of prepared India-rubber, without the admixture of cloth materials, Leakage is avoided.

See the "LANCET," Jan. 25, 1851.



**CUSHIONS FOR BED-SORES.**—Whether threatened with Sloughing, or in which Sloughing has taken place, Fractures, Diseased Joints, Ulcerated Cartilages, Coldness of the Stomach, Pain in the Bowels, Spasms, Lassitude, Typhoid and other Fevers, Gouty and Rheumatic Affections, Cancer, Ovarian Dropsy, Coldness of the Stomach and Feet, Consumptive and all Bed-ridden Patients. They are simply placed on an ordinary mattress, and covered with two or three blankets and a sheet as an ordinary bed.

For further reports of their utility, see Mr. Caser Hawkins's Letter in the "Lancet," Oct. 27, 1849; Dr. Hake's Letter in the "Provincial Medical and Surgical Journal," Nov. 1, 1850; Dr. Thorn's Letter, "Medical Times," March 20, 1851; also the "Institute," February 8th, and the "Lancet," Jan. 25th, and Feb. 15th, 1851.

## Jozeau's Copahine-mege, or Sac-

charated CAPSULES, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhœa, Gleet, and Leucorrhœal Discharges, on an average of six days (see "Lancet" of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by G. Jozeau, sole French Chemist, 49, Haymarket, London; and Jozeau, Pharmacien, 161, Rue Montmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with the name of Gabriel Jozeau printed thereon.

## Dr. Pereira.—This late Eminent

Physician's opinion of **HARDS' FARINACEOUS FOOD** for Infants and Invalids:—

"I have carefully examined, and repeatedly prescribed 'Hards' Farinaceous Food' (See Pereira's 'Treatise on Food and Diet,' pp. 309 and 473, &c.), which is prepared from the most nutritious of the cereal grains. It combines both nitrogenised and non-nitrogenised alimentary principles, and forms a very valuable food for children and invalids.

"JOHN PEREIRA, M.D., F.R.S.,

"Assistant-Physician to the London Hospital.

"47, Finsbury-square, July 1, 1843."

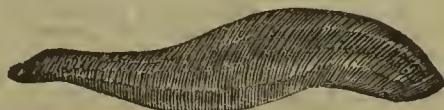
Sold by Chemists and Druggists, Patent Medicine Vendors, Tea Dealers, and Italian Warehousemen, in 1s. and 2s. packets, and tin cases, 7s. 6d. each. Observe—all genuine packets and cases are signed "James Hards," and manufactured at the Royal Victoria Mill, Dartford, Kent.

## New Microscopes.---Pritchard's

new Miniature Travelling Achromatic Microscope, price Five Guineas. (See description in "The History of Infusorial Animacules, Living and Fossil," third edition, just published.) Also Pritchard's Naturalist's and Medical Achromatic Microscope, price £7 10s.—Pritchard's lever-stage Achromatic Microscope, price £10 10s.—Pritchard's Standard Achromatic Microscope, price Fifteen Guineas. All these Instruments embrace the latest improvements. The Clergy, Medical Profession, and Amateurs supplied with Achromatic Object Glasses to any Microscope, Micrometers, Polarizing Apparatus, and Microscopic Preparations of all kinds. S. STRAKER will forward, post free, a new price-list of Microscopes, &c. 162, Fleet-street, London.

## Allsopp's Pale Ale.—It is seldom

that the enjoyment of a luxury is authenticated by the full approbation of the physician. In the special instance of Messrs. Allsopp's Ales, however, recent circumstances have given occasion to a renewal by the faculty of those recommendations which first insured their vast popularity. I have, therefore, made arrangements for supplying them genuine as from the brewery, and in fine condition, from my cellars, at 8s. per dozen quarts; pints, 5s.; and half-pints, 3s., imperial measure only (by which the public gain one-third); and also in kilderkins (18 gallons), for draught, at 30s.—HARRINGTON PARKER, 5½, Pall-Mall.



## Pure and Healthy Leeches.—

POTTER and HAILEY beg to assure the Profession, Druggists, &c., that the Leeches they offer are such as can be recommended for Purity, Health, and Readiness of Biting.

Importers of Leeches and Turkey Sponge, Herbalists, &c., 66, Far ringdon-market, London.

Established upwards of Forty Years.

TO PHYSICIANS, SURGEONS, AND DRUGGISTS.

## BROWN'S CANTHARIDINE BLISTERING TISSUE,

Prepared from pure Cantharidine.

## An Elegant Preparation, Vesicating

in much less time than the Emp. Lytta. P.L., easily applied and removed, and will not produce stranguary or troublesome after-sores. It has received the sanction and commendation of the most eminent practitioners in the kingdom.—In Tin Cases, containing twelve square feet, 6s. 6d.; and small Cases of six feet, 3s. 6d. each.

## BROWN'S TISSUE DRESSING,

An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the "New York Journal of Medicine," March 1st, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharidis are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the medical profession.

"Accompanying this article is a very simple and neat dressing."

From the "Medical Examiner and Record of Medical Science," for May, 1850, published in Philadelphia.

"We have received from Mr. George D. Phelps of New York, specimens of Brown's Cantharidine Blistering Plaster and Dressing, with which our readers are doubtless familiar as a new and exceedingly neat preparation, easy of application and certain in their effects. We have given them a fair trial, and find they fully answer our expectations."

"Army Medical Department, January 16th, 1847.

"The Principal Medical Officer of the General Hospital, Port Pitt, Chatham, reports that Mr. Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of stranguary.

ANDREW SMITH, M.D.

"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist."

Prepared by THOMAS B. BROWN, PHARMACEUTICAL CHEMIST, 42, ADMIRAL-TERRACE, VAUXHALL-BRIDGE-ROAD, LONDON; and sold by the Sole Consignee, Mr. William Bailey, Wolverhampton, and all Wholesale and Retail Druggists and Medicine Agents throughout the British Empire.



## Medical Agency, 50, Lincoln's-inn- fields, Conducted by

**MR. BOWMER, M.R.C.S.L.**

All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.

(OFFICE HOURS, 11 TILL 4.)

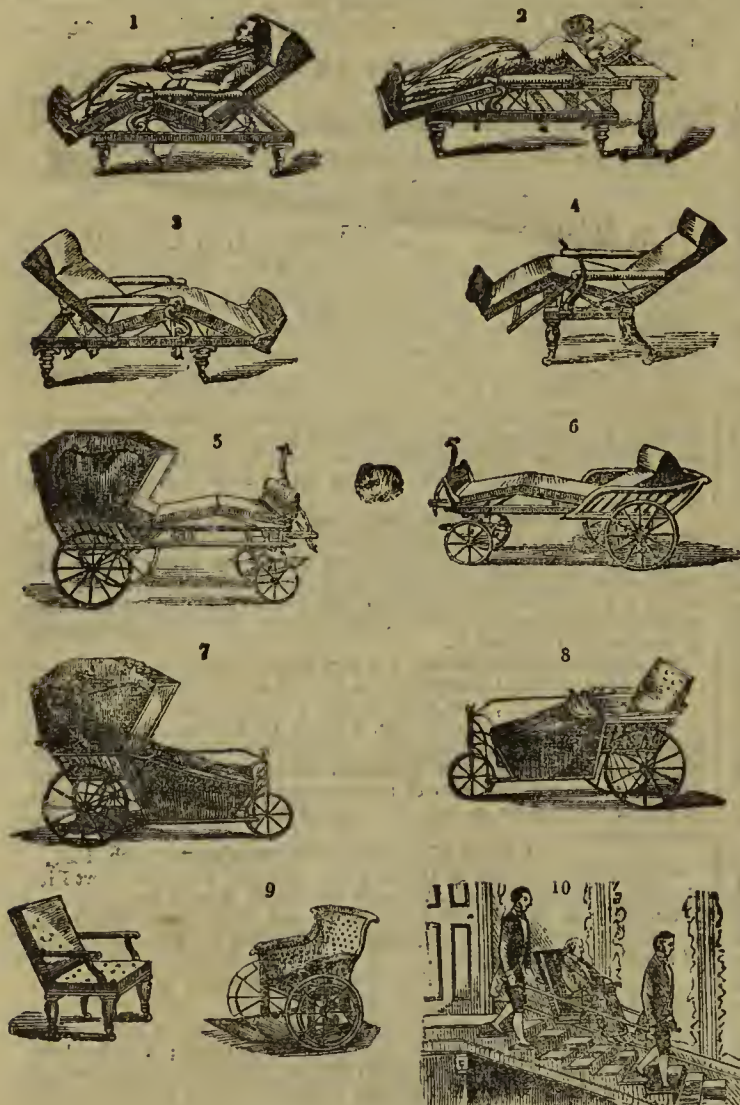
## To all Bad Writers.—Mr. T. H.

CARSTAIRS continues to give LESSONS to Ladies and Gentlemen in his highly improved METHOD OF WRITING, enabling all those who require it to obtain a command and freedom seldom (if ever) equalled. Prospectuses of terms, &c., may be had at the Establishment, 81, Lombard-street, City.

## Comforts for Invalids.—Messrs

CHAPMAN and ALDERMAN, of No. 8 Denmark street, Soho, London, beg most respectfully to inform their medical friends that they have now completed their mechanical arrangements for their Graduating Spinal, Fracture, and General Invalid Couches, Chairs, Carriages, &c. &c. The Illustrations will show that they can be made to wind into any position whatever, according to the requirements of the patient. No. 1 is the same as was supplied, by the recommendation of Sir B. Brodie, Bart., to the late Sir R. Peel, Bart., when he met with his fatal accident. Price twenty-eight guineas.—No. 2, in a Prone Position.—No. 3, as an Easy Chair, the arms being made to throw back, to enable the patient to get on and off easy.—No. 4, a Self-adjusting Spinal Chair. Price fifteen guineas.—No. 5, a Spinal Carriage, with a Shifting Couch. Price thirty guineas.—No. 6, without a Hood. Price twenty guineas.—No. 7, a Bath Chair. Price twenty-five guineas.—No. 8, without a Hood. Price fifteen guineas.—No. 9, a Self-propelling French Merlin Chair. Price fifteen guineas.—No. 10, their newly-invented Equilibrium Carrying-Chair, which answers as an Easy Chair in the room, as well as for carrying the invalid up and down stairs, the Poles being made to hook on and off. Price eight guineas.

Hospitals and Public Institutions supplied.



The above can be had on Hire.

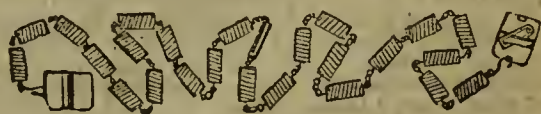
## A New Era in Medical Electricity.

is opened by PULVERMACHER'S PATENT PORTABLE  
HYDRO-ELECTRIC CHAIN BATTERIES.



One Hundred and Twenty Plates permanently connected and arranged, so as to be at all moments ready for instantaneous use, communicating shocks through eight to ten persons—ALWAYS IN THE SAME DIRECTION, and primary VOLTAISM, not secondary currents, as in the old Coil Machines—producing powerful contractions, decomposing distilled water, &c. &c. WEIGHT ABOUT EIGHT OUNCES, and CAN BE CARRIED IN A POCKET-BOOK.

At present a medical man may, at a reasonable expense, carry with him in his daily practice an inexhaustible source of primary Galvanism always ready for instantaneous use wherever a cup of vinegar can be procured, and producing all the effects that he can desire—a circumstance, the importance of which can scarcely be overrated, whether we look to cases of sudden emergency (swoons, fits, catalepsy, asphyxia, uterine hæmorrhage, &c.), or to the frequent opportunities and the facilities thereby afforded of applying ONE OF THE MOST POWERFUL AND UNIVERSAL THERAPEUTIC AGENTS, which has hitherto been kept back only through the difficulties attendant upon its use.



WEAKER CHAINS are constructed on the same principle, to be worn on the body under the garments, communicating a MILD but CONTINUOUS current to the system, which has been found of the most eminent benefit in many various forms of CHRONIC Diseases, where a mild but lasting stimulus of the functions of the nerves is indicated, and to assist the effect of specific remedies, THE ACTION OF THE CHAINS BEING MADE LOCAL OR GENERAL, AT WILL.

The Invention has been demonstrated with great success before  
THE ROYAL COLLEGE OF PHYSICIANS,  
THE ROYAL COLLEGE OF SURGEONS,  
THE ROYAL PHARMACEUTICAL SOCIETY,  
THE ROYAL BRITISH ASSOCIATION,  
THE ACADEMIE DE MEDICINE (voted thanks to the Inventor).  
THE ACADEMIE DES SCIENCES AT PARIS,

And is already in extensive use in nearly all the Hospitals in London, Edinburgh, Paris, and Vienna.

Extract of a Letter from that distinguished Physician of Guy's Hospital, Dr. GOLDING BIRD, M.D., F.R.S., F.R.C.P., &c., &c. (Published with his kind permission):

"We have in this ingenious Invention that which has long been a desideratum, viz., an apparatus of the smallest possible bulk, capable of evolving a CONTINUOUS uninterrupted current of Electricity, of moderate tension, and always in one direction. . . . I can scarcely recommend Dr. Pulvermacher's Invention too strongly to the notice of my medical brethren."

A FULL DESCRIPTION OF THIS IMPORTANT DISCOVERY, WITH SPECIFIED DIRECTIONS FOR THE USE, Testimonials from high Scientific Authorities, &c., may be had (by post for two stamps), AND THE CHAINS MAY BE FREELY TESTED, at Mr. CH. MEINIG'S head depots, 103, Leadenhall-street, and 71, Regent-street, London (at Paris, 45, Rue Richer, and 12, Boulevard des Italiens), and from all C. MEINIG'S Agents in town, country, and the colonies.

## Shower and all Domestic Baths.—

Purchasers of these valuable and important family requisites, should immediately inspect DEANE, DRAY and Co's extensive Stock, warranted the best manufactured, both for finish and durability. Deane, Dray, and Co's RECURRENT SHOWER-BATH, forms at the same time an excellent Sponging-bath, and may also be used as a Hip-bath, thus affording to all the members of a family the various applications of the bath. Shower-baths of improved construction; hip, plunging, sponging, vapour, and other baths, of various sizes, and patterns. An illustrated pamphlet on baths and bathing may be had on application, or free by post. Established A.D. 1700.

Deane, Dray, and C. (opening to the Monument), London-bridge.

The Publisher of the "MEDICAL CIRCULAR," in answer to several enquiries from the country, begs to state that the following are the terms for inserting Advertisements:—

Eight lines and under	£0 6 0
Every additional line	0 0 6
Whole Column	2 15 0
Whole Page	5 5 0

London: Printed by WILLIAM TROUNCE, at his Office, No. 9, Cursitor-street, Chancery-lane, in the Parish of St. Andrew, Holborn, in the County of Middlesex; and published by CHARLES JAMES HARRIS, at No. 123, Strand, in the City of Westminster.—July 13th, 1853.



THE  
**MEDICAL CIRCULAR**  
AND  
**General Medical Advertiser.**

No. 29, NEW SERIES. }  
No. 55.

WEDNESDAY, JULY 20, 1853.

{THREEPENCE.  
STAMPED, 4d.

TABLE OF CONTENTS.

	Page		Page
Leading Articles:		Biographical Notices	51
Medical Relief to the Sick Poor	41	Reviews	52
Naval Assistant Surgeons	42	Original Communications	54
The Charing-cross Hospital	42	Correspondence	55
Benevolence	42	Medical Societies	55
Mirror of Periodical Literature	42	Parliamentary Intelligence	56
Contents of the Medical Journals	46	Our Note Book	57
Hospital Reports	46	Obituary	58
The Anatomy of Quackery (No. XXIV)—		Medical News	59
Dr. Solomon's Balm of Gilead, Anti-Impetigines, &c.	48	Notices to Correspondents	60
History of the Medical Profession	49		

**CAUTION.**—"The Medical Directory."—Whereas, it has come to the knowledge of the Editors of this Work, that persons are going about soliciting information and orders for a Spurious Directory, under pretence that they come on behalf of the original work: the members of the profession are hereby CAUTIONED against this new attempt at imposition. The information necessary for the established and only recognised Directory is obtained by means of the ANNUAL CIRCULAR of Interrogatories, which will be issued in due course. The only recognised Medical Directories for England, Ireland, and Scotland, are published by John Churchill, Princes-street, Soho, and at the Office, 128, Strand, removed from 4, Adam-street, Adelphi.

**To Life Assurers.**—A List of all the principal Offices, their Tables, Names of Secretaries, Medical Officers, and every information required by Assurers will be found indexed and alphabetically arranged in the "LONDON and PROVINCIAL MEDICAL DIRECTORY for 1853." Office, 128, Strand.

**Medical Benevolent College.**—OFFICE, 4, HANOVER-SQUARE.  
Notice is hereby given that the EIGHTH LIST of Contributors to the funds of the College, including the donations presented on the day the foundation-stone was laid, will be published on SATURDAY the 23rd inst. Honorary Local Secretaries, and other gentlemen who have received monies in behalf of the College, would much oblige by making a report to the Treasurer, John Propert, New Cavendish-street, on or before the 20th instant.  
By order of the Council,  
July 13th, 1853. HERBERT WILLIAMS, Assist. Sec.

**On True and False Spermatorrhoea:**  
With a view to the Correction of wide-spread Errors in relation to the Treatment and Cure of the Impuissant and Sexual Hypochondriacs, in general. Translated from the German of Dr. PICKFORD. Baillière, 219, Regent-street, & 290, Broadway, New York.

**New Music.**—R. Cocks and Co., NEW BURLINGTON-STREET.  
No. 1. HAMILTON'S MODERN INSTRUCTIONS for the PIANOFORTE. Fingered by Carl Czerny. Forty-second edition. Price 4s.  
No. 2. HAMILTON'S DICTIONARY of 3,500 MUSICAL TERMS, by John Bishop. Fortieth edition. Price 1s.  
No. 3. CLARKE'S CATECHISM of the RUDDIMENTS of MUSIC. Twenty eighth edition. 1s.  
Among the numerous elementary works which have yet appeared we must give the palm to those of Messrs. Cocks and Co. The fact of some of them having passed through nearly forty editions, and that the sale of Hamilton's Instructor is now upwards of two thousand monthly, is a sufficient guarantee for their excellence. Music is of all the sciences the most refining and soothing, and there are few persons possessed of any taste who do not wish to obtain some knowledge of it. But it is not sufficient to wish for knowledge; to obtain it we must work; and we know of no book which will make the work more easy to the musical student than those forming the first three items in the list above. None need despair of having their time fully compensated who are wise enough to consult such aids to musical knowledge.—*Vide "Huddersfield Examiner," May 26.*  
New Burlington-street, London, and of all Musicsellers and Booksellers.

BANKS OF DEPOSIT AND SAVINGS BANKS.  
INVESTMENT OF CAPITAL.  
NATIONAL ASSURANCE & INVESTMENT ASSOCIATION  
TRUSTEES.  
The Right Hon. the Earl of Besborough.  
The Right Hon. Lord George Paget, M.P.  
The Right Hon. Lord Templemore.  
The Hon. Henry Fitzroy, M.P.  
The Rev. Joseph Prendergast, D.D. (Cantab.), Lewisham.  
George Stone, Esq., Lombard-street.  
Matthew Hutton Chaytor, Esq., Reigate.

**Persons desirous of investing Money**  
are requested to examine the Plan of this Association by which a high rate of Interest may be obtained combined with perfect security.  
Prospectuses and full information may be had at the Office, or sent post free, on application. PETER MORRISON,  
Managing Director.  
7, St. Martin's-place, Trafalgar-square, London.

**SULPHATE OF QUININE.**  
TO SURGEONS, DISPENSING CHEMISTS, &c.  
**Sulphate of Quinine, Pure Crystallized** prepared by EDWARD HERRING,  
For the use of Hospitals, Dispensaries, Surgeons, Dispensing Chemists, &c.  
This Sulphate of Quinine is Chemically pure, its form of Crystal is the same, and in every respect identical with the Sulphate of Quinine of Commerce, the only difference being that the one is bleached and the other unbleached.  
The mode of manufacturing the Hospital or Unbleached Sulphate, and also the usual White Sulphate, is being made the subject of a Patent, the peculiarity of process avoiding the use of Impure Animal Charcoal.  
It is in use in the large London and Provincial Hospitals and Dispensaries; but its PURITY AND GREAT REDUCTION IN PRICE are now attracting the attention of Medical Men and Dispensing Chemists.  
It is put up in bottles (free) of three ounces and six ounces each; also in one-ounce sample bottles (charged), capsuled with the name of the Proprietor, and labelled with the name of the Inventor.  
Both these Sulphates to be had of the leading Druggists in London and the United Kingdom, and in quantities of not less than 100 ounces, of  
JACOB HÜLLE, jun., Proprietor,  
Chemical Works, Trinity-street, Southwark, London.  
May 3, 1853.



## A Medical Gentleman, resident in

the West Highlands of Scotland, can accommodate one or two Boarders, either male or female, whose habits or state of mind require some slight looking over and restraint. His house is situated in a locality which for quietness, beauty of scenery, healthy and salubrious air cannot be surpassed. It is twenty miles from any town. The use of a pleasure-boat, if required. Information as to terms, &c. may be obtained by applying (free) to the publisher of the "Medical Circular," 128, Strand, London.

## Bass's East India Pale Ale.—That

large portion of Medical Men who use and recommend this celebrated Ale, as supplied from our Stores, are informed that the October Brewings are in excellent condition, in Casks from 18 Gallons upwards. In the usual Wine-bottles and Imperial Pints, a good stock of Last Season's Ale can still be selected from. Much Beer being sold for BASS'S which is not brewed by them, every Bottle sent out from our Stores is sealed and labelled, and every cork banded with our names.

BERRY BROTHERS & Co.,  
3, St. James's-street, London.

## Champagne, 36s. per dozen, in One-

DOZEN CASES.—This really fine Wine in splendid condition, and undistinguishable from that charged double the price, is to be obtained only of H. WARREN & Co., who, being the *bona fide* Importers of French and German Wines direct from the vineyard, offer them at unexampled low prices. CLARET, 30s.; Bock, 36s.; MOSELLE, 36s.; PALE SHERRY, 33s.; OLD PORT, 34s. Orders per post, containing a post-office order, will receive immediate attention.

H. WARREN & Co., 302, Regent-street, London (nearly opposite the Polytechnic Institution).

## Graham & Company's Carbonated

SOLUTION OF SARSAPARILLA.—The invaluable medicinal properties of Sarsaparilla are too well known and appreciated to require any comment. This preparation will be found the most agreeable and efficacious mode of exhibiting the medicine, being in the form of a delicious and refreshing beverage. It is prepared from the best Red Jamaica Sarsaparilla, only by GRAHAM & Co., late BEWLEY & EVANS, Chemists, &c., at their Mineral Water Manufactory, 55, BERNERS-STREET, LONDON. Each bottle is secured by a patent metallic clasp, without which none is genuine.

Soda and other Mineral Waters, Lemonade, Lemon-flavoured Soda Water, &c. G. & Co's Shaving Paste, unequalled for richness and durability of lather.

Agent for Brighton, Mr. H. B. Muriel, Marine Parade.

## W. Twinberrow begs to draw the

attention of the Medical Profession to his

### EXTRACT OF INDIAN HEMP,

Prepared expressly for him at Calcutta, its peculiarly sedative properties being so beneficial where opiates are inadmissible; also to his

### LIQUOR TARAXACI AND MEDICINAL EXTRACTS,

Prepared from the fresh plant (*Hyoscyamus Niger*, *Conium Maculatum*, *Atropa Belladonna*, *Cotyledon Umbilicus*, &c.), all of which contain the properties of the fresh juices unimpaired in their manufacture.

W. T. has just received a supply of Indian Bael (*Egle Marmelos*), now being so much recommended for Dysentery and Diarrhoea.  
2, Edwards-street, Portman-square.

## JOHN HARVEY, NEPHEW AND SUCCESSOR

TO THE LATE

### ANDREW SPRINGWEILER,

No. 2, Duke-street, Smithfield, London,

## Medicine Chest and Dressing Case

MAKER. Ship Medicine Chests according to Act of Parliament. EMIGRANT CHESTS, &c. for all Climates.



Chemical and Plate Chests, Toilette, Jewel, Liqueur, and Sample Cases, Writing Desks, Despatch Boxes, &c., &c.

Wholesale and for Exportation.—Warranted to stand any Climate. It having been reported that the business has been removed, J. H. begs to inform the Medical Profession, that he, as Executor and Successor to the late A. SPRINGWEILER, solicits a continuance of their patronage.

## New Truss for Hernia.—F. Walters

begs to call attention to his NEW TRUSS, with improved water-pad. The advantage of water is, extreme softness and the certainty of the pressure being always in the proper place. This truss has received the approbation of the most eminent surgeons, many of whom pronounce it the most perfect ever yet produced. F. W. can, therefore, confidently recommend it to all those requiring such assistance. Manufactured only by F. Walters, of whom can be had the new double action Cycloidal Enema Syringe; also Walters's celebrated Railway Convenience for Ladies and Gentlemen.  
—F. Walters, 16, Moorgate, City.

## Prices of Medical Bottles, best

quality, at F. and S. WINDSOR'S, 37, BARTHOLOMEW-CLOSE, CITY.

6 OZ. & 8 OZ. GREEN, 10s. per Gross.

FLINT GREEN, 6 OZ. & 8 OZ., 11s. per Gross.

1½ OZ. PLAIN PHIALS, 8s. per Gross.

1½ MOULDED, OCTAGON, or ROUND, 8s. 6d. per Gross.

### WASHED READY FOR USE.

Every requisite for the Surgery supplied to order.  
Price Lists forwarded free on application.

## Argyll Baths, 10, Argyll-place,

REGENT-STREET,

AND AT 5, NEW BROAD-STREET, CITY.

TERMS:

WARM BATHS—ONE SHILLING EACH.

Reserved Rooms, including the Ladies' Department, One-and-Six-pence each; Twenty-one Transferable Tickets, One Guinea.

Vapour, Sulphur, and Harrowgate Baths, 3s. 6d. each—8 for 21s. Hot Air, Mercurial, and other dry Fumigating Baths, 5s. each—6 for 21s.

Portable Warm Baths sent out within ten miles of London. Single Bath (with hot linen, &c.), within one mile of Argyll-place, 5s.; every additional mile, 1s. extra.

An idea may be formed of the capacity of these Establishments when it is stated that upon their erection and completion upwards of £30,000 has been expended, and that at each place one hundred Baths can be given in an hour.

## NO ACT OF PARLIAMENT REQUIRED TO SETTLE THE BOTTLED-BEER QUESTION.

## Earle Brothers & Co. beg to inform

the Public that they have made arrangements to sell Bass's or Allsopp's Pale Ale and other Pale Ales of the first quality, genuine Dublin Stout, in Bottles manufactured expressly for them, containing the full IMPERIAL QUART and PINT MEASURE, at the following prices:—

	s.	d.
Bass's or Allsopp's best Pale Ales,		
at per Dozen Imperial Quarts	8	0
Ditto ditto Pints	4	6
Genuine Dublin Stout, warranted of the first quality—		
per Dozen Imperial Quarts	7	0
Ditto ditto Pints	4	0



EARLE BROTHERS & Co., guarantee their Ales and Stout to be of the finest quality, and earnestly invite the Public to avail themselves of the great saving they will make by honouring this firm with their patronage.

EARLE BROTHERS & Co. call the attention of the Public to the important fact, that they are offering

Three Gallons—that is One Dozen and a Half of the present mis-called Quarts and Pints—for a Lower Price than the public is now paying for Two Gallons, or One Dozen of precisely the same article, identical in quality, and brewed by the same eminent firms.

The advantage to the Public is one-third more for the same price.

The Public has loudly complained of the short measure it has been the practice of the dealers in Bottled Beer to give.

EARLE BROTHERS and Co. offer the Public a complete remedy, and respectfully beg the Public to avail themselves of it.

### TERMS, CASH.

	s.	d.
Bottles charged per dozen Quarts	3	0
Ditto ditto Pints	2	6

Full credit given for the Bottles when returned.

EARLE BROTHERS AND Co.,

Wine and Beer Merchants,

4, DUNCANNON STREET, TRAFALGAR SQUARE, LONDON.



## The Medical Circular.

WEDNESDAY, JULY 20, 1853.

### MEDICAL RELIEF TO THE SICK POOR.

AN interesting debate, of which a report is given in another column, has recently taken place in the House of Commons, on the subject of Medical Relief. The discussion was initiated by Mr. Miles, who proposed certain alterations in the existing system, with the view of removing many of the grievances of which the Medical staff have complained, and, at the same time, extending the sphere of their services. He objected to the duty enjoined on the Medical Officers of reporting their cases to the Boards of Guardians,—bodies of men wholly unqualified to judge of the truth or value of such Reports, or to extract from them any profitable conclusions. We apprehend that these Reports are chiefly intended to operate as a check on the Medical Officers, by affording evidence of attendance in case of complaint; on the same principle that the clergy were required, at the time of and since the Reformation, to write out their sermons previous to delivery, that they might be the more readily condoned, or convicted, on the charge of false doctrine. The same results inevitably follow the practice in both instances—that reports and sermons written with such an object become equally worthless.

To obviate this absurdity, Mr. Miles proposed the appointment of a Medical Inspector, in whose knowledge and judgment the Medical staff would repose confidence, and with whose instructions they would readily comply. We cordially agree with Mr. Miles in this proposition, and we are quite satisfied that the large majority of the Union Officers will give him their support. But we go further. We desire that Medical relief shall be separated altogether from general relief, and administered by a separate Board, under—not a *Medical Inspector*, but a MEDICAL DIRECTOR, provided with a small staff of inspectors to carry out the details of administration. We are convinced that no reform of the system of Poor-law Medical relief can stop short of this result, and we recommend its consideration to Mr. Miles, who evidently holds enlarged views on this important subject.

This gentleman seems, indeed, to have a foreshadowing of such a change, for he advises that Medical relief should be extended to the entire body of the sick poor. Doubtless a line will be drawn between those admitted to the right of relief, and those excluded therefrom, founded either upon the amount of wage received, or of rent paid; and, after that, the usual order might be dispensed with, as an unnecessary form, now, too often, occasioning delay as cruel to the suffering poor as productive of annoyance to the Medical Officer. But, before this comprehensive system of relief can be with justice adopted, the payment for medical

service must be removed from the local funds, or, at least, determined by a fixed per centage on the amount of rates collected for general relief. With this proviso, we approve of the proposition.

Two other points in the speech of Mr. Miles also deserve our attention. He recommends that the Boards of Guardians should supply the drugs, with which we agree, but we cannot so readily assent to his objections to the expenditure for “extra diet.” The Medical Officers ought not to be subjected to any restrictions in prescribing aliment for the sick poor, for, in many cases, food and physic mean the same thing, and it is impossible to restore health without an adequate supply of stimulating beverages and nourishing diet. Wine and mutton in such circumstances become the most important resources of the practitioner; and, to deprive him of the right to administer them, is to destroy his patient. We presume that Mr. Miles conceives that nourishing food is often prescribed in lieu of expensive medicines, which is an imputation on the integrity of the Medical Officers which we cannot allow, and that by arranging for the supply of drugs by the Boards of Guardians, instead of the Union Surgeons, he is removing the temptation,—an alteration of which we approve, not, however, from such premises, but from grounds of equity towards the Medical Officer. These are the principal points comprised in Mr. Miles’s speech, and, regarded in the aggregate, they prove that he is a man who has an intimate acquaintance with the subject, and is animated by just and comprehensive views.

The reply given to these propositions by Mr. Baines, was rather an exposition of what had been recently done to improve the established system than an attempt to counteract the necessity of further ameliorations. We are gratified in being able to compliment Mr. Baines on the success of his administration, but we should have been better pleased if he had recognised the importance of some of the changes advocated by Mr. Miles. Perhaps the circumstance of being either *in office*, or *out of office*, as influencing the sense of responsibility, tends considerably to modify policy and opinions. Mr. Baines in office, is, undoubtedly, a wise and liberal administrative reformer, and we hope that, when out of office, he will prove to be as enlightened a statesman. We have great confidence in his superior abilities.

The President of the Poor-law Board informs us, that since 1838, the cost of medical relief has increased from £136,000 to £212,050, and that since 1840, the amount paid in “extra fees” has risen from £5,499 to £30,727. These figures evidence a considerable improvement. We find also that the number of Medical Officers has increased from 2,091 in 1838, to 3,233 in 1852. Mr. Baines further assures us, that the Poor-law Board has invariably resisted any reduction of the salaries of the Medical Officers, when an attempt has been made to lower them by the Boards of Guardians. This intelligence is satisfactory, and proves



that the Chief Commissioner sympathises with the Medical Officer, and appreciates his valuable services.

We cannot, however, allow any validity to Mr. Baines's arguments, when he tries to prove that there is no necessity for a Medical Inspector, by appealing to the custom of the Board of submitting disputed medical questions to some qualified physician or surgeon enjoying the privilege of its confidence. These secret judgments are repudiate. The medical referee, whose opinion may deprive a man of office, credit, and bread, should be publicly authorised to determine such cases, and thus made to act under the full consciousness of personal responsibility. Under the present system, a Medical Officer against whom a complaint is made, is required to send in a counter-statement to the Board; and, as it appears from Mr. Baines's statement, that document is then submitted to some unknown medical friend of the Commission, upon whose judgment the Medical Officer is either dismissed, censured, or acquitted. This is a sort of Star-chamber Commission, and is repugnant to every principle of equity and good policy. We hope it will be amended by, at the least, adopting Mr. Miles's proposition of appointing a "Medical Inspector."

We shall revert to other important topics connected with this debate on another opportunity.

#### THE NAVAL ASSISTANT-SURGEONS.

MR. BRADY put a question to the Secretary of the Admiralty a few days since, inquiring whether any change was likely to be made in the position of the Junior Assistant-Surgeons of the Navy, and we regret to state that the only answer that could be extracted was, that the Secretary believed much improvement had already taken place. This is an evasion of the question, and bodes delay, official opposition, and neglect. We know what has been done, and we grieve to say there is very little to be thankful for. We want to know what it is intended to do? In short, will the Board of Admiralty take the proper steps to supply the Junior Assistant-Surgeons with a separate cabin, and to give them the dignity of ward-room officers?

Mr. Bernal Osborne's answer should be the signal to the Profession to send up petitions to the House of Commons from all quarters of the country, urging upon the legislature the necessity, nay, the decency, of raising the status and increasing the accommodation of the Junior Assistant-Surgeons.

#### THE CHARING-CROSS HOSPITAL.

It having been announced by our contemporary, the "Medical Times and Gazette," that the College of Surgeons had withdrawn their recognition of the Medical School at this Hospital, we are authorised to state that such announcement is incorrect. The dissensions that have recently occurred in this School must be regarded with regret; and it gratifies us, therefore, to be enabled to state that, in compliance with the requirements of the

College, the Board are about to make such alterations as will render this institution more valuable than heretofore as a place of professional instruction.

#### BENEVOLENCE.

The aid of the profession is earnestly solicited on behalf of the widow and five orphan children of a surgeon, lately deceased, after struggling against ill-fortune for several years. They are unfortunately left in a state of utter destitution, the policy on the life of the deceased, which was for a small amount only, having been forfeited by an inadvertent neglect of one of the clauses. To add to the misery of the poor widow, all her orphans are now lying on a sick bed, prostrated by fever. It is earnestly hoped that the profession will respond to this appeal, so that means may be obtained to place the suppliant in a small way of business. Subscriptions, addressed to F. J., will be received at the "Medical Circular" office.

### Mirror

OF

#### PERIODICAL LITERATURE.

(From the "Monthly Journal of Medical Science," July, 1853.)

#### CONTRIBUTIONS TO OBSTETRIC PATHOLOGY AND SCIENCE.

Professor Simpson publishes an article in this number, on the "Duration of Human Pregnancy," showing its frequent irregularity and occasional protraction. We quote, as follows, some of his most important tables and observations:—

"Three authors,—Dr. Merriman, Dr. Murphy, and Dr. Reid, have each published a long series of observations from their own practice, to show the date of delivery as calculated from the last day of the catamenial discharge. Dr. Merriman gives as data for making this calculation, the dates of the birth of 114 mature children, calculated from the day on which the catamenia was last distinguishable, but not including that day. Dr. Murphy's analogous cases amount to 168; and Dr. Reid's to 500. In the following table I have attempted to bring into a comparative view the results obtained by these three physicians in the 782 cases upon which their observations are founded. The table shows in divisions of weekly periods the date of delivery of these 782 patients, as calculated from the last day of the appearance of the last catamenial discharge in each individual:—

#### "DATES OF DELIVERY, CALCULATED FROM LAST DAY OF CATAMENIA.

Weeks.	Days.	Merriman.	Murphy.	Reid.
37th	From 252nd to 259th	3	12	23
38th	... 260th to 266th	13	14	48
39th	... 267th to 273rd	14	27	81
40th	... 274th to 280th	33	28	131
41st	... 281st to 287th	22	39	112
42nd	... 288th to 294th	15	21	63
43rd	... 295th to 301st	10	25	28
44th	} ... 302nd to 326th	4	2	14
and upwards.				
		114	168	500

"One circumstance accounting, no doubt, for much of the apparent irregularity or instability in the duration of pregnancy, as shown in the above tables, in the cases prolonged to the fortieth week, or beyond it, is the fact that, though impregnation usually takes place within a very few days after the last catamenial discharge, it ma



not necessarily do so. For conception may in fact occur at any date previous to the recurrence of the next menstrual period. This gives an uncertain limit for the actual date of impregnation of twenty-two or twenty-three days—the average interval between two menstrual periods. But the possibility of variation from this circumstance will by no means account for the great amount of variation in gestation which is so frequently observed. For, there has now been recorded a long comparative series of observations upon the duration of pregnancy among our domestic animals, and particularly upon the cow, in which these sources of variation and fallacy with regard to the length of gestation, were avoided by the fact that the exact day and date of impregnation in these experiments, from a single intercourse with the male, were in each instance accurately noted and fixed. Thus Lord Spencer has reported the date of delivery in 754 cows, in which the day of impregnation from a single coitus with the bull had been carefully registered. M. Tessier had previously published 572 observations of a similar kind upon the same animal. If we omit a number of cases in each of these two series of observations, in which delivery supervened earlier than the thirty-seventh week, we have the results of Lord Spencer's and M. Tessier's observations presented in the following table:—

“PERIODS OF GESTATION IN COWS.

Weeks.	Days.	Spencer.	Tessier.
37th	From 252nd to 259th	12	6
38th	... 260th to 266th	4	8
39th	... 267th to 273rd	2	51
40th	... 274th to 280th	124	166
41st	... 281st to 287th	392	202
42nd	... 288th to 294th	175	105
43rd	... 295th to 301st	16	27
44th and upwards.	... 302nd to 321st	7	7
		751	572

“This table shows that in the cow, even when the day of impregnation was fixed and ascertained, the period of delivery was still very far indeed from being quite stable and determinate.”

Dr. Simpson then gives the following interesting table, compiled from Dr. Reid's observations:—

“PERIODS OF FORTY DELIVERIES IN HUMAN MOTHERS, IMPREGNATION BEING CALCULATED FROM A SINGLE INTERCOURSE.

Weeks.	Days.	Total Number of Cases.	Per Centage.
38th	From 260th to 266th	5	12·50
39th	... 267th to 273rd	7	17·50
40th	... 274th to 280th	18	45·00
41st	... 281st to 287th	6	15·00
42nd	... 288th to 294th	4	10·00

“This table shows that in the human subject, and with the day of impregnation known, pregnancy in nearly one-half, or in 45 per cent., extended from 274 to 280 days; that in 15 per cent. it was protracted from the 281st to the 287th day; and in 10 per cent. it was prolonged from the 288th to the 294th day. Three only out of these 40 cases, or 1 in 13, were delivered on the 280th day after conception. Seven, or 1 in 6, were delivered on the 27th day.”

The cause of the determination of the period of parturition is thus treated:

“The cause why parturition generally comes on in the human female from the 274th to the 280th day, has been much debated among physiologists and accoucheurs; and perhaps a knowledge of it may be ne-

cessary before we can understand all the circumstances which lead on to the frequent irregularities and occasional prolongation of pregnancy. All the explanations, which, as far as I know, have been hitherto offered on this subject, such as those that refer the excitation or supervention of labour to the development of the body of the uterus, to the state of the cervix, to the state of the ovary, to the state of the foetus, &c., will, I believe, be found untenable. And I would venture to suggest that, in the human female, the exciting cause of parturition is to be traced to changes going on, or rather accomplished, between the uterus and its deciduous lining;—which changes lead to parturition when they have proceeded so far as to effect the necessary amount of disintegration and separation between the relatively attached surfaces of the uterus and decidua. In these communications I may take another opportunity of stating the different facts which seem to me to bear on this view of the question, and show more particularly the changes in the structure of the decidua (both *vera* and *serotina*, but especially the former), and in particular of its outer or attached surface, to which I allude. Let me, in the meantime, merely observe, that these changes in the connection between the decidua and uterus seem of a nature analogous to the so-called fatty degeneration, which occur in effete and worn-out structures in other parts of the body; and that we artificially imitate these changes and their effects in inducing premature labour, when we separate the membranes from the interior of the uterus with the finger, or the sound, or when we inject water into the uterine cavity, &c. These changes of textural degeneration and detachment are not necessarily accomplished with precision to a certain fixed day; and hence, we believe, the very great irregularity which we have seen in the preceding tables to exist in relation to the time at which parturition supervenes after impregnation. In Lord Spencer's and M. Tessier's tables, we have evidence of the extreme irregularity of the period of utero-gestation, and the comparative frequency with which anormal protraction of gestation occurred in a series of experiments which, it must be remembered, were limited to about 1,300 cases only; and when we call to mind, at the same time, that in Great Britain alone, some 600,000 cases of human gestation and parturition take place annually, we cannot avoid concluding, that irregularities and anormal protractions in human gestation might be found in obstetric practice far more frequently than the profession generally suppose, provided the circumstances bearing upon this point were always duly and properly investigated.”

(From the “Lancet,” July 16, 1853.)

A FEW REMARKS UPON THE ORGANIC MUSCLES OF THE URETHRA.

Mr. Jabez Hogg makes the following communication:—

“Finding that difficulty is occasionally experienced by anatomists in dissecting out the organic muscular fibre, and having only lately received a request to furnish the plan adopted by my friend, Mr. Hancock, and myself, in our investigations made for the purpose of showing the distribution of this very interesting structure, you will do me the favour to find a place for the following remarks upon the subject:—

“Slit up a fresh urethra, throw down the flaps, and put them upon the stretch by pinning them down to a piece of cork. Having carefully dissected off the first or mucous coat, we come to a second or firm substratum of elastic cellular tissue; beneath this, we have a grayish layer, which with the unassisted eye, may be seen to be of a different structure to the former, and will be found to be the muscular coat. Take a very small piece, and *tease* it out with fine needles in a drop of water, previously placed on a slip of glass; ten or fifteen minutes will be required to break this up for examination under a power of not less than 250 diameters; to develop the nuclei and render them distinct, a drop of very dilute acetic acid will be a necessary addi-



tion. The parts in which the muscular fibre may be more readily found are, the prostate, and the glans penis; in other portions of the urethra they degenerate, as in the other tissues, with age, from defective nutrition, assuming at times the form of minute granules, which evidently consist of oily or fatty matter, from their solubility in ether, and yielding to analysis a large quantity of fatty matters; at other times we have the wasting peculiar to a cessation of some of the functional uses of the part, or a conversion of it into the fibro-cellular tissue. This is indicated by an examination of the urethrae of young persons, even as early as fetal life; the muscular fibre may be then more readily found and traced throughout the whole extent of the canal, as shown by Mr. Hancock, in his book on the "Urethra;" and the nuclei will be observed to be at this period of a much larger size than in after life. Beneath and distributed amongst the muscular fibre we see filaments of nervous matter, which appear freely supplied to the whole organ, commencing with the glans penis. We likewise have a closely-set network of absorbent vessels."

From the "Medical Times and Gazette," July 9, 1853.

CASE OF LARYNGEAL DISEASE IN WHICH THE OPERATION OF TRACHEOTOMY WAS PERFORMED.

The interesting case forming the subject of the present communication is reported by Mr. Henry Smith. He says:—

"I was requested by Mr. Hunt, of Alfred-place, to meet him and Dr. Theophilus Thomson on the evening of March 11, in the case of a gentleman, aged 27, who was labouring under a serious attack of disease of the larynx, as it was deemed probable that surgical interference might shortly be necessary. On arriving at the residence of the patient, we found him sitting up in a chair, breathing with considerable difficulty, the acts of inspiration being accompanied with a loud stridulous noise, indicating obstruction in the entrance to the windpipe. The articulation was indistinct and difficult, the pulse was frequent and irritable, and the general system appeared to be suffering much; considerable pain was experienced when pressure was made on either side of the thyroid cartilage. It appears, that this gentleman had been suffering more or less with catarrhal attacks for some weeks previously, in which the mucous membrane of the nasal passages and the fauces had been chiefly involved. He had, however, nearly recovered from one of these attacks, when he imprudently exposed himself to the cold evening air four days before I was summoned to him. On the day following, symptoms of laryngitis somewhat suddenly appeared. Mr. Hunt was called in, applied counter-irritation to the throat, and exhibited calomel and antimony; but after three days and nights of variable suffering, the disease became aggravated, and the assistance of Dr. Thompson was sought. He considered that there was serious mischief in the larynx, and at first entertained the idea that an artificial opening in the windpipe would be necessary, but thought that it was a case which might be benefited by the local application of nitrate of silver. A strong solution was applied to the glottis by means of the sponge and probang. Much temporary distress was produced by this measure, which was adopted a few hours prior to my being sent for. On consultation together, it was deemed by each of us that the symptoms, although indicating serious inflammatory mischief in the larynx, were not sufficiently urgent to call for the immediate performance of tracheotomy; but it was considered prudent that I should remain at hand prepared to execute it if necessary. The treatment which had been employed was still carried on."

The symptoms becoming very urgent, and suffocation threatening, it was thought necessary to perform the operation. Mr. Smith thus describes the procedure:—

"It was my wish that some chloroform should be inhaled by the patient, and Dr. Thompson cautiously

administered that agent, but its influence was different to what was expected; insensibility was not produced, and the respiration, instead of being tranquillised, became more laborious, frequent, and spasmodic; the face became more livid than it was before; the muscles of extraordinary respiration were thrown into violent action; the sternomastoid on each side stood out in bold relief, thereby deepening the fossa of the neck. Without delay, I cut deeply through the tissues over the lower part of the trachea, separated the muscles with the point of the finger, made a hit at the tube, and fortunately opened it in the middle line without wounding any vessel of importance. Some mucous and blood obstructed the opening at first, and, for a few moments, the patient appeared to be in a most critical position; the pulse sank, the face became livid, and the respirations almost entirely ceased, but cold water was dashed violently over the chest, and the orifice in the trachea was kept patent by the handle of the scalpel. In a short time, the breathing became more free, and in a few minutes the alarming symptoms went off, and I was enabled to insert an ordinary silver canula, upon which the relief was immediate. I do not think that more than half a minute elapsed from the time the operation was commenced until the incision was made into the trachea."

The further history of the case is thus recorded:—

"During the day, the relief continued most striking; the patient even became jocose. He partook freely of beef-tea and wine. A grain of calomel was given every four hours, and a full opiate was exhibited at night. About 4 a.m. on the 13th, the patient, after having been calm, hastily jumped out of bed before he could be restrained, had a copious evacuation from the bowels, which had been acted upon by the calomel several times, with difficulty got back into bed, and rapidly became delirious. He tossed about from side to side, the brow became fiercely knitted, the eyes stared wildly, and he dashed me away from him with all his strength, and appeared to be rapidly sinking. I examined the tube, and finding that the air did not readily enter, passed a probe through it, and brought away a pellet of hardened mucus, when these distressing symptoms subsided, the delirium ceased, the patient became calm, and shortly fell asleep. At six, Dr. Thompson and Mr. Hunt joined me, and the patient continued pretty well; but, just as we were about to separate, another seizure of the same description, but less distressing, occurred; the tube was again examined, and another pellet of mucus was removed. Air entered pretty freely, but it was evident that there was obstruction, and it now became a question as to whether the tube should be removed or not. I was somewhat fearful, from previous experience, that if the tube were removed, there would be a difficulty in re-inserting it, and that in the critical state of the patient he might be destroyed if any such difficulty should present itself; the other gentlemen felt the same; therefore, I requested the opinion of Mr. Fergusson. Before this gentleman arrived, the patient had again become better, had fallen asleep, and awoke sensible, and stated that he felt more comfortable. However, Mr. Fergusson, on carefully examining the patient, considered that it was necessary to remove the tube. It was, therefore, taken out, and on examination was found to be partially blocked by viscid mucus. Fortunately another was inserted without difficulty, care been taken to keep the edges of the opening in the trachea apart by means of two blunt hooks. The breathing now became quiet, and the countenance lost its livid appearance; but another source of danger presented itself; for within the last few hours excessive swelling of the upper part of the neck had come on, and an erysipelatous redness was diffusing itself over the chest below the wound. Large quantities of wine, beef-tea, and chloric ether were given, and the patient was most assiduously watched. A stick of nitrate of silver was drawn over the margin of the inflamed skin. The calomel was omitted."

"14th —The patient had some nice sleep during the



night. The countenance is more natural; the erysipelas has not spread beyond the line of the nitrate of silver; there is a great deal of irritating cough, and a considerable discharge of mucus from the wound. At mid-day, the patient had a sudden attack of difficulty of breathing, which rendered it necessary to remove the tube; it was cleaned and re-inserted, upon which the breathing became calm, and the irritation was lessened. Beef-tea, wine, and other stimulants are freely given.

"15th.—After taking a dose of laudanum last night, he had some sleep; and this morning he feels better. Pulse 100, full, and soft; respirations easy, 18 in the minute; tube cleaned, and re-inserted.

"16th.—Not so well to-day; there have been violent paroxysms of cough, and an immense discharge of purulent matter from the wound; he consequently passed a bad night, and is irritable and depressed. The erysipelas has again begun to spread over the chest, and has reached the right axilla. The tube was removed from the trachea, and left out for a short time, and the irritating cough ceased; tube cleaned and re-inserted; opium, wine, and beef-tea are freely given.

For several days after the patient continued to be in a doubtful state, distressing dyspnoea occasionally coming on, and requiring the removal and clearing of the tube, but he eventually did well. We find it repeated on the 1st of May:—

"The patient has been enabled to take carriage-exercise continually, and has been doing well until the last few days, when he has been thrown back in consequence of a domestic misfortune. The tube is worn with great comfort. There is occasionally a considerable secretion of thick pellets of mucous from the trachea. Dr. Thompson has carefully inquired into the condition of the larynx by means of the stethoscope, and is of opinion, from the noisy sound heard during respiration over the glottis, that there is still considerable narrowing at the entrance of the tube; consequently it has been determined to put the patient fully under the influence of mercury again; accordingly he is taking it twice daily."

(July 16, 1853.)

#### NOTES OF LECTURES ON SURGERY, DELIVERED IN THE THEATRE OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Mr. Skey, the lecturer, thus expatiates on the subject of muscular action:—

"We are liable to under-estimate the force of muscular contraction. We rather gauge its power by the daily action of the muscles, without recollecting its immense dormant force employed on occasion. Conclusive evidence of the contractile power with which Nature has endowed muscular fibre may be obtained from the contemplation of the varieties of the lever adopted, and in which that of the third class largely predominates; while the close proximity of the power to the fulcrum in every example is indispensable to the form and outline of the extremities while in motion. By the third lever, power is sacrificed to velocity. By such adaptation, the contraction of the biceps to the extent of two inches will bring the hand up to the face; the rectus femoris contracting four inches will extend the leg from the bent to the straight position. If so, surely muscles possess enormous power beyond their apparent requisitions.

"The opinion generally prevails among physiologists, that the muscles, in order to accomplish their purposes in the economy, contract to one-third of their length. I believe this opinion to be an erroneous one, in evidence of which I will take examples of the muscles acting as levers of each class. Of the first I select four,—the complexus, the sterno-mastoid, the triceps extensor cubiti, and the semi-tendinosus. If we compare the length of these muscles with their capacity for contraction, we shall find them, when in full action, to be shortened only to about one-sixth or one-seventh. The two sterno-mastoid muscles act in unison only when raising the head from the

horizontal position. When in the upright posture, they always act in conjunction with the opposite splenius in rotating the head on the spinal column. The length of this muscle is ten inches. It contracts about one inch and a half. The triceps is eleven inches long. It contracts an inch and half. The semi-tendinosus, semi-membranosus, and biceps, are eighteen inches in length. They contract, while employed as levers of the first class, about two inches. The gastrocnemius and soleus, as levers of the second class, contract to about one-fifth. Among levers of the third kind, there are very few that contract to one-third, the majority to one-fourth only. The fact is illustrated strongly by the flexors of the leg, as they are called, which, embracing two articulations, act as levers both of the first and third class. As levers of the first class, they contract about one-eighth only; while, in the other capacity, they contract to one-fourth. I should say that, according to the leverage, the muscles contract one-seventh, one-fifth, and one-fourth.

"Much has been written on the subject of the power exercised by individual muscles. It is a question of more difficulty than appears at first sight. In the case of the biceps cubiti, for example, it is exceedingly difficult to gauge the exact conditions of the lever. The fulcrum is in the elbow-joint, but is diffused over a surface—as is also the power—at the tubercle of the radius, which occupies half an inch of the length of the bone. Again, we have the uncertain contribution of the brachialis muscle, which, in flexion of the arm, is very large, on account of its diffused insertion; and, lastly, the fibrous expansion produced from the tendon of the biceps forms another element of difficulty and uncertainty in calculating the respective forces of these muscles. The first element in any calculation is a thorough knowledge of the muscles under inquiry. Borelli calculated the power of the biceps and brachialis muscles, supporting a weight placed in the hand of 28lbs., at 560lbs. Now, the force of these two muscles is brought into operation most efficiently when the arm is bent at a right angle. A strong man will support a weight of 56lbs.; and, calculating the relative distances between the power and the fulcrum—*i.e.*, the tubercle of the radius to the elbow-joint, and the tubercle and the roots of the fingers, or the weight—the power of these conjoint muscles in supporting a half-hundred weight is about  $5\frac{1}{2}$  cwt., or from 550 to 600 lbs. But Borelli asserts it to be 1,120lbs. The fallacy is based on a complete misappreciation of the action of the muscle. [The Professor exhibited by a diagram the train of reasoning adopted by Borelli in calculating the force of this particular muscle, which, though true mathematically, failed in its anatomy.] In the year 1849, I performed a series of experiments on the dead body, with a view to ascertain the force of contraction of the larger muscles. The inquiry into the power of the biceps was made as follows. A hole was drilled through the tubercle of the radius, at about a third from its lower end. A wire was passed through the opening, and was carried upwards, along the surface, or through the substance of the muscle, and under the acromion. The wire terminated in a cord, which passed over a pulley. Weights were applied to the hand, of increasing magnitude. The forearm was raised to a right angle by 20lbs.; 5lbs. required 70lbs. to raise it to a right angle; 7lbs., about 90lbs.; 14lbs. required 190lbs.; 28lbs., about  $3\frac{1}{2}$  cwt. The power exercised, then, in raising 56lbs. in the hand would be about 6 cwt. This power must be shared in somewhat unequal proportion between the biceps and brachialis.

"In the difficulty inseparable from our want of knowledge of the exact points of the power and the fulcrum, it would appear that this is the only form of inquiry from which we can draw any near approach to a satisfactory conclusion; and this only approximates to the truth. In the case of the biceps, Borelli examined the muscle with the arm extended, and then calculates its power as proportional to the distance between the fulcrum and the weight, and the fulcrum and the distance of the direction



of the muscle from it. The inference, then, is, that the power is equal to twenty times the weight,—a result which appears to me clearly disproved by the above experiment. I tried similar experiments with the deltoid, which, in raising the arm, acts with a force of 50 to 60 lbs. It will raise a weight of 7 lbs. with 150 lbs.; 14 lbs. with about 2½ cwt."

Mr. Skey relates similar experiments made on muscles of the lower extremities, and points out certain prevalent errors relating to the action of muscles.

## CONTENTS OF THE MEDICAL JOURNALS.

**Lancet.**—(No. III. Vol. II. July 16, 1853.)—LECTURES on some Principal Diseases of the Eye. Delivered at Guy's Hospital. By John F. France, Esq., Surgeon to the Eye Infirmary. Lecture VI. Practical Observations on the Nature and Treatment of the Diseases of Europeans on their Return from Tropical Climates. By James Ranald Martin, F.R.S. Observations on Anura' Heat. By Robert Cartwright, Esq. A Few Remarks upon the Organic Muscles of the Urethra. By Jabez Hogg, Esq., M.R.C.S., &c.—HOSPITAL REPORTS.—St. George's Hospital: Hamatemesis quickly Fatal. King's College Hospital: Adipose Deposit in the Muscular Fibrille of the Heart; Inefficient Action of the Organ; Anasarca and Ascites; Death; Autopsy. St. Mary's Hospital: Sporadic Cholera; Death; Autopsy. Guy's Hospital: Syphilitic Ulceration of the Fauces and Larynx; Impending Suffocation; Tracheotomy; Re-admission of the Patient after having worn the Canula for Six Years. (With an Engraving.)—REVIEWS AND NOTICES OF BOOKS.—Observations on the Nature and Treatment of the Asiatic Cholera. By Wm. Stevens, M.D., D.C.L. Oxon., &c. A Pathological and Practical Treatise on Epidemic Cholera; its History, Causes, various Forms, and Treatment. By O'B. Mahony, L.F.P., &c. Confessions of an Opium Eater. New Edition.—LEADING ARTICLES.—Mr. Heywood's Bill to Simplify the Procedure at Matriculation in the University of Oxford, and on taking the first or Bachelor's Degrees in Arts, Law, and Medicine, in the Universities of Oxford and Cambridge. Late Election at St. Thomas's Hospital: Singular Conduct of the Authorities. Dr. Hue and the Committee of St. Bartholomew's Hospital. Importance of a Registration Bill: Assumption of Medical Titles by Quacks and Impostors. What is Fraud? The Answers of the Board of Works and the Treasury.—MEDICAL SOCIETIES.—Royal Medical and Chirurgical Society: On Small-Pox and Vaccination: Analytical Examination of all the Cases admitted, during Sixteen Years, at the Small-Pox and Vaccination Hospital, London; with a View to Illustrate the Pathology of Small-Pox, and the Protective Influence of Vaccination, in Degrees varying according as the Vaccination has been Perfectly or Imperfectly Performed.

**Medical Times and Gazette.**—(No. CLXIV. July 16, 1853.)—ORIGINAL LECTURES.—A Course of Six Lectures on the Relation between Therapeutics and Pathology. Delivered before the Royal College of Physicians. By George Johnson, M.D., Lond., F.R.C.P. Lecture II. Notes of Lectures on Surgery. Delivered in the Theatre of the Royal College of Surgeons of England. By Frederick C. Skey, Esq., F.R.S., &c.—ORIGINAL COMMUNICATIONS.—Army Medical Reports. No. II. Case of Rupture of the Bladder. By Dr. J. W. Chambers, Surgeon 35th Regiment. On the Treatment of Contractions and Anchylosis of the Knee and Hip Joints by Forced Rupture. By Dr. Philip Frank.—HOSPITAL REPORTS.—St. Bartholomew's Hospital—Guy's Hospital—St. Thomas's Hospital—The London Hospital—St. Mary's Hospital: Cases of Cancer in Early Life.—EDITORIAL ARTICLES.—The Charter of the Royal College of Physicians. The Case of Criminal Abortion. Charing-cross Hospital.—Parliamentary Intelligence.—REVIEWS.—On the Pathology and Treatment of Acute Rheumatism. By James Alderson, M.D., F.R.S. Report of Dublin University Commission, with Evidences and Suggestions, etc. Plates of the Brain; or, Explanations of the Physical Faculties of the Nervous System. By Joseph Swan. An Apology for British and Colonial Medical Degrees. By A. Hall, M.D., Edin. The Landlord's and Tenant's Guide. By A. Cox.—PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals: Stricture of the Aorta; Upon Apoplexy of the Spinal Cord; New Observations upon the Histology and Genesis of Cancerous Growths; Chlo-

roform Inhalations and Injections of Air in Ileus; Veratrin in Acute Articular Rheumatism; Fatty Condition of the Grey Substance of the Brain in a Drunkard.—REPORTS OF SOCIETIES.—Newcastle and Gateshead Pathological Society: Tracheotomy for the Extraction of a Piece of Glass; Compound Fracture of the Elbow; Uterine Tumour.

**Association Medical Journal.**—(No. XXVIII. July 15, 1853.)—LEADING ARTICLES.—Letters to the Editor on the Sunday Question. The Branch Meetings.—ORIGINAL COMMUNICATIONS.—Impaction of the Rectum from Underground Wheat. By T. Inman, M.D. Local Treatment of Carbuncle and Furuncle. By Richard Flint, Esq. Treatment of Certain Diseases in Reference to their Present Character and Type. By C. M. Durrant, M.D. Case of Recovery after Compound Fracture of the Frontal Bone, and Loss of Cerebral Substance. By George Mallet, Esq.—ASSOCIATION INTELLIGENCE.—South Western Branch: Notice of Annual Meeting. Metropolitan Counties Branch: Notice of Annual Meeting. Shropshire Branch: Notice of Annual Meeting. Suffolk Branch: Annual Meeting; Members Present; President's Address; Letters from Absent Members; New Members; Cases and Communications; the Dinner. Lancashire and Cheshire Branch: Annual Meeting; Members Present; President's Address; Report of Council; Election of Officers; New Members; The Journal; Pressure in Cases of Aneurism. By T. Turner, Esq.; Mechanical Contrivances; Case of Doubtful Sex. By Dr. Nottingham; Malignant Diseases of the Eye. By Dr. Nottingham; Vote of Thanks to the President; The Dinner. Bath and Bristol Branch: Annual Meeting; Members Present; President's Address; Report of Council; Votes of Thanks; Election of Officers; Communications; The Dinner. Monmouthshire and South Wales Branch: Annual Meeting; Members Present; President's Address.

**Dublin Medical Press.**—(No. DCCLVIII. Vol. XXX. July 13, 1853.)—PROCEEDINGS OF SOCIETIES.—Royal Medical and Chirurgical Society: Perforating Ulcer of the Esophagus. Observations on the State of the Blood and the Blood-Vessels in Inflammation. On Primary and Secondary Fibrinous Deposits.—TRANSLATIONS FROM FOREIGN JOURNALS.—Perechloride of Iron as a Styptic. On the Employment of Iodine Injections in Chronic Dysentery. On a Variety of Fracture of the Trochlea of the Humerus.—SELECTIONS FROM MEDICAL JOURNALS.—Strychnia as Applied to Diseases of the Bowels. The Medico-legal Question of the Confinement of the Insane. Hydrate of Magnesia and Hydrated Oxide of Iron as Antidotes for Arsenic.—REVIEWS AND NOTICES OF BOOKS.—On the Pathology and Treatment of Acute Rheumatism. By James Alderson, M.D., F.R.S., Senior Physician to St. Mary's Hospital, &c.—LEADING ARTICLES.—Payment for Medical Services. Medical Periodical Literature. Table-turning: Letter of Professor Faraday.

## BOOKS RECEIVED FOR REVIEW.

Commentaries on the Surgery of the War in Portugal, Spain, France, and the Netherlands, &c. Revised to 1853. By G. J. Guthrie, F.R.S. Fifth Edition. London: Henry Renshaw.

## Hospital Reports.

### ST. MARY'S HOSPITAL.

*Sporadic Cholera.—Death.—Autopsy.*

(Under the care of Dr. CHAMBERS.)

The ravages made in this country by the epidemic cholera at two different periods, have stamped the very name of the disease with a character which inspires fear and dread. But this indiscriminate apprehension should not allowed to reign among the public, and people should be made to understand that the common English or sporadic cholera is very different from the epidemic, spasmodic, or algide, variety. Indeed, it is a great pity that both diseases bear the same name, and it has very justly been remarked, that the sporadic or English cholera alone deserves the appellation, as the dejections are always mixed with bile, and are principally owing to the presence in the in-



testinal canal of a large quantity of the same secretion. According to some authors the latter circumstance forms the actual and almost only distinction between the Asiatic and English cholera. The latter affection, if we may judge from the registrar's reports, has been pretty prevalent of late, and it has, in fact, been found that the summer and autumn are the seasons during which the disease is most likely to break out sporadically; it need hardly be mentioned that it may reign epidemically with the same mitigated form noticed in sporadic cases. We are happy to say that such an epidemic does not exist at the present time, but it would appear, both from the registrar's account and from what we have ourselves seen, that very severe cases, quickly followed by coma and death, are, at the present time, occurring pretty frequently. Those who see many of these sporadic cases must certainly be struck by the fact that the more severe the symptoms the more the disease resembles the Asiatic variety; cramps, vomiting coldness, and blueness of skin, are then all present, but the alvine evacuations, though very abundant, do not become so completely like rice water, as is almost always the case in the epidemic cholera. In illustration of this fact, we beg to adduce the following case, the notes of which were kindly furnished by Mr. Trotter, one of the resident medical officers of the hospital.

"F. B.—a stableman, was admitted May 25, 1853, under the care of Dr. Chambers. The patient's countenance was anxious, his complexion sallow, and he appeared much debilitated. It was stated that he had been in his usual health up to two days before he was brought to the hospital, when he was attacked with violent retching; some improvement subsequently took place, but the man felt unable to attend to his work. On the morning of admission the retching returned, and this symptom was this time accompanied by cramps in the limbs and violent purging.

"The man was placed into a warm bed, and small and frequent doses of calomel and opium were given. Early on the next morning the cramps became more violent, being present both in the limbs and abdomen; the surface of the body was cold, the pulse small but regular, and the features pinched. The purging continued, and the matters voided were becoming of a lighter colour, and more aqueous than they had been; the sickness increased, and the thirst was very intense. Towards the evening the surface became colder, and the hands and arms, though covered by the bed-clothes, were quite blue. The patient continued very restless, and, during the following night suffered much from cramp, more particularly in the arms. The blue tinge of the extremities became deeper, and the purging continued, but the sickness somewhat abated. At one o'clock in the morning of the second day the poor man had some sleep, but he soon awoke complaining bitterly of thirst and cramps, and died exhausted at five o'clock A.M., on the second day after admission.

"The treatment consisted principally of small and frequent doses of calomel and opium, enemata of the latter drug, and vapour baths. The patient had also strong beef-tea, wine, and ice, to quench the intense thirst. The autopsy revealed no abnormal condition of parts, except old standing emphysema of the lungs."

#### LONDON HOSPITAL.

*Case 19.—Large Cancerous Growth in the Forearm of an Infant.—Amputation.—Death.*

(Under the care of Mr. CURLING.)

"Henry Prescott, a fair-complexioned child, aged nine months. When born, he appeared free from disease; but when about six weeks old, his mother noticed a fulness in the front of the lower part of the right forearm. This gradually increased in size; and, after some time, the infant was, on account of it, made an out-patient, under the care of Mr. Wordsworth. The arm then presented a large, very soft swelling in the front aspect, just above the wrist-joint, where it was naturally fat. It was painless, and the overlying skin was not in any way reddened or

diseased; its boundaries could not be easily felt, yet there was an apparent sense of fluctuation in its centre. The child appeared in perfect health. The question as to diagnosis seemed at this time to be between a fatty tumour and a collection of synovia, either in the theca of the tendons, or an adventitious bursa. After a month or two had elapsed, and no diminution resulted, Mr. Curling was requested to see the case; and, under his direction, a puncture with a grooved needle was made into the middle of the swelling; excepting, however, a few drops of blood, nothing escaped. The puncture soon healed, and the swelling subsequently continued its slow and painless increase in size. In the beginning of June, Mr. Wordsworth made an incision deeply into the front of the tumour, by which a pale, soft, fibrous looking mass was exposed, but no fluid evacuated. The cut was about two inches in length, and in the long axis of the limb; it had the effect of liberating the growth from the fascia, by which it had previously been bound down; and was followed, in the course of a few days, by the projection into the wound of a large portion of it. In this condition it was obvious that some further operation must be adopted; and the child was accordingly made an in-patient under Mr. Curling's care, with that view.

"June 23.—*Condition at the Time of the Operation.*—The infant is well-grown for its age, and proportionably stout; it is plump and rosy, and presents the appearance of perfect health. The lower half of the front of the forearm is much distended, and presents a wound of considerable length, the edges of which are widely separated by a protruding mass of solid-feeling structure. This mass is divided by the incision into two lateral halves, and the whole exposed surface is covered with small, pale, pink granulations. The borders of the wound are not inflamed, and there is nothing of the fungating, sloughy, unhealthy appearance usually characteristic of a malignant sore. The immediate edges of the wound do not adhere to the growth, but over its sides the skin is firmly united to it. Chloroform having been administered, Mr. Curling commenced the operation by slicing off, for inspection, a portion from the front of the protruding mass. The section was of a pale grayish white, interspersed with much semi-transparent structure; it was very firm, sparingly succulent, and could not be broken down by pressure. In the opinion of those who examined it, the portion cut through did not resemble any known form of cancer, and Mr. Curling accordingly determined to pursue his original intention of dissecting out the tumour, instead of amputating the arm. The incision in the skin having been enlarged, the latter was, with some difficulty, separated from the mass beneath, to which it very closely adhered. On attempting, however, to get beneath the tumour, and to separate its connexion with the surrounding parts, the task was found to be almost impracticable. Not only did the growth, which was partly solid and partly cystic, adhere closely to the tendons, muscle, and periosteum, in relation with which it lay, but it was found to extend up the arm much further than had been suspected. It was evident, therefore, that its removal could only be accomplished by making very extended incisions, and a long dissection, at the risk of great injury to the parts concerned; and, under these circumstances, it was deemed better to amputate the arm. Mr. Curling accordingly commenced a circular amputation, immediately below the elbow, at a part supposed to be just above the limits of the tumour. On making the deep incision, however, it was discovered that the growth had extended itself yet higher, and that, consequently, the whole of it could only be removed by amputation above the joint. The latter operation was accordingly performed by the ordinary circular method, and as low down as possible. The stump having been dressed, the little patient, who had been quite unconscious the whole time, was sent back to bed. Although the operation had been somewhat prolonged, yet the quantity of blood lost had been but small. Mr. Curling remarked on the extreme advantage which had been derived from



the use of chloroform, by the aid of which it had been practicable to make two distinct attempts at the removal of the disease by less serious operations than that ultimately resorted to, without occasioning any pain, and probably without materially increasing the patient's danger.

After the effects of the chloroform had passed off, the child became very restless, and a draught, containing two drops of tincture of opium, was therefore administered, after which some quiet rest was obtained. On the following day, its condition was, however, not satisfactory; it was extremely restless, and apparently suffered much pain. The stump was not much swollen, but the edges of the wound did not adhere together, and were dry and unhealthy-looking. No food, excepting the mother's milk, was given, which, however, was freely taken.

During the next three days, the condition of the stump and of the child's general health remained much as before—the unfavourable symptoms, if anything, rather increasing. In spite of a free allowance of wine, the vital powers did not appear to rally. On the fifth day, there was a blush of redness about the stump, without, however, any material swelling; and on the following day the same condition was apparent over both ankles and feet.

From this time the patient rapidly sank, and died on July 30, a week after the operation.

*Examination of the Arm.*—The growth, which had defined borders and an irregular form, extended itself along the front of the forearm from the wrist to the elbow-joint. In the lower half of the forearm, it covered the whole of its width, adhering closely to both bones; while in the upper part it consisted only of a small tapering prolongation, firmly united to the front of the ulna. It appeared to have originated in the cellular tissue between the deep layers of muscles, and, though attached by dense fibrous connexions to the fascia, tendons, muscles, and periosteum adjacent to it, more especially to the latter, yet, with the exception of some portions of the muscles, none of these parts were in any way implicated in the diseased action. It was lobulated, and for the most part enveloped in a thin capsule of cellular tissue, which entirely prevented anything like infiltration among the surrounding structures, which were simply pushed aside. The larger portion of its mass consisted of a firm, tough, whitish structure, yielding but little juice, and much resembling that of a mammary glandular tumour. In its deepest portions, however, in the lower part of the forearm, where probably it had first formed, were numerous small cysts, containing from a few drops to nearly a drachm of thin bloody serum. The solid matters intervening between these cysts differed very much from the rest of the tumour, being softer, much more congested, and more succulent. It was, however, moderately tough, and could not be reduced to pulp by pressure. We should have stated, that several of the largest of these cavities were opened during the operation, and their contents, examined by the microscope, did not display any of the characteristics of malignancy. Mr. Curling informs us, that parts of the tumour itself were, after the operation, submitted to careful microscopic examination by Professor Quekett, who felt no hesitation in pronouncing it to be a variety of soft cancer, though containing a much larger amount of fibrous tissue than is common in that disease.

**HEALTH OF PERSIA.**—The last accounts bring fearful intelligence of the ravages of pestilence and fever in Astrabad, Mazraderam, and the Tureoma Desert. In one province the deaths from cholera number 150 daily. The Shah and court have fled to Imama. The towns of Shiraz and Surhan have been all but levelled to the ground by earthquakes, which destroyed 15,000 souls; and to add to the calamity, the Zaindowd has been dried up, and from its muddy bed a frightful number of locusts arose, scattering in swarms in all directions, to the great dismay of the inhabitants.

## The Anatomy of Quackery.

### QUACK MEDICINES,

#### THEIR HISTORY, COMPOSITION, AND QUALITIES.

##### NO. XXIV.

DR. SOLOMON'S BALM OF GILEAD, ANTI-IMPETIGINES, &c.

Many years ago, long before the modern steel pen had superseded the "grey-goose-quill," a certain descendant of honest Abraham might have been seen perambulating the towns and villages of the north of England, like many more of his brother Israelites, with a box of sealing-wax, peneils, pens, and Birmingham trinkets, which he assured the multitude he "vosh" determined to sell at "less than they cost him." There are, doubtless, some persons now alive, but "sinking into the sere and yellow leaf," who can recollect this worthy peripatetic. A few years since we met with such a party, and were much amused with the information he afforded us. He appeared to remember our hero well, and assured us that he "could recall his person and manners to his mind as vividly as if he had been a being of yesterday." We now avail ourselves of the statements thus received, as nearly as memory will permit, after the lapse of some few years. We are also indebted to two or three writers who flourished during the lifetime of our hero, for some of the particulars which we shall presently give the reader. It is often an unpleasant task to draw a pen-and-ink sketch of another, more especially when the party referred to is no longer living, and the incense of praise, or the flowers of regret, cannot be scattered over his tomb. In the present instance, however, we have no such mawkish affectation of feeling. The dead deserve no more sympathy than the living, when the "deeds done in the body" descend as a blight on their posterity. "The evils which men do live after them." The truth must be spoken, and justice done, even though it may damage the reputation which the departed most desired to attach to their names when dead. The life of the Jew pedlar just referred to furnishes a case in point. We are told that he was one of the dirtiest of the many "unwashed" who, in his day, populated the miserable garrets and cellars of Liverpool. His features, voice, manners, dress, were each characteristic of the man, at once betokening poverty, and the deceit, cunning, craftiness, and hollowness of the heart within. There was a gloominess, restlessness, chilliness in those sunken eyes—something that indicated the existence of thoughts, intentions, and desires, which the lips dared not, or feared to utter. He was a living enigma, which no one but "old time" and himself could possibly unravel. The subsequent career of our hero presents us with the solution. The trade of a pedlar in hardware, mosaic jewellery, pens, pencils, and sealing-wax, was not a successful one in his hands. The occasional sale of a Birmingham brooch for 5s., or a "real diamond-ring" for 2s. 6d. (the cost price of a dozen of them), was a slow method of making a fortune, and, withal, required both labour and perseverance to accomplish. Our hero had a dislike for them. He was rather fatuous than clever—idle than industrious—reckless than frugal—and, above all, was extremely ignorant. His mind rambled in search of an occupation without labour—riches without the trouble of earning them by honest industry. The success of quackery at length arrested his attention. He saw others—poor, ignorant, and unscrupulous, get "fat on it." He determined to try his hand at it. Why not? He was poor, ignorant, and unscrupulous, and could be as impudent as they were. His extreme poverty, however, held him back, and the difficulty of getting anything compounded in the shape of medicine that would cost "little," and "do neither harm nor good," further stood in his way. By the assistance of a druggist, obtained by stratagem, these obstacles were surmounted, and active business commenced. His first efforts, though in a small, very small way, proved success-



ful, and this success put further means in his hands of obtaining credit and the pecuniary assistance of some of his Israelitish brethren. At first these transactions were wholly in "silver," but at length the auriferous products of quackery began slowly to develop themselves. The power of gold, mighty gold, is irresistible; the prospect of enormous profits "opens up" the road to the most unprincipled and hazardous adventures. Our hero made overtures to several parties unsuccessfully. The gold mines of California and Australia had not then been discovered, nor even the present "age of iron" commenced. Others could not perceive those heaps of bullion far up the steep of quackery which he did. He at length met with an important auxiliary in a certain printer of Liverpool. This man agreed to devote one entire column of his newspaper to puffing our hero and his nostrums, at the low rate of half a guinea weekly. The payment was to depend on the sale of the medicine,—no sale, no pay; but "great success" was to bring a corresponding "bonus." The self-created M.D. now "brushed up" amazingly, obtained a new residence, forsook his "old chums," and assumed a new position in society, much in advance of his previous one. By the assistance of the printer, a number of fictitious cases of cure, and fulsome puffs of the "virtues" of the "new medicine" were concocted and published weekly. The advertisements and circulars were "drawn up" with consummate skill and plausibility,—the name was new and "smelt of wisdom"—the bait took well, and the public, ever open to imposition, eagerly purchased the trash. Both printer and quack-doctor were soon paid well; and the latter, ere long, placed in circumstances which enabled him to act vigorously alone, and to diffuse the knowledge of his "wonderful discoveries" (?) throughout the whole kingdom.

Our hero having now, in theatrical language, made "a great hit," found fortune continue to smile upon him. The sale of his nostrums increased daily; correspondence from the "nervous and hypochondriac" poured upon him from all parts of the kingdom. Here another difficulty arose. To have replied to a letter himself, would have been at once to have destroyed his newly-acquired reputation, and to have robbed him of all he had so long laboured to obtain. What was to be done? In this extremity he made an arrangement with a man named Daniels to assist him, for a few hours daily, as his secretary or amanuensis. This person possessed some little medical and literary knowledge, and, being quite destitute of principle, was ready to sell it to his new patron. It was a bargain which appears to have suited both the parties concerned. At length this "occasional assistance" proved insufficient to transact the amount of business which fell to our M.D.'s hands. Mr. Daniels was, therefore, taken into constant pay, his emoluments greatly increased, and a fresh impetus was at once given to the advertising, printing, and correspondence of our hero.

The next step worth naming was the publication of a book. "All great men have done so," exclaimed our hero, "and I must do the same." The suggestion probably came from the amanuensis, as this gentleman was the party who wrote, or, rather compiled the work for the doctor. This book consists of garbled translations from the Dutch of Falek, so modified and altered as to suit the dirty purposes of the pretended English author. A more detestably obscene or dangerous work, up to the time of its publication, never appeared before the British public. A writer of the period at which the early editions were published, remarks:—"This publication has done more to corrupt the morals of our youth, particularly the female portion, than all the marching regiments which have gone through the country since the Revolution." The following advertisement of this work is taken from a newspaper which appeared some thirty-five or more years ago. We preserve the italics as they appear in the original.—"Just published, price 3s., in one vol., octavo, of nearly 300 pages,—A new edition (with additions) of A GUIDE TO HEALTH, explaining the most simple and efficacious

remedies for many diseases, some of which are treated of under the following heads, &c.:—Abortion—Advice to Nervous Patients—Asthma—Barren Women—Bubo—Chlorosis, or Green Sickness—Child-bearing—Conception—Deficiency of Natural Strength—Female Complaints—Girls—Gouty Spasms in the Stomach—Great Schools—Hypochondriack Complaints—Internal Sinking—Maids of a weakly Constitution—Menses—Loss or Defect of Memory—Baneful effects of obscene conversation—Rheumatism—Scurvy—Scrofula—Turn of Life—Venereal disease—Wantonness—Weakness—Women—Youth, &c. By S. SOLOMON, M.D."—(*Hull Advertiser.*)

(To be continued.)

## HISTORY OF THE MEDICAL PROFESSION, AND ITS INFLUENCE ON PUBLIC HEALTH IN ENGLAND.

BY WILLIAM FARR, ESQ., M.D., F.S.S.

(Concluded from page 30.)

To mark the violence of the times, the following kings, queens, and royal persons died violent deaths:—Henry VI. was assassinated; his son stabbed at Tewkesbury. Edward V., and his young brother, were put to death in the Tower. Richard III. was killed in battle by his successor, Henry VII. Henry VIII. beheaded his two wives, Anne Bullen and Catharine Howard. Lady Jane Grey was beheaded by Mary; Mary Queen of Scots by Elizabeth; Charles I. by Cromwell and the army. Nine were put to death by monarchs; one by Cromwell's parliament. The people of England never destroyed one of their kings. Richard Cromwell, and James II. were allowed to retire. Human life had grown more sacred.

The compass, the discovery of America by Columbus, (1492,) of the coast of Africa, and the way by water to the East Indies by Vasco da Gama, opened new paths to British enterprise. Commerce increased; the navy began, after the destruction of the invincible armada, to assert its superiority on the seas. Manufactures flourished; the town populations augmented rapidly in the sixteenth century.

As the labouring population, rapidly recovering the losses sustained in the recurring plagues, became numerous, the relative value of labour somewhat diminished; the forced toil of the serfs was worth little more than their maintenance, and their long cries for enfranchisement were heard between the fourteenth and the seventeenth centuries. In a thinly-peopled country, where agriculture and the arts are springing up, labour is dear; the strong make the weak slaves, and obtain their labour for their maintenance; but when slaves demand freedom, and the lord of the soil, or the capitalist, can obtain more labour for less money in wages than he must expend in keeping up a stock of serfs, why should he desire to keep the labourer in thralldom? The Duke of Newcastle would not undertake to maintain all the labourers upon his estates, in exchange for their slavish services; a proprietor in Canada, or New South Wales, would hesitate in rejecting the offer. Wages were relatively higher in the fourteenth century than at present; but are we to conclude with Cobbett, and others, that the mass of the population were in better circumstances? Unquestionably not—there were free labourers, their wages were higher, and for that reason precisely the labouring population remained serfs. They were bondmen; they received no wages; they were dressed in canvass, and lived on any food which the landholders believed would keep them alive. Their huts had neither windows nor chimneys. Harrison, who wrote in the reign of Elizabeth, says, "The gentilitie commonlie provide themselves sufficientlie of wheat for their own tables, whilst their household and poore neighbours, in some shires, are enforced to content themselves with rie or barlie; yea, and in time of dearth, manie with bread made either of bran,



peasen or otes, or of altogether, and some acorns among. I will not saie that this extremitie is oft so well to be seene in time of plenty as of dearth; but, if I should, I could easilie bring my triall." Fortescue, in the time of Henry VI., indeed talks of the English people "drinking no water except upon a religious score"—of their feeding on abundance of flesh and fish—of their being clothed in good woollens." His description can only apply to the middle and higher classes; as historians write of the liberties of the Roman and Greek people, when under the republics, the labouring classes, now emphatically called the people, were all slaves.

Caius, in his book on the "Sweating Sickness, bids his patient to remember "not to go out fastyng." "Yet," he adds, "this is not so to be understood, that in the morning, we shall streighte as our clothes be on, stuffe our bellies as fulle as Englishmen, (as the Frenchman saith to our shame.)" John Bull was envied by his thin-ribbed neighbours. Caius absurdly maintained that the epidemic did not reach Scotland, or Germany; and that abroad it only attacked Englishmen. "Cause whereof none other there is naturall than the evell diet of these countries, which destroy more meates, and drynckes without all ordre, convenient time, reason, or necessitie, than either Scotland, or all other countries under the sunne." In another part the writer says, "They which had this sweat sore with perill or death, were either *men of wealth*, ease, and welfare, or of the poorer sorte, such as were idle persons, good ale drinkers, and taverne hunters. *The laborous and thinne dieted people* either had it not, because they eat but little to make the matter; or with no great greffe and danger, because they laboured out much thereof."

Animal food was abundant when compared with wheat, and relatively cheaper than in the present day. Sir Thomas Elyot declared sundry meats at one meal the greatest enemy of health. "What abuse," he exclaims, "is here in this realme in the continual gourmandise, and daily fedinge on sundry meates at one meale, the spirit of gluttony, triumphinge among us in his glaring chariotte

called welfare." Hence innumerable statutes had been devised, "although perchance bodily health was not the chief occasion thereof, but rather the vain and sumptuous expenses of the mean people [the tradespeople in towns]. For the nobility was exempted, and had liberty to abide still in the dungeon, if they would, and to live less while than other men.(a)

Potatoes, various edible vegetables, and fruits, were introduced as part of the daily food; ale was made with hops; tea and coffee and spice began to be used; tobacco, notwithstanding the royal counterblast, was smoked; and alcoholic drinks were distilled and drank. Canary, sack, and various cheap wines were in use.

If any proof were wanted of the miserable supply of food, and the unhealthy dwellings of the common people down to the seventeenth century, it would be found in the numerous famines and plagues which prevailed. These vultures which followed the steps of our forefathers were observed in the years 1407, 1440, 1477, 1485, (sweating sickness) 1493, 1500, 1506, 1510, 1517, 1528, 1545, 1551, 1557, 1558, 1563, 1569, 1585, (syphilis) 1592, (plague) 1593, 1503, 1625, 1636, 1665. The deaths from plague in London recorded in the five latter years, were 26,000, 36,269, 35,417, 16,400, 68,596; and the deaths from all diseases 41,769, 42,042, 54,265, 23,359, 93,306. The state of the cities, the pavement, the sewers, the dwellings were improved; but, with an increasing population, the effect upon public health was not appreciable until the latter end of the seventeenth century. At a moderate calculation, the annual mortality in London in the three last plagues was 31, 13, and 43 per cent.

This chapter terminates with the extinction of pestilence in England, when physiology had taught many of the laws of existence, when superstition had been partly abandoned, and when practical medicine, in spite of the medical corporations, had made immense progress under the banners of Sydenham.

W. F.

(a) Castel of Helth, p. 44.

## MEDICAL BIOGRAPHY.

THE great interest which has been excited in the Profession and among a large section of the community by the publication of the Portraits and Biographical Sketches of Members of the Medical Profession in this Journal, leaves no doubt that their *re-publication*, in a separate form, will receive considerable support, not only from those who are individually interested, but from their numerous connexions, who naturally take pride in seeing a faithful record of the attainments, the status, and the good deeds of those for whom they feel affection or friendship. This laudable feeling is associated with a higher pleasure when such Biographies tend to the advancement and instruction of mankind, which must be especially the case with those which relate to persons engaged in a noble and eminently useful profession. The first Volume will include the Biographical Sketches of Members of the Profession, which have already appeared in the "Medical Circular," in addition to many others now waiting their turn, agreeably to the alphabetical arrangement of the "London and Provincial Medical Directory."

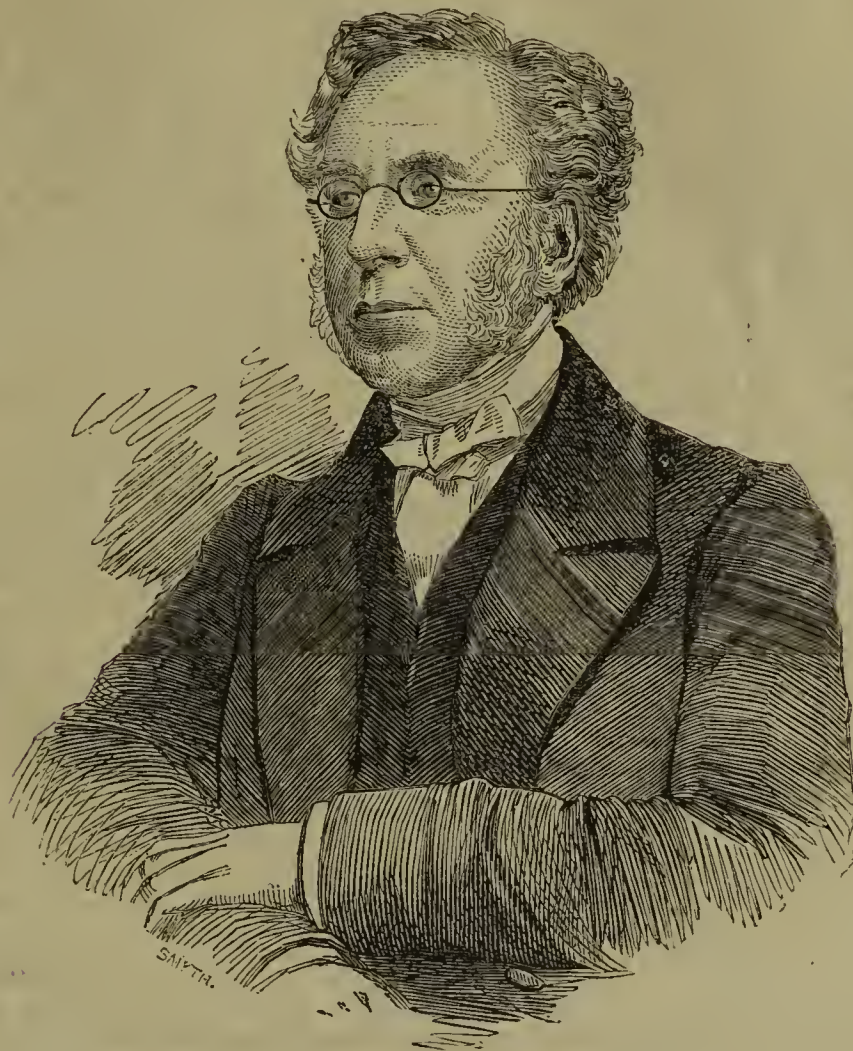
Further particulars of this important and most interesting Work will appear in a future Number

## NOTICE.

We have the pleasure to announce that, as the "History of the Medical Profession" by William Farr, Esq., M.D., is completed in this Number, we intend to commence the publication of a celebrated treatise on "DEAF-DUMBNESS," by M. E. HUBERT-VALLEROUX, M.D., translated, with Practical Remarks, by JAMES YEARSLEY, Esq., M.R.C.S. Eng., &c.

This work, which is now exciting a warm interest in the Parisian Academy, contains many new and valuable observations on the interesting subject of which it treats.





PORTRAIT OF DR. CONQUEST.

### Biographical Notices.

#### J. T. CONQUEST, M.D.

In a profession of which every member is engaged in a work of humanity and beneficence, it might seem invidious to signalise any individual as especially entitled, either by his character or services, to the esteem of his professional brethren; yet we cannot but regard the career of Dr. Conquest as one possessed of peculiar claims upon our respect. To those who know him in private society, the brief record of his life which we are now about to give, will reveal no unappreciated virtue; to those who are familiar only with his name as a physician, we hope to show that he has higher titles to our regard and imitation than even his eminent qualifications as a physician can confer.

Dr. Conquest is one of a large family, all of whom he survives, and was born at Chatham, in Kent, in the year 1789. He is, consequently, in his 64th year. His father was a highly intelligent and honourable general practitioner, in what are called the three towns of Chatham, Rochester, and Strood, and was universally beloved and respected. The primary cause of his death was a fall from his horse, in his 54th year. Dr. Conquest received his preliminary

education under the superintendence of Mr. Stone, whose first establishment was at Brompton, from which he removed to Hall-place, Bexley. At the age of 14 he was apprenticed to his father, who wisely permitted him to enter at Guy's and St. Thomas's Hospitals in his 17th year; and where, ever keeping before him a motto impressed on his mind by the practice and precept of his invaluable father, "improbis labor omnia vincet," he eagerly availed himself of the instructions of Sir A. Cooper and Dr. Babington, his kind and devoted friends to the close of their lives, the two Clines, Dr. Curry, and other illustrious men of that day.

The course of study at the hospitals was not so long then as it is now, and the responsibilities of practice were commonly undertaken at an earlier period of life. The difficulties, too, of settling in practice, were not so many and grave as now combine to defeat the expectations of a large number of competent and industrious aspirants. In those days, withal, parliamentary and government influence could do something,—perhaps rather more than even it can do now, notwithstanding the revelations that have been made before the Election Committees of the



House of Commons, and we are not, therefore, surprised to find that, on a vacancy occurring in the Military Medical Depot at Chatham, Dr. Conquest received, in his 19th year, the appointment of Assistant-Surgeon. In consequence of the disqualification of one of the surgeons, his duties devolved upon Dr. Conquest, who was thus supplied with inestimable opportunities early in life of testing the principles and applying the practice he had acquired by two years' residence at the Borough Hospitals. He wore a red coat but three years, and during two out of the three winters, obtained leave of absence from headquarters to matriculate at Edinburgh, when, so long as the third year was wholly spent there, nothing more was required. He graduated in the year 1813, when that University, adorned by the great names of Gregory, Hamilton, Hope, Munro, and others, possessed a European reputation. Having lost his father, and being wholly dependent on his own exertions, and not being eligible, on account of his age, to become a member of the Royal College of Physicians of London, he formed a partnership, for five years, with a highly respectable general practitioner, and, on the completion of the term, presented himself for examination, and at once commenced as a physician-accoucheur. We thus find, that, like Dr. Merriman, Dr. Ashwell, and, in short, nearly all the great accoucheurs of the metropolis, Dr. Conquest commenced his career as a general practitioner. A good general practice presents an excellent field for obtaining obstetric knowledge; and, on the other hand, this speciality offers almost the only avenue by which an able and aspiring practitioner can rise to the higher ranks of the profession, so exclusive, so unjust, and oppressive, is the system of medical government. It is a misfortune for the profession, and, perhaps, also for the public, that the way to distinction and usefulness should be through hospital appointments, and that these should be in the gift of lay governors, who are influenced almost entirely in their selection by the personal prepossessions or interests of the medical staff. Through the friends he had made during the time he practised as a surgeon and apothecary, Dr. Conquest received, the first year of his being M.D., nearly 400 fees, which were more than doubled the next. His receipts rapidly increased for 15 years, when he was probably receiving as large a professional income as any physician east of Temple-bar. In the first year of his practice, he advertised a private course of lectures on midwifery and the diseases of women and children, and his lectures became so popular, that, although a Borough Hospital man, he was, to his great honour, solicited to lecture at St. Bartholomew's Hospital with Dr. Gooch, who died in the fourth year of their union. Two years after the decease of this eminent physician Dr. Conquest had, perhaps, the largest obstetric class in London, which produced one season between £400 and £500. To enable him to do justice to his pupils, when he began his private lectures he put up above four hundred natural and morbid preparations, many of which are now in the Museum of St. Bartholomew's, and most of these were prepared between the hours of nine and twelve at night, and four and eight in the morning, the only time he could give to this department of labour. At this period of his successful career, he never went to bed till twelve o'clock, and never remained in bed after four, although exposed to all the disturbance and fatigue of an extensive midwifery practice. Yet, through the goodness of Providence, such has been and is his health, that he was never laid by from indisposition for a single day. This exemption from the ordinary ailments of life is in a great measure attributable to early rising, Dr. Conquest being always down stairs, summer or winter, before six o'clock, and also to singular elasticity of spirits, which enables him to rise quickly when pressed down, either by trouble—of which, we regret to say, he has had more than an average share—or by fatigue of body and mind, of which but few have undergone a larger amount. He has not only unbounded and unwavering confidence in Providence, but, as it is said of Southey in

his memoirs, he makes the most of his enjoyments (like the Spaniard who always put on his spectacles when he was about to eat cherries, that they might look larger and more tempting), and, although he does not cast his cares away, he never lets them annoy other people. He has been married above forty years, and has three sons, but none of them chose the profession of medicine. He has recently built a cottage, near Shooter's-hill, in Kent, one of the loveliest spots in the county, overlooking two reaches of the river Thames. He arrives at Finsbury-square every morning by nine o'clock, and remains in London only so long as his positive professional engagements require, but he never leaves the house until twelve o'clock, as he has a very excellent home consultation practice. He was one of the first secretaries of the Hunterian Society, which office he held many years, and delivered the annual oration at its eleventh anniversary, under the presidency of Sir Wm. Blizard.

Dr. Conquest is not a rich man, as, indeed, he is not likely to be, with such views as he entertains, and has expressed in his pamphlet on the "Use and Abuse of Money," the publication of which led to his giving a prize of 100 guineas for the best essay on the subject. This generous act resulted in the production of "Mammon," by the Rev. Dr. Harris, a work which excited immense interest when it appeared—so great that it ran through several editions in an unprecedentedly short period.

Notwithstanding the zeal with which he cultivated his profession, Dr. Conquest found time to devote to other learned pursuits. Animated by strong religious feelings, and delighting in sacred literature, he conceived the Herculean task of rectifying the text of our translation of the Bible, in accordance with the readings of our most judicious and erudite translators and commentators. The passion for truth which he had carried into his study of disease, prompted him to this extraordinary undertaking, and guided him in the selection of his emendations. It must surprise every man, even those the most insensible to the onerousness of literary labour, that a physician in full practice should resolve to undertake this great task, and should have performed it so well as to gain the applause of the most learned and conscientious among scholars and divines. It is, truly, a stupendous monument of literary exertion. All the leisure time he could command, and every hour he could rescue from sleep during thirty years, was occupied in an examination of all the suggestions of Biblical writers on the correctness of the translation; and, so intense was his interest in this work, that he undertook a journey to Rome, to examine some manuscripts in the Vatican library. The result of his labours was the "Holy Bible, with many Thousand Emendations, &c." This erudite work has quietly reached its 21st edition.

His work entitled the "Outlines of Midwifery," now out of print—we hope only for a short time—has passed through six editions in this country, and has been published in Germany, France, and America. It has recently also appeared in Hindoostanee, translated by Dr. Balfour, a nephew of the venerable Joseph Hume, the first and only work on midwifery that has appeared in that language, spoken by thirty millions of our fellow-subjects.

Dr. Conquest has made himself well-known by his exploits in tapping for hydrocephalus. This operation has not been so extensively adopted as might have been expected. He has now a little patient only nine months old under his care, whom he has tapped thirteen times, and from whose head he has drawn off 253 ounces of fluid.

Whilst God gives him health, Dr. Conquest has no intention to retire wholly from his profession, as he entertains a strong feeling that the experience he has gained belongs to those who have kindly enabled him to acquire it. It is not unlikely, therefore, that the public will yet enjoy the advantage of his great talent and skill for a considerable period, for he bears the pressure of time well, and gives a promise of far exceeding the allotted years of man. He is still fresh and hale, and appears to have suffered little impairment of constitutional vigour.



As we have already intimated, he is a man deeply imbued with religious sentiment, and has actively promoted various philanthropic and theological institutions. Upright in heart and conduct, amiable and benevolent in the intercourse of life, and in manners gentle and sympathising, he has won general esteem. Besides his strictly professional engagements and his theological labours, he has exhibited a fondness for natural history, botany, &c., and his consulting-room in Finsbury-square is fitted up like a museum, with many curious and interesting objects in those departments of science. These studies, doubtless, afford him a pleasing occupation in his partial retirement from severer duties, and we trust that, by the blessing of Providence, he may continue to enjoy them for many years.

HENRY HEATH CORBOULD, ESQ.  
(*Vide* "London Medical Directory," 1853.)

GEORGE CORFE, M.D.

This gentleman is apothecary to the Middlesex Hospital, and his name has been frequently before the profession in connexion with various symptomalogical and pathological subjects. He is the author of "Observations on the Kidneys," on "Wolverton Waters," and the "Physiognomy of Diseases." The latter work, especially, indicates a power of close and accurate observation. He became a licentiate of the Hall in 1831, and took his degree at Aberdeen, in 1848.

## Reviews.

*The Pathology of the Bronchio-Pulmonary Mucous Membrane.* By C. Black, M.D. Edinburgh: Sutherland and Knox. London: Simpkin and Marshall.

This is the first part of a republication of a series of elaborate papers that have recently appeared in the "Monthly Journal of Medical Science," and portions of which have already been quoted in our column. The microscope has been employed to determine the exact pathology of the bronchio-pulmonary mucous membrane in different forms and stages of disease, and Dr. Black's patient labours will be found productive of most useful results. If the same painstaking investigation were given to all other diseased structures, our pathology would soon be denuded of the mystery and uncertainty that now environ it. In accordance with the pathology of the parts exhibited, plans of treatment are laid down which appear to us to be sound and judicious. These papers reflect great credit on the ability and industry of their author.

*On the Decline of Life in Health and Disease, being an Attempt to Investigate the Causes of Longevity, &c.* By Barnard Van Oven, M.D.

Dr. Van Oven has produced an interesting work. We do not remark any originality of view or treatment of the subject, but the book contains much agreeable reading.

As a specimen of the work we quote the following:—

"But what is the natural period of the duration of human life, that period to which a healthy individual might hope to attain? There is no point on which writers more widely differ. Buffon regards 90 to 100 as the natural age of man. Hufeland, after carefully examining the question, says 'Experience incontestably tells us that a man may attain to the age of 150 to 160;' and again, 'We may, therefore, with the greatest probability, assert that the organisation and vital powers of man are sufficient to support a duration and activity of 200 years.' (*Knust das Leben zu verlängern*, cap. VI.) 'One may lay it down as a rule,' he says, (and in this he follows the opinion of Buffon,) that an animal lives eight times as long as it grows. Now man in a natural state, when the period of maturity is not hastened by art, requires full twenty-five years to attain his complete growth and con-

formation, and this proportion also will give him an absolute age of 200 years.' (*loc. cit.*) On the other hand, there are many who look upon such a mode of reasoning as absurd, and such opinions as wholly worthless. An able writer in the *Cyclopædia of Medicine*, vol. iv. p. 63, says, 'An individual could scarcely be suspected to be in possession of common sense or information, who should hope by any mode of diet, or advantage of constitution, to exceed the age of 100.' He regards all such instances of longevity as decided exceptions to the general rule of maturity, in fact as abnormal; yet they are too numerous to be altogether so considered. Haller long since stated that more than 1,100 persons had been known to attain to various ages between 100 and 169. In order to ascertain, then, how long a healthy man may hope to live, let us enquire how long men have been known to live in all times, and deduce from such facts a reasonable probability.

"I will enumerate (from Hufeland) a few instances amongst the ancients, as the tables hereafter given commence only in comparatively modern times. Amongst the ancient Jews, Abraham lived to 175 years; Jonas to 180; Jacob to 147; Ishmael, a warrior, to 137; Sarah to 127; and Joseph to 100. Moses, who speaks of the ordinary age of man as threescore and ten, lived to 120; and Joshua to 110; Elisha exceeded 100. Amongst the Greeks, Epimenides of Crete is said to have lived 157 years; Georgius of Limiton to 108; Isocrates to 98; Zeno, the founder of the Stoics, to nearly 100. Amongst the Romans, M. Valer. Corvinus exceeded 100; as did also Oribilus; Tautia, the wife of Cinna, lived to 103; Luceja, an actress, performed a whole century, and appeared in public at the age of 112; Galeria Copiola, an actress and dancer, first appeared on the theatre at the age of 90, she afterwards performed as a compliment to Pompey the Great, and again, to show her respect for Augustus Cæsar. Pliny states, from the record of a census taken during the reign of Vespasian, a source perfectly sure and worthy of credit, that there were living in the year 76 in Italy, in the district between the Appenines and the Po, 124 persons who had attained to the age of 100 years and upwards, viz., 54 of 100, 57 of 110, 2 of 125, 4 of 130, 4 of 135-7, 3 of 140. Besides these there were in Parma 3 persons of 120, and 2 of 130; in Placentia 1 of 130; in Flavalia 1 of 132; in Viligarium, a small town near Placentia, there then lived ten persons, 6 of whom had attained the age of 110, and four of 120.' (*loc. cit.*)—As to more modern times, the tables appended will show above 7000 instances of persons who lived to ages between 100 and 185 years; and the more that these and other similar collections of examples are examined into, the more will it be found difficult to say to what extent human life may endure. It is unquestionably true that many of these instances can only be regarded as exceptions to the general law of mortality, yet they distinctly show that life may extend to a very much longer period than is generally the case; and that if 70 years be at present the usual term of life, and 80 be regarded as an instance of very old age, yet there is good reason to believe that if the attention of mankind were directed to the subject, the duration of human existence might be greatly prolonged; and I do not think it too much to assert that well-made and healthy individuals, the offspring of healthy parents, who have attained maturity in a state of health, and live in such a manner as to avoid disease, ought to regard a high degree of longevity as the ordinary rule of mortality, not as a favourable exception to it."

"*Original Constitution and Hereditary Tendencies.*—Unless the physical development of the infant be good, it would be absurd to anticipate a vigorous manhood, or a healthful old age. In this respect, unquestionably, 'the child is father to the man;' but there are many gradations from a perfect physical development to that state of imperfection which would render the attainment of an advanced age impossible. Referring again to our Tables, it will be seen that a tendency to longevity, or, I ought rather to say, a capability of attaining old age, is clearly



hereditary. Thus it is related of Thomas Field, a labourer, of Bexford, Herts, who died aged 102, that his father was aged 104 years, his brother was 95, his uncle 93, and that scarcely any of his family died under 90. P. Marion, a Dutch fisherman, died at the age of 109, his father lived to 107, and his grandfather to 116. The celebrated Thomas Parr lived to 152 years, his son to 113, his grandson to 109, and his great-grandson to 124. Two other grandsons by his daughters, lived 127 years each; and the Tables will show many other instances, proving that longevity is in some families hereditary.

"If the importance of breeding animals from a healthy stock be granted, it is surprising to observe how daily in the world all regard to this first requirement for insuring health, happiness, and longevity is neglected. How dreadful it is to observe that in the selection of wives and husbands, this, which should be the *first*, is but too often the *last* consideration—that wealth, station, beauty, accomplishments, are each in turn sought for and appreciated without enquiring whether the seeds of gout, consumption, madness, &c., be also a part of the dowry of the bride, or of the possessions of the bridegroom. Surely one would suppose, that whilst there is so much and so laudable an anxiety to transmit to offspring honourable titles and distinctions, and accumulated possessions, it would be also a prominent desire to endow them with such a physical and mental development, as would enable them to appreciate duly their worldly blessings, and to enjoy them for a length of time; but, alas! this is not so. As truly as 'that charity covereth a multitude of sins,' so surely do personal beauty, great talents and accomplishments, a coronet, or a large estate, not only cover too many personal and mental defects existing, but completely prevent all anticipations of the evils which may come after.

"Few that have attained longevity have passed a life of celibacy; indeed, many of those whose lives are quoted, have been married often; and it is curious that in many instances the man and wife have died within a very short time of each other: thus showing, that whilst in all probability the mode of life adopted was conducive to health, the pleasures of domesticity and companionship were not less so. (a)

(a) Hufeland lays great stress on the wise employment of the generative powers. "I am acquainted with no instance," he says, "of eunuchs having attained to a remarkably great age. They always continue to be only half men. All those who attain to the highest degree of longevity were abundant in the generative power, and it remained faithful to them to the last period of their existence. They married often in their 100th year, or even later." (*Loc. cit.*, vol. i. chap. 8.)

AN OBSTETRICAL CURIOSITY.—Dr. Taylor mentioned a case at the New York Medical Association which illustrates the effects produced by a foreign body in the cavity of the uterus. Having occasion to apply some leeches to the uterine neck, Dr. Taylor examined the state of the os tincæ, and finding it closed, dispensed with the plug which he generally inserts to prevent the leech from passing too far up; but after they had taken hold the patient complained of great pain. This did not, however, seem of any great importance, because she had been for some time liable to neuralgia in the pelvis; but it was soon discovered that of the eight leeches applied, only seven could be found. The pain increased, and some ether was given. In the evening, as the patient continued to suffer, a dose of morphine was administered; but she slept none that night. Throughout the next day she was very restless, and at nine o'clock in the evening said she felt bearing-down and expulsive pains as if she were going to miscarry. On making a vaginal examination, Dr. Taylor found the uterus distended, and a clot occupying the neck of the organ. After some delay ergot was given, and the coagulum was expelled, enclosing the leech. It was observed that while the leech remained *within the womb* no blood flowed from the external bites; but as soon as the animal had been expelled, it began to ooze freely.

## Original Communications.

### RETENTION OF URINE DURING PREGNANCY.

BY T. H. WARDLEWORTH, ESQ., SURGEON.

I was requested to visit Mrs. P., of this town, on the 13th of May, 1853. On my arrival I found her in bed, suffering from pain in the lower part of the abdomen. She informed me that she was in her fourth month of pregnancy. About four days previous to my visit she suddenly experienced a sensation as if something had sunk within her, followed by an urgent desire to pass urine; this, on attempting, she was unable to accomplish. In this state she continued until I saw her, the urine, during the time, having dribbled away. On examining the abdomen, two distinct and well-defined tumours could be felt, one in each iliac region; that on the left side could be traced as high up as the posterior margin of the os ilium. On placing the hand on one side of the tumour, and gently tapping the opposite side, fluctuation was evident—that on the right side was low down, to the touch hard, and resistant. In making an examination per vaginam, the posterior wall of the vagina was prolapsed, and had a pouch-like feel, the fundus of the uterus filling the hollow of the sacrum, obliterating the backward direction of the vagina. On pressing two fingers anteriorly, the os uteri was found above the os pubis, and resting on that portion of the urethra joining the bladder; on raising this portion of the displaced viscous the urine gushed forth. The catheter was with some difficulty introduced, when four pints, by measure, of highly foetid urine were drawn off, followed by considerable relief. The patient was requested to place herself on her knees and elbows, when an attempt was made to press the uterus into its natural position by forcing up the fundus with two fingers introduced per anum, and pulling down the os uteri. Although much force was used, the attempt proved abortive. As the bowels had not been relieved for several days, a stimulating glyster was administered, which had the desired effect in unloading the bowels.

On the 14th, at 10 a.m., the patient was found in statu quo; the catheter was again passed, when two pints of turbid urine were drawn off. I now obtained the assistance of my late preceptor, Dr. Ogden, of Manchester, a gentleman of great obstetric experience. He, after a minute and careful examination of the patient, suggested the propriety of inducing premature labour, should the uterus not resume its natural position.

No further attempt at reduction was made; the patient only complained of, to use her own words, "uneasiness from pressure of the water." Her bowels were kept open by glysters and aperient medicines; the catheter was introduced night and morning. On the 15th of June, considerable constitutional disturbance set in, with loss of appetite—much thirst—heat of skin intense—tongue loaded with a brown fur—pulse, which had hitherto been ranging from 70 to 76, was 120—the vagina hot, and its usual mucous secretion suspended—urine, when drawn off, scanty and high-coloured. She complained of no pain—her mind was unclouded. Small doses of calomel with opium, frequently repeated—salines, in combination with antimonials, was the treatment pursued. In a few days the fever subsided, and on the morning of the fortieth day of my attendance I was informed, on entering her bed-room, that my services were no longer required; the catheter was passed, the bladder found empty, and to my surprise and delight, the os uteri was occupying its natural position. For several days she was troubled with incontinence of urine; this has passed away, and she is now as if nothing had occurred.

REMARKS.—In the foregoing case, the plan advised by Denman was strictly observed; the patient was kept quiet, and she spent several hours each day on her knees and elbows. Should a similar occurrence come under my notice, I should not attempt to return the uterus, but adopt



the line of practice pursued in the aforesaid case, believing, as I do, that the uterus will, as pregnancy advances, return at last to its proper place in the pelvic cavity.

## Correspondence.

### BENEVOLENCE.

To the Editor of the "Medical Circular."

SIR,—In your last impression a letter is published respecting the "Medical Benevolent College" by my friend Dr. Barker, of Bedford. In the course of the letter he alludes to a distressing case which occurred in that town, of the almost utter destitution of the family of a deceased surgeon; but Dr. Barker has omitted to state that it was from that very case that the idea of a Benevolent College was first entertained. If you will allow me, I will briefly explain the circumstances. Mr. Bull was a surgeon, in practice, somewhere in the county of Warwick; he struggled hard to maintain a large family, which he was enabled to do respectably, until he was thrown on a bed of sickness by an attack of paralysis. He was removed with his family to Bedford, where he died in November, 1852, having been bedridden for six years. After his death the family were nearly destitute: a few friends commenced a subscription for them. Dr. Barker made the case known to Mr. Probert, who, with his usual liberality, forwarded a very handsome donation, and, in the letter accompanying it, he suggested the idea of establishing a permanent relief fund for such cases. Mrs. Bull and seven children are now entirely dependent upon 10s. a week, derived from the fund thus subscribed. One child was elected into the Infant Orphan Asylum; another is a candidate for election into the Orphan Working Asylum, Haverstock-hill. At the April election we were unsuccessful for him, but are very anxious that at the next election the poor boy should be admitted into the school. This can only be done by great exertions and pecuniary assistance; and as, methinks, this case has peculiar claims on the sympathy of medical practitioners, it is to be hoped they will come forward with small donations towards purchasing votes for the above object. Any such donations will be most thankfully received by,

Sir,  
Yours very faithfully,  
JOHN COX, Chemist.

3, Rye-lane, Peckham, July 9, 1853.

## Medical Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 28, 1853.—DR. COPLAND, PRESIDENT.

*On Small-Pox and Vaccination: Analytical Examination of all the Cases admitted, during Sixteen Years, at the Small-Pox and Vaccination Hospital, London; with a View to Illustrate the Pathology of Small-Pox, and the Protective Influence of Vaccination, in degrees varying according as the Vaccination has been perfectly or imperfectly Performed.*  
By J. F. MARSON, Resident Surgeon to the Small-Pox and Vaccination Hospital, London.

Communicated by DR. CHOWNE.

During the period comprised within this analysis small-pox had been epidemic four times—in 1833, 1844, 1848, 1851; and rather more than half of the patients admitted into the hospital had been previously vaccinated. Much anxiety about the degree of security afforded by vaccination had begun to be felt, and the author thought the profession would be interested, and much useful information perhaps might be elicited by classifying and arranging the patients admitted during the above-named period. The analysis referred principally to the following points:—

- I. Natural small-pox.
- II. Small-pox after small-pox.
  - a. After natural small-pox.
  - b. After inoculation.

### III. Small-pox after vaccination.

- a. Number of cicatrices.
- b. Character of cicatrices.
- c. Vaccinated, but without cicatrices.

### IV. Febrile eruptive diseases mistaken for small-pox.

A remarkable difference was observed between the vaccinated and unvaccinated patients, and also between the vaccinated cases themselves,—some patients having the small-pox in a mild form, wholly devoid of danger, whilst others had it in great severity, scarcely, if at all lessened by the previous vaccination. Under these circumstances the author thought that the causes of this remarkable difference might be sought for among the antecedents in respect to the vaccination of each individual admitted, with a view to explain the extreme mildness of some cases—the danger, unmitigated course, and even death of others. Small-pox in the unprotected remains to this day as virulent as it ever was. Vaccination, when performed in infancy, affords almost complete security against the fatality of small-pox up to the period of puberty; and the general experience of the Small-Pox Hospital shows that small-pox did not usually occur after vaccination until several years had elapsed. The most trustworthy evidence of the perfection of vaccination was to be obtained from the cicatrices, and this evidence he would be able to show was a very good guide to the general amount of protection conferred by vaccination.

The analytical series consisted of six tables. The first table showed the number of patients admitted at the hospital in each year, distinguishing males from females, whether vaccinated or otherwise, and gave the outline of the disease under which each was suffering; it included 185 cases of febrile diseases, principally eruptive, but not variolous, and it furnished the result of the whole, with the rate per cent. of the mortality. The second table gave an analysis of all the cases of small-pox, 5,797, classed under nine different headings, the form of the disease in each case, and the result, with the rate per cent. of mortality under each division. He there gave the ages of the unprotected patients, and the rate per cent. of mortality calculated at different periods of life, for every five years up to thirty, and even ten years afterwards. The fourth table exhibited, separately, the leading particulars of 3094 cases of small-pox after vaccination, showing from a careful examination of each patient, the number and character of the vaccine cicatrices, the form of the variolous disease, and the result, with the rate per cent. of mortality from small-pox, after deducting the cases of superadded disease. It also showed the rate of mortality from small-pox in patients having one vaccine cicatrix, particularising whether good or indifferent and the average. The fifth table showed, in quinquennial periods, the ages of the vaccinated patients when attacked by the small-pox, when they were vaccinated, and the rate of mortality. The sixth table stated, in periods of five years, the ages of the patients at the time they were vaccinated, who had subsequently been admitted with small-pox, into the Small-Pox Hospital. Observations on the results accompanied each table; and in relation to Table IV., it appeared that 3094 patients with small-pox reported themselves to have been vaccinated at some period of their lives. 1357 had one vaccine cicatrix; and of these four and a quarter per cent. died with a good cicatrix, and twelve per cent. with an indifferent cicatrix: mean, seven and a half per cent. 888 had two cicatrices; two and a half per cent. died with good cicatrices, seven and a quarter with indifferent cicatrices: mean mortality, four per cent. and a fraction. 274 patients had three cicatrices: average mortality, one and three-quarters. 268 had four cicatrices; and there died with good cicatrices under one per cent.; with indifferent cicatrices none, the average being only three-fourths of one per cent. The author described a good vaccine cicatrix as distinct, foveated, dotted, or indented, in some instances radiated, and having a well, or tolerably well defined edge. An indifferent cicatrix as indistinct, smooth, without indentation, and with an



irregular and well defined edge. The author's opportunities of examining, with regard to previous vaccination, the foreigners admitted with small-pox at the hospital, and comparing them with each other, and with the same class of persons in this country, had led him to the conclusion that vaccination was performed in the best manner generally by the Danes, Swedes, Norwegians, and Germans, judging them by the standard shown in Table IV., to afford the most efficient security. Then came the Italians; and from the few he had seen, the Spaniards; then the Scotch; then the Irish; and lastly the English and French. He was most anxious to draw the attention of his professional brethren to the above fact. There must exist some grave and lamentable evils (more especially affecting the humbler classes) connected with the circumstances under which vaccination in country districts was performed. The details recorded in this paper should urge our provincial brethren, whose position and ability give them influence, to lend their aid to trace the evil to its root; for there could be no justifiable reason why the rural inhabitants of England and Wales should be far less well vaccinated than were the rural inhabitants of Denmark, Sweden, and Prussia. The mortality, severe as it was between the indifferently and the well vaccinated, was not the only evil result to be regretted of bad vaccination. Proportionate to the mortality was the severity of the disease, and to those who escaped death there was damaged health, disfigurement for life, perhaps, and the discredit brought on vaccination which was in no degree due to it intrinsically, but was owing solely to the want of proper knowledge of the subject, and of the necessary care with which the operation should be performed. Great judgment and caution should be exercised in the selection of vaccine lymph, for in this lay one of the principal causes of failure in vaccination. Lymph for use was in its best state on the seventh day of the progress of the vesicle, the day week from the vaccination; and the author described the character of the vesicle, and the indications of the stage when it was most favourable for the collection of the lymph; and some very valuable and instructive observations followed on the mode of conveying lymph, the mode of vaccinating, the mode of preserving lymph, and on re-vaccination.

The author's conclusions from the foregoing facts and statements were—1st. That natural small-pox destroyed about one-third of all whom it attacked.

2nd. That small-pox after small-pox was of comparatively rare occurrence; that a second attack of natural small-pox was rare, but not often fatal, and that protection seemed to be the law. That after inoculated small-pox an attack of small-pox had more frequently led to fatal results; but there is reason to presume that the virus used for inoculation, like a great deal of the lymph used at the present day for vaccination, was often taken at too advanced a period of the disease, and thus did not afford the full measure of protection it was capable of affording if taken at a proper time.

3rd. That vaccination performed in infancy afforded almost complete protection against the fatality of small-pox to the period of puberty; that a variety of circumstances conspired to make it almost impossible to ascertain exactly in what proportion to the vaccinated cases of small-pox subsequently occurred, or might occur, if all persons lived to an advanced age.

4th. That as a matter of safety it would be well for all persons who were vaccinated in infancy to be re-vaccinated at puberty; this measure being more especially requisite for those who were either indifferently or doubtfully vaccinated in infancy, and still more necessary for those who, though vaccinated, had no cicatrix remaining. Finally, as a matter of precaution, it would be desirable that all persons should be re-vaccinated on small-pox existing in the house where they were residing—a precaution, however, that will cease to be necessary to advise when all persons have the benefit of proper and efficient vaccination. *(To be continued.)*

## Parliamentary Intelligence.

HOUSE OF COMMONS.—Monday, July 11.

GENERAL BOARD OF HEALTH.

Mr. DRUMMOND begged to put a question, of which he had given notice for a previous day:—"Since the commission appointed to inquire into the causes of the fever at Croydon, had reported that 'the operations for the plan for the sewerage had been influential in producing the disease, and that the absence of proper provisions in that plan had been productive of misfortune to the inhabitants,' whether any and what steps had been taken to prevent the General Board of Health in London from inflicting similar misfortunes upon other places?"

Sir W. MOLESWORTH, in reply, said, he would admit that some errors had been committed in the construction of the drainage works at Croydon,—that some of the sewage points were too small, and not properly ventilated. The consequence was a noxious and pestiferous atmosphere, producing fever and disease; but he had been instructed by the General Board of Health that they would not consider themselves responsible for the defects in the drainage-works at Croydon. Steps had been taken by the noble lord the Secretary for the Home Department to institute a full and careful inquiry by Dr. Arnott and Mr. Page; and the report of those gentlemen would tend to prevent similar errors; but it was not the intention of the government to take any other steps. The constitution of the General Board of Health would terminate next session, when a general reconstruction of that board would come under consideration.

Mr. EVELYN stated, that the works at Croydon were done under the orders of the General Board of Health, and they were held responsible for these works by the inhabitants of Croydon and of other places in Surrey, who regarded with dismay the probability of similar works being executed against their desire.

TUESDAY, July 12.

POOR-LAW MEDICAL RELIEF.

Mr. MILES called the attention of the house to the system of Poor-law medical relief at present existing in England and Wales, with a view to its revision, and also to the large number of persons who annually became chargeable to the poor-rates, from no medical relief being afforded to them in their sickness unless they became paupers. The imperfect manner in which medical relief was administered was one of the few blots defacing an otherwise admirable system. The number of medical officers was nearer 4000 than 3000, and the average number of patients was \$35,000. The only check upon the improper treatment of patients was the production of the case-books at the Boards of Guardians; but it was evident that the guardians must be incompetent to decide upon questions of disease, or the proper means to be employed for its alleviation. The provision made for the medical officers was most scanty, particularly when they not only performed their medical duties, but provided medicines for the poor. He proposed, that a medical inspector should be attached to the Poor-law Board, independent of the President, and that he should have the power of sending down an Inspector, professionally educated, to inquire into any case that might be laid before him. (Hear, hear.) He thought it most unfair to call on the medical officers to pay for drugs, and that it operated injuriously on the poor; inasmuch as, in the case of expensive drugs, it became a question between honesty and prudence on the part of the medical officer. To meet the difficulty, he proposed, that the Boards of Guardians should themselves find the drugs. He believed the changes which he now recommended would inflict no additional cost on the management of the poor, but would rather tend to decrease the amount of the rates. Another object he wished to accomplish was, the extension of the system of medical relief to the sick poor.



Mr. BAINES said, that there never was a time when the duty of providing medical relief for the poor was so carefully attended to. He could assure the house, that any improvements in the system of medical relief that could be shown to be really such would be adopted by the Board; and, if he found that he had not the power of adopting any valuable suggestions that might be made, he would not hesitate to make application to the legislature. There had been a very great increase in the expenditure for medical relief. He did not say, that this was too large; in his opinion, the expenditure might go further; but still a great increase had taken place. As one result of the Committee of 1844, there were extra fees for surgeons, amounting, in 1840, to 5499*l.*; and in 1852, to 30,727*l.* Then, the number of medical officers had been increased. In 1838, the number was 2091; in 1852, they amounted to 3233. The districts had also been materially abridged. With regard to the qualifications of the medical men, some fault had been found with their qualifications as too high; but he thought the medical man appointed to attend the poor should have the highest qualifications—such as would be required in the case of any one else. (Hear.) In all cases a double qualification was required,—that was to say, both a medical and surgical qualification; and he was happy to say, that the system had worked exceedingly well. (Hear, hear.) One important matter, as regarded the efficiency of medical relief, was the responsibility of medical officers. There was now a very efficient system of responsibility. Every medical man was responsible to the Poor-law Board for the proper discharge of his duty; and he would venture to say, that no case of neglect or maltreatment had ever been brought before the Board without an instant inquiry been made. (Hear.) The complaints against the medical officers were, on the whole, few, considering their great number, and also the number of the poor attended to. At the same time, the Board was anxious to protect the medical officer in the fair, proper, and independent exercise of his duty, whenever a cabal, as sometimes happened, was formed against him. Their salaries were not high; on the contrary, he (Mr. Baines) thought they were low; but, from a very great number of agricultural unions, within the last three years, requests had been made, desiring that the salaries of the medical officers might be cut down, and in every one instance those requests had been refused. He must, however, do the Boards of Guardians the justice to say, that in a great many cases they had afterwards taken a more liberal view, and had admitted the justice of the decision of the Poor-law Board. The Poor-law Inspectors, also, had now associated with them a medical man accustomed to hear evidence, and whose duty it was to give advice upon sanitary points. This system was found perfectly satisfactory, and the house would see that under it the Poor-law Board had the means of availing themselves of the best medical and surgical advice, and at a less cost than keeping up a large medical staff would entail. With regard to the suggestion made by the hon. gentleman on the subject of drugs, he observed that opinions varied very much. In conclusion, he expressed his readiness earnestly to consider any suggestion for the improvement of the medical relief system for the poor, and he trusted that the hon. gentleman, having called attention to the subject, would not think it necessary to press his motion to a division. (Hear, hear.)

Sir J. TROLLOPE said, that during the past year, for the greater part of which he held the office of President of the Poor-law Board, he thought the whole number of cases of neglect or maltreatment on the part of medical officers brought before the Board, did not exceed four or five; and, when the total number of medical officers was nearly 4,000, that must certainly be considered comparatively a very small number. As to the pay of medical officers under the Poor-law Board, he thought that, in in many cases, it was greatly inadequate; but the rate of salary rested more with the Boards of Guardians than the Poor-law Board—the latter having only the power to affirm or not the arrangement made by the former. How-

ever, he believed that the salaries of those officers were gradually on the increase. The complaints against them were exceedingly few; and, though during the past year some applications had been made to reduce their salaries, on the plea of the low price of provisions, that plea had never been listened to; for obviously it would not be right that the salaries of medical officers should be regulated by a sort of sliding-scale, continually rising and falling. He might state, that extra fees, settled by the Poor-law Board, were paid to medical officers for certain services; and, generally speaking, a more liberal view with regard to their remuneration was now taken by Poor-law Guardians.

Mr. MILES consented to withdraw the motion.

## Our Note Book.

### REPORT UPON A CASE OF DEATH FROM CHLOROFORM.

(Communicated to the Society of Surgery, by M. DE VALLET, Surgeon-in-Chief to the Hotel-Dieu, d'Orleans.)

A soldier of the line, aged 25, apparently in good health, and of strong frame, consulted M. Vallet for a small tumour (encysted?) situated behind the right labial commissure. Before operating, M. Vallet proceeded to direct the inhalation of chloroform. The patient, fasting, being placed in the horizontal posture, the chloroform (about one gramme, or gr. xx.) was poured upon a hollow sponge and applied to the nose, the mouth being left free. At the expiration of a minute, no effect having been produced, four grammes (rather more than a drachm and a quarter) were poured on the sponge, and at the expiration of four minutes, the patient, without having experienced any irritation of the larynx, without having manifested any resistance, without redness of the countenance, and after only a slight period of agitation, fell into a state of insensibility fit for the operation. Scarcely had the incision been made necessary to expose the cyst, when the patient became pale, respiration was suspended, and he sank into a state of extreme collapse. All the usual remedies were tried, and without avail. M. Vallet opened the trachea, and performed artificial respiration with an elastic tube; then an electric current was sent by needles through the region of the heart. The patient died without any sign of re-action. *Examination of the Body.*—The vessels of the brain were empty: the lungs were congested with blood, which in some situations was extravasated: the heart was excessively flaccid; there were some soft clots in the right cavities; the left were empty. The stomach was full of gas; the liver, spleen, and kidneys were gorged with black blood. The blood from the subclavian veins was analysed by an experienced chemist, but no trace of chloroform was detected. Death, according to the author, seems to ensue under two conditions:—1. It is preceded by symptoms resembling those of asphyxia, when first respiration, and then circulation ceases. 2. Life seems extinguished yet more quickly in profound syncope. A case of death, occurring under the latter circumstance, was mentioned by M. Gorré, of Boulogne, and communicated to the Academy, 1848. A lady, aged thirty, requiring a fistulous passage to be laid open, inhaled chloroform from a handkerchief, upon which about twenty drops had been poured. Scarcely had she inspired, when she exclaimed, "I am suffocated." The face became pale, the features changed, respiration was embarrassed, and froth came to the mouth. Less than a minute after the administration of the chloroform, the handkerchief was withdrawn, and the surgeon proceeded with the operation, believing the symptoms were transitory, but life was soon found to be extinct. In this case, as in the one already related, there were found, upon a *post-mortem* examination, congestion of the lungs and excessive flaccidity of the heart. The cerebral vessels were empty.—M. Jobert (de Lamballe) has read before the Society a



well-drawn-up *Memoire* upon the subject of Anæsthetics. We think him rather unfair to our distinguished countryman, Dr. Simpson, to whom the merit of introducing chloroform in surgery most undoubtedly belongs, when he remarks:—"M. Fleurens in France, and M. Simpson in England, have introduced into science a most valuable anæsthetic, chloroform; the first, by his experiments upon animals; the second, by his administration of it to man." We cannot allow this "sharing of the honour," and we are convinced M. Jobert will acknowledge it to be rather disingenuous. The greater part of his conclusions are not new; they are those generally adopted in this country. But in comparing chloroform and ether, he remarks:—"Ether irritates the passages which it traverses, is disagreeable to the patient, and excites cough. Chloroform produces no irritation, and is pleasant (?) to those who use it. Chloroform produces but feeble organic muscular irritation; ether excites it violently, since its inspiration causes agitation of the heart and other muscles. Ether provokes its anæsthetic effects slowly, and they are prolonged over some time, under the form of intoxication, pain in the head, pulse small, and coldness of the body. Chloroform, however, ceases acting after the removal of the apparatus. Ether changes the colour and consistence of the blood. Such is not the case with chloroform. Chloroform does not interfere with the cicatrization of the wound; ether renders it slow, by diminishing the consistence of the plastic lymph. Ether excites the organs of generation; chloroform does not. Ether can with difficulty produce death; such is not the case with chloroform, which can make life cease instantaneously when the patient is not very closely watched." He infers "that ether is preferable to chloroform in cases where there is great depression of the nervous system from sudden injury, as after a gun-shot wound; in cases where there has been a long and abundant suppuration, great loss of blood, or where the chlorotic condition is in an advanced state." We understand that Mr. Stanley of St. Bartholomew's Hospital, is now giving sulphuric ether a more extended trial, in producing insensibility upon patients about to undergo operations; and perhaps it may be found that there are cases specially adapted to both preparations. Chloric ether, too—at one time used as an anæsthetic extensively by Mr. Lawrence in private practice—should not be forgotten; it can be inhaled readily in cases where sulphuric ether excites the most uncontrollable cough.—*Medical Times and Gazette*, July 9th.

#### ON THE ETIOLOGY OF MAMMARY ABSCESS. BY M. NELATON.

M. Nelaton states that, as the result of his examination of the history of a great number of these cases, he is very sceptical as to the truth of the supposition which attributes their occurrence to exposure of the breasts. He believes that abscesses are very often due to the existence of chaps or sores of the nipple, whence the irritation is propagated along the lymphatics of the organ—just as a wound of the foot or hand will give rise to inflammation in the vicinity of the glands of the groin or axilla. Once excited in the breast, the inflammation may become speedily propagated to the deeper parts of the organ. M. Sappey's preparations of the lymphatics exhibit the great abundance of these vessels, which almost all arise at the nipple or areola, spreading and ramifying from this common centre in all directions along the fibrous partitions of the gland. Another important point is, the pretty direct relation which exists between the situation of the chap and that of the mammary inflammation. If situated at the upper part of the nipple, the inflammation will usually be found at the upper part of the breast, and so on for the other localities. The case which immediately gave rise to these observations also led to another of interest in relation to *diagnosis*. The puncture, after having at first furnished pure, healthy pus, yielded a sanguinolent pus to compression two days afterwards. It may be laid down as an *absolute rule*, that whenever an abscess at the surface of the body thus comports itself—the fluid taking on a

bloody appearance without obvious cause—a second abscess has become developed in the vicinity of the first. Our attention being thus directed to this point, we shall usually be able to discover this second tumour. The wall interposed between the two collections becomes the seat of great turgescence, and of a considerable afflux of blood; and a sanguineous transudation takes place into the interior of the first cavity.—*Rev. Med. Chir.*, xiii. 169.

#### M. NELATON ON THE MEANS OF AVERTING DEATH FROM THE ADMINISTRATION OF CHLOROFORM.

M. Nelaton is of opinion that death in such cases is the result of syncope produced by the vapour of chloroform; consequently, the means he adopts to overcome this state, is the rapid and complete inversion of the body of the patient. On one occasion, while performing an operation in the hospital of St. Louis, he observed the face of the patient becoming pale, and the pulse could not be felt. He immediately caused his assistants to seize the patient by the feet, and hold him head downmost for an instant. The blood immediately flowed to the head, and respiration was re-established. M. Denonvilliers having heard of this suggestion, put it in practice at the Clinical Hospital with success. The inversion of the body might also be applied to some cases of prolonged syncope, which have resisted the means commonly used. M. Ricord's opinion that death from etherization is the effect of asphyxia, has led to the employment of artificial respiration in cases of threatened death. In an operation for extirpation of the testicle, M. Ricord, observing his patient almost dead from the effects of chloroform, immediately had recourse to this means, alternately blowing into the air passages, and compressing the chest. This soon restored the movement of the heart. M. Ricord mentions that this is the fourth case in which he had successfully employed *insufflations*.—*Revue Medicale*, April, 1853.

#### ON FERRUGINOUS COLLODION. BY M. ARAN.

Having observed the utility of the salts of iron in erysipelas, M. Aran, to facilitate their application, combined them with collodion, forming a preparation which united the compressive and astringent effects. It consists of equal parts of collodion and Bestueh's tincture (ethereal tincture of perchloride of iron). Spread on the skin, it forms a somewhat thinner pellicle than ordinary collodion, but it is much more supple and resisting, so that the limb can be moved in any direction without the cracking which takes place when collodion alone is used. Its adhesion is also more prolonged.—*Bull. de Therap.*, xlv. 370.

### Obituary.

June 29.—ALFRED WAINEHOUSE, Esq., M.R.C.S. Eng. 1831; L.S.A. 1830, at his residence High-street, Halifax, Yorkshire. The deceased was without practice, and of somewhat eccentric habits, having for some time past lived quite secluded, and was scarcely known amongst his professional brethren. It appears, that on the Tuesday previous, while in a very depressed state of mind, he obtained two ounces of tincture of opium or laudanum, from Mr. Baneroff, a druggist. He wandered about, and at different times took the whole of the poison, and then went to bed. He died the following day, after being attended by Mr. Hodgson.

June 30.—WILLIAM TURNER, Esq., M.R.C.S. Eng. and L.S.A. 1836 (of Percy-street, Newcastle-on-Tyne), at Briery hall, near Stannington, aged 40. Mr. Turner was certifying-surgeon to the factories in the district.

Lately.—WILLIAM NICHOLL, M.D. at Bristol, aged 75.

Lately.—S. Goldry, Esq., at Bristol, aged 48.

Lately.—James Goulding, Esq., late of Sligo, Ireland, at Port Philip.

Lately.—M. Le Docteur Abraham, at Paris, Member of the Academy of Medicine, at a very advanced age.



## Medical News.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners on the 8th inst:—James Collinge, Manchester; James Evers Coward, Tiverton, Devon; Edward James, Exeter; John Ingham Fearley Marshall, York; Frederick Northover, North Brixton; Francis M'Manus Russell, Quebec; Thomas Robert Williams, Wincanton, Somerset; Lake Young, London.—The following gentlemen were admitted members on the 11th inst:—Arthur Duprey, Manritins; John Hume, North Shields; Frederick Bellingham Swann, Weedon; Thomas Tomlinson, Maldon, Essex; Edmund Waller, Chesterfield, Derbyshire; William Philip Whitcombe, Wolverhampton.

**APOTHECARIES' HALL.**—Names of gentlemen who passed examination in the science and practice of medicine, and received certificates to practise on Thursday, July 7, 1853: John Bolton Adams; John Evans Havard, Llangollen, S.W.; Joseph Beauchamp Matthews, Oxfordshire; Henry Cooper Rose, Canterbury; Peter Leigh Sadler, Warrington; James Syme, Cumberland; John Henry Thomas, Llanamlet.

**COLLEGIATE ELECTION.**—At a meeting of the Council of the Royal College of Surgeons, on Thursday last, James Luke, Esq., the Senior Surgeon of the London Hospital, was elected President, and Messrs. Guthrie and Lawrence, were elected Vice-Presidents of the College for the ensuing year.

**THE ROYAL COLLEGE OF SURGEONS FELLOWS' DINNER.**—took place on Thursday, the 7th of July, at the Freemasons' Tavern, W. J. Wilson, Esq., of Manchester, in the chair. Nearly 120 Fellows of the College sat down to dinner. The chairman was supported on the right by the President of the Royal College of Physicians, and on the left by the President of the Royal College of Surgeons. Among the Fellows present were Messrs. Hey, Teale, and Nunnally, of Leeds; Hey, of York; Toogood and Paget, of Leicester; Jordan, of Manchester. Dr. Conolly was the only visitor present, with the exception of Dr. Paris. After the usual loyal toasts, the Chairman gave a variety of professional toasts, which were responded to by Messrs. Green, Stanley (who consented to act as Chairman at the next Anniversary Meeting), Lawrence, Owen, Paget, Jordan, Toogood, etc. Sir Benjamin Brodie proposed the health of the Chairman, in an admirable speech on the independence of the Medical Profession, showing, that even the most exalted in station cannot at any time render services so great as we, in our turn, may render them.

**PRINCE ALBERT.**—His Royal Highness has passed favourably through the measles, and is now convalescent.

**PINTO INDIANS.**—Dr. Ludlow, of New York, communicates to the "Medical Times" of that city, some account of a peculiar class of aboriginal inhabitants of certain parts of Mexico, received by him from Colonel Ramsey, formerly of the United States army. It seems they are a race, poor and ignorant, living mostly in villages by themselves, near the city of Puebla, speaking the Aztec language, and distinguished by different coloured spots on the skin of the same individual. From this last they derive their name, "Pintos," or painted people. No two of them are alike. Some have one hand black and the other white, and the face spotted grey, blue, black or white. Others have one half the face lead colour, and the other half of a copper hne. Sometimes the face is all blue, again all black or red, and the body the natural Indian colour. No authentic account could be obtained of this singular race of beings, nor does their disease seem to be well understood. It is probable, however, that it is merely cutaneous, and not in any degree contagious, and no more hereditary than are the habits which in a long course of years have probably given rise to it.

**DORSET COUNTY LUNATIC ASYLUM.**—At the last sessions, the committee of the County Lunatic Asylum presented a report, from which it appeared that there were 157 lunatics in the asylum, at a cost of £845, being £28 over the receipts for that purpose; and that at Dr. Finch's there were 48, the cost of whose keep equalled the interest of the £10,000 which it was proposed to borrow for the purpose of building a new asylum or enlarging the present one.

**IMPORTANT PRACTICE FOR MEDICAL MEN BEFORE LAW COURTS.**—BROMPTON COUNTY COURT (Friday week).—*Tate v. Webb.*—This was an action to recover £5 6s. 6d. for medicine and attendance, and afforded some practical information to medical men suing their patients in the County Courts. Mr. Roberts, solicitor, appeared for the defendant, and Mr. Tate was assisted by Mr. Franklin, the Manager to the Medical Protection Society. Mr. Roberts said he did not deny that plaintiff had attended his client, but he would at once object to the plaintiff's bill of particulars, which did not contain any dates, and visits and medicines were lumped together. They had a right to know the charge for visits on each day, and for medicine each day. The plaintiff might as well have charged £10 in a lump as £5; and, if the Court held that the particulars were sufficient, he should call upon Mr. Tate to prove the delivery of the medicine. The plaintiff said the bill had been standing six years, and the young man who made up, and the boy who delivered, the medicine, were not now in his service, and, consequently, he was not in a position to prove the delivery. With respect to the dates and dividing the visits from the medicine, his ledger did not show. The day-book would, but he had not brought it with him. There were twenty-seven visits in all, which, at 2s. 6d. a visit, would amount to £3 17s. 6d., and the remainder would be for medicine. Mr. Franklin said he had called several times for the account, and Mr. Webb never denied the debt. The Judge said he considered, that in a case like this, which was got up by a Protection Society, they should have come better prepared, and he had a right to expect more accuracy than from a private individual. He would nonsuit the plaintiff, to afford him an opportunity to furnish full particulars; but he would have to pay defendant's costs of the day, or he would give a judgment for the twenty-seven visits which plaintiff could swear to. Mr. Tate said he would prefer a judgment for the visits, at 2s. 6d. each. Mr. Roberts said this sum was too much. What use were visits; feeling a pulse would not heal a wound. The Judge said he should only allow 1s. 6d. a visit. Judgment for £2 0s. 6d.—*Tate v. Blyth.*—This was brought to recover £9 5s. 6d. Mr. Roberts took a similar objection to the preceding, and very coolly said it looked very suspicious for the plaintiff to let his accounts run for six years. Mr. Tate said that was small thanks for his lenity, and he was afraid some few on his books would not have to thank Mr. Roberts for the defence. He was, however, in no better position than in the other case. Mr. Roberts said, without prejudice, he would offer plaintiff £3 in full of all demands. The Judge said he must nonsuit the plaintiff unless he could agree with the defendant. The whole of his cases fell short of proof, and did no credit to the Society getting them up. Mr. Tate said he could not take £3, but would strike off such medicine as he could not prove. Ultimately, judgment was given for £5 10s. 6d. only. In another case Mr. Tate accepted a nonsuit in preference to a verdict of 12s. 6d., he having, however, to pay the defendant's expenses. From the above it is clear, medical men must divide visits from medicine, give dates and prices in their bills, and be prepared to prove the delivery of each bottle, &c. If this be good law, it must put an end to giving long credit.

**STRATHSPEY.**—PRESENTATION TO JAMES EDWARD, Esq., M.D.—About two months ago, a number of the friends and acquaintances of James Edward, Esq., M.D., met together, and agreed to subscribe for the purchase of some testimonial, to be presented to Dr. Edward, as a token of



their esteem and of their appreciation of his professional services during the period of seven years which he has resided among them. In a very short time the subscription-list increased largely, and in amount exceeded £80. The committee appointed to carry the object in view into effect, expended that sum in the purchase of a handsome service of plate; and we are sure that all who have known the worthy doctor's energy of character and professional skill, will rejoice in this public testimony to the estimation in which he is held. The presentation of the plate took place at the Grant Arm's Inn, Grantown, on Thursday, the 16th instant. The Rev. Mr. Stewart, of Abernethy, presented the plate in the name of the subscribers. Dr. Edward replied in becoming terms, assuring them of the gratification afforded to him by the presentation of such a testimonial, and the encouragement it gave to him to devote himself to the service of Strathspey with increased energy and resolution. The plate was manufactured by Robb and Whittet, silversmiths, Edinburgh. The workmanship was executed in the best style.

**TESTIMONIAL.**—At a Board of Inquiry into the cause of the great sickness and mortality on board the Ticonderoga emigrant-ship, which sailed from Liverpool, in August, 1852, and arrived at Melbourne the following November, the first Surgeon-Superintendent, J. C. Sanger, M.D., was awarded a present of 50*l.*, in addition to his pay, in consideration of his extra services.

## Notices to Correspondents.

**F.R.M.C.S.**—We cannot discover that your observation invalidates in any degree the conclusions arrived at by Professor Faraday. The phenomena appear to us to be sufficiently explained by the cause assigned.

**SOCIUS.**—You shall hear from us so soon as the Bill shall appear.

**DR. BANKS.**—The work is now in course of publication in Paris. We have not seen any translation advertised.

**MEDICUS (Cheltenham).**—Certainly not.

**MR. T. B.**—Sir Henry Holland is the author of "Medical Notes and Reflections." There was a rumour that he was to have been raised to the peerage, but it was mere gossip, her Majesty thinking, probably, like George IV., who, when he was asked to create a medical man a peer, observed, "Then his patients would exclaim, 'Good Lord deliver us!'"

**A SANITARY REFORMER.**—Your remarks are just, but we have not space for their insertion. The cholera is raging with violence at St. Petersburg, where it appears likely to become endemic.

**M.R.C.S. (Eng.).**—We are unable to give you precise information on the subject of your letter. There are certain Ottoman surgeons who were educated in France, but they are few in number. It is not unlikely that a few enterprising and well-qualified men might find employment in Turkey at the present time,—in truth, we think it a good field. If the Porte should go to war, good surgeons would be at a premium, and a man who succeeded in distinguishing himself there would be well paid.

**A UNION MEDICAL OFFICER.**—Communication received and kept for reference. Many thanks for kind wishes.

**SENEX (Derby).**—Inquiries have been made, and we find that the agent has duped you by false representations.

**R. B. (L.S.A.).**—The income of the society is not generally known, but they have declared that they have no funds wherewith to prosecute illegal practitioners.

**MR. SCOTT.**—The time already served will be allowed. The indentures should be transferred and duly stamped.

**INVALID.**—The person referred to is not a legally qualified medical practitioner.

**OMEGA.**—We have not heard any such rumour, and we think it erroneous.

**A STUDENT.**—You will perceive a full account of the process in Fowne's Chemistry. It is too long for republication in the "Circular."

**Dr. WM. KINGSLEY, Dr. Robert Stewart, Nil Desperandum, Dr. Tyler,** communications received.

**M.D. (London).**—Your communication on closing the Crystal Palace on Sundays has been received, but is too late for insertion in this number.

**A. B. C.**—The case should be submitted to a competent practitioner. We cannot give an opinion.

**A COUNTRY SURGEON.**—You are legally entitled to the fee for setting the fracture. We wonder at the obstinacy and injustice of the Board.

**MR. WILSON.**—1st, Yes. 2nd, Yes. 3rd, It is not decided.

**INDOCTUS.**—A private note has been sent.

**M.B.**—There is no vacancy.

**MR. EDWIN HEARNE (Southampton).**—The letter to which our attention has been directed is sufficiently foolish to defeat the intended object. We are of opinion that the less notice the profession takes of these absurdities, the sooner they will die out.

**MR. R. S.**—You will find the subject fully treated in the "Supplement to the Second Volume of Müller's Elements of Physiology," by Baly and Kirkes, and in Dr. Tyler Smith's work on "Parturition." M. Bischoff and Raciborski consider that there is no essential difference between *heat* in the lower animals and *menstruation* in women, and conceive that impregnation cannot take place later than eight or twelve days—Raciborski says less—after menstruation. This opinion has, however, been recently disputed, as well as the fundamental idea of the dependence of menstruation on ovulation. The subject is highly interesting.

*To the Editor of the "Medical Circular."*

**SIR,**—Your exposure of the quasi-discovery of Mr. Toynbee and the Society of Arts, merits the approval of every man desirous of promoting effectual reform. It is not the mere pretender to a knowledge of medical and surgical knowledge that brings the profession into disrepute; the scientific societies are made available as a means for advertising. It is really sickening to hear, night after night, the twaddle of *your friend* Toynbee at the Royal Medico-Chirurgical, Pathological, and other Societies. It is a constant reference to "My paper read at the Medico-Chirurgical Society;" "My paper at the Royal Society;" "My paper at the Pathological Society." Surely the governing bodies of those Societies have heard all this *usque ad nauseam*. The Societies are constantly abused by such trash, whilst the papers of really *intelligent* men, especially if they should chance to be engaged in general practice, are shamefully mutilated.

Yours, &c.,

A FELLOW OF THE ROYAL MEDICO-CHIRURGICAL,  
AND MEMBER OF THE PATHOLOGICAL SOCIETIES.

**VINDEX.**—Although your letter is marked "Private," we deem it no breach of courtesy to inform you that we highly approve the spirit in which it is written.

*To the Editor of the "Medical Circular."*

**SIR,**—Perhaps you don't think that the "religious war" now waging in the columns of your contemporary is deserving of your attention, but you may possibly like to know that the "Six hundred and forty physicians, surgeons, and general practitioners" who have signed a petition for the closure of the Crystal Palace on Sundays, are also about to back up their first petition with a second, praying the legislature to hang the trees on Sundays in Hyde-park with black, to cause the flowers to shut up their beautiful petals, and to extinguish their fragrance by carrying out the principle of Phillips's Fire-Annihilator, and directing clouds of London smoke upon their sweet fountains of odour; in short, sir, to put nature into mourning, as they deem it a great sin that man should gratify his olfactory nerves, and regale his eyesight, by admiring the loveliest works of God on a Sunday. The argument, as I have heard it stated, is this—that as it is avowedly sinful to delight the mind on Sundays with the admiration of works of art, it must be equally so to admire the works of God, which equally evince design, beauty, and utility, and are in a still higher degree pleasant to the senses; ergo, the universe must be shut up, and mankind confined on Sabbaths to their dark prison-holes and dreary thoughts. I am nearly inclined to believe that the Creator has made a mistake, and been too beneficent in allowing the flowers to bloom, the fragrant winds to blow, and the bright sun himself to shine upon us so gloriously upon the Sabbath-day. What, sir, is your opinion?

I am, sir, yours most respectfully,

AMICUS.

[We are afraid that our correspondent is, to use an Americanism, "poking his fun at us," and yet his observations have such a sensible look that we can forgive him. He appears, despite his modesty, to have judgment enough to decide for himself. We dislike controversial topics.]



## ADVERTISEMENTS.

### MR. HOOPER'S IMPROVED INVALID WATER OR AIR CUSHIONS, AND MATTRESSES OR BEDS.

Being made of prepared India-rubber, without the admixture of cloth materials, Leakage is avoided.

See the "LANCET," Jan. 25, 1851.



**CUSHIONS FOR BED-SORES.**—Whether threatened with Sloughing, or in which Sloughing has taken place, Fractures, Dislocated Joints, Ulcerated Cartilages, Coldness of the Stomach, Pain in the Bowels, Spasms, Lassitude, Typhoid and other Fevers, Gouty and Rheumatic Affections, Cancer, Ovarian Dropsy, Coldness of the Stomach and Feet, Consumptive and all Bed-ridden Patients. They are simply placed on an ordinary mattress, and covered with two or three blankets and a sheet as an ordinary bed.

For further reports of their utility, see Mr. Cæsar Hawkins's Letter in the "Lancet," Oct. 27, 1849; Dr. Hake's Letter in the "Provincial Medical and Surgical Journal," Nov. 1, 1850; Dr. Thorn's Letter, "Medical Times," March 20, 1851; also the "Institute," February 8th, and the "Lancet," Jan. 25th, and Feb. 15th, 1851.

### Horne, Thornthwaite, and Wood,

OPTICIANS and PHILOSOPHICAL INSTRUMENT MAKERS, 123 and 121, NEWGATE STREET, LONDON.

ELECTRO-GALVANIC MACHINES, £3 3s., £5 5s., £8 8s. and upwards.  
ACHROMATIC MEDICAL MICROSCOPES, £5 5s., £7 10s., and upwards.  
URINOMETERS, 4s. 6d., 10s. 6d., 15s., and upwards.

PATENT PANTOSCOPIC and other SPECTACLES, accurately adjusted to the condition of the Eye by Smee's Optometer.

### Dr. Fitch's Patent Abdominal Sup-

porter gives permanent relief to Ladies suffering from internal complaints, or during and after pregnancy, prolapsus uteri, &c.; also to Gentlemen, for corpulency, prevention of ruptures or injuries from athletic exercises, debility, &c. It will be forwarded to Medical Gentlemen for inspection, free, by addressing a line to L. H. Chandler, 66, Berners-street, Oxford-street.

"It is an ingenious instrument, and is constructed upon correct anatomical principles."—Extract from the "Lancet," of Sept. 18.

### New Microscopes.—Pritchard's

new Miniature Travelling Achromatic Microscope, price Five Guineas. (See description in "The History of Infusorial Animacules, Living and Fossil," third edition, just published.) Also Pritchard's Naturalist's and Medical Achromatic Microscope, price £7 10s. —Pritchard's lever-stage Achromatic Microscope, price £10 10s. —Pritchard's Standard Achromatic Microscope, price Fifteen Guineas. All these Instruments embrace the latest improvements. The Clergy, Medical Profession, and Amateurs supplied with Achromatic Object Glasses to any Microscope, Micrometers, Polarizing Apparatus, and Microscopic Preparations of all kinds. S. STRAKER will forward, post free, a new price-list of Microscopes, &c. 162, Fleet-street, London.

### Jozeau's Copahine-mege, or Sac-

charated CAPSULES, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhœa, Gleet, and Leucorrhœal Discharges, on an average of six days (see "Lancet" of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by G. Jozeau, sole French Chemist, 49, Haymarket, London; and Jozeau, Pharmacien, 161, Rue Montmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with the name of Gabriel Jozeau printed thereon.

### Allsopp's Pale Ale.—It is seldom

that the enjoyment of a luxury is authenticated by the full approbation of the physician. In the special instance of Messrs. Allsopp's Ales, however, recent circumstances have given occasion to a renewal by the faculty of those recommendations which first insured their vast popularity. I have, therefore, made arrangements for supplying them genuine as from the brewery, and in fine condition, from my cellars, at 8s. per dozen quarts; pints, 5s.; and half-pints, 3s., imperial measure only (by which the public gain one-third); and also in kilderkins (18 gallons), for draught, at 30s.—HARRINGTON PARKER, 5½, Pall-Mall.

### HEALTHY SKIN.

### The Electric Rubber for the Skin.—

The valuable properties of this Rubber are still but little known. It has received the valuable testimony of many of the first Members of the Medical Profession, and also Private Gentlemen. The utility of a daily application, particularly after the cold bath, or sponging, both in restoring the heat of the blood and skin, without in any way injuring the skin, will be self-evident upon the inspection, or one trial, of the Elastic Rubber, made solely for LUDLAM'S, 159 and 160, Oxford-street.

### TO PHYSICIANS, SURGEONS, AND DRUGGISTS.

#### BROWN'S CANTHARIDINE BLISTERING TISSUE,

Prepared from pure Cantharidine.

### An Elegant Preparation, Vesicating

in much less time than the Emp. Lyttæ. P.L., easily applied and removed, and will not produce stranguary or troublesome after-sores. It has received the sanction and commendation of the most eminent practitioners in the kingdom.—In Tin Cases, containing twelve square feet, 6s. 6d.; and small Cases of six feet, 3s. 6d. each.

#### BROWN'S TISSUE DRESSING,

An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the "New York Journal of Medicine," March 1st, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharidis are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the medical profession.

"Accompanying this article is a very simple and neat dressing."

From the "Medical Examiner and Record of Medical Science," for May, 1850, published in Philadelphia.

"We have received from Mr. George D. Phelps of New York, specimens of Brown's Cantharidine Blistering Plaster and Dressing, with which our readers are doubtless familiar as a new and exceedingly neat preparation, easy of application and certain in their effects. We have given them a fair trial, and find they fully answer our expectations."

"Army Medical Department, January 16th, 1847.

"The Principal Medical Officer of the General Hospital, Port Pitt, Chatham, reports that Mr. Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of stranguary.

ANDREW SMITH, M.D.

"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist."

Prepared by THOMAS B. BROWN, PHARMACEUTICAL CHEMIST, 42, ADMIRAL-TERRACE, VAUXHALL-BRIDGE-ROAD, LONDON; and sold by the Sole Consignee, Mr. William Bailey, Wolverhampton, and all Wholesale and Retail Druggists and Medicine Agents throughout the British Empire.



## Medical Agency, 50, Lincoln's-inn-fields, Conducted by

**MR. BOWMER, M.R.C.S.L.**

All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.  
(OFFICE HOURS, 11 TILL 4.)

## Medical Practice in Islington—

TO BE SOLD, upon easy terms, for a nominal sum, the nucleus of a Practice in the best part of Islington, returning about £300 per annum. The introduction will be short, ill-health being the sole cause of parting with it. Address A. P. X., "Medical Circular" Office, 128, Strand.

## Medical Practice for Disposal.—

Receipts £300, of which £100 is guaranteed. As only a short introduction can be given, it will be disposed of for £200. To a Gentleman commencing practice this affords an excellent opening. Address M. D., "Medical Circular" Office, 128, Strand.

## Royal College of Physicians, Degree

OF M.D., APOTHECARIES' HALL, &c.—DR. COOKE continues to assist (personally or by correspondence) Gentlemen desirous of Graduating in Medicine or Surgery, or of Matriculating at British or Continental Examining Boards.—For terms, &c., apply to DR. COOKE, East Temple Chambers, 2, Whitefriars-street, Fleet-street.

## To all Bad Writers.—Mr. T. H.

CARSTAIRS continues to give LESSONS to Ladies and Gentlemen in his highly improved METHOD OF WRITING, enabling all those who require it to obtain a command and freedom seldom (if ever) equalled. Prospectuses of terms, &c., may be had at the Establishment, 81, Lombard-street, City.

## Patent Self-adjusting Trusses.—

SALMON, ODY, and Co. most respectfully inform the Public that their Patent Self-adjusting Trusses afford more ease and security for the relief of HERNIA than any other instrument for the purpose. They will answer for right or left side, requiring no understrap, or any galling bandage. Persons in the Country are requested to send the circumference of the Body one inch below the Hips.

CAUTION.—As many mercenary Druggists are vending an inferior article, purchasers are requested to observe that SALMON, ODY, and Co., 292, Strand, London, is marked upon the leather case.

Sold by one or more Druggist in every City and principal Town in the United Kingdom.

## United Kingdom Life Assurance

COMPANY.—Established by Act of Parliament in 1834, 8, Waterloo-place, Pall-mall, London.

### HONORARY PRESIDENTS.

Earl of Courtown. Lord Elphinstone.  
Earl of Leven and Melville. Lord Belhaven and Stenton.  
Earl of Norbury. W. Campbell, Esq. of Tillichewan.  
Viscount Falkland.

### LONDON BOARD.

CHAIRMAN.—CHARLES GRAHAM, Esq., F.S.A.  
DEPUTY-CHAIRMAN.—CHARLES DOWNES, Esq.  
H. Blair Avarne, Esq. J. G. Henriques, Esq.  
E. Lennox Boyd, Esq., RESIDENT. F. C. Maitland, Esq.  
Charles Berwick Curtis, Esq. William Railton, Esq.  
William Fairlie, Esq. Thomas Thorby, Esq.  
D. Q. Henriques, Esq.

### MEDICAL OFFICER.

Arthur H. Hassall, Esq. M.D. 8, Bennett-street, St. James's.  
The Bonus added to Policies from March, 1834, to December 31, 1847, is as follows:—

Sum Assured.	Time Assured.	Sum added to Policy in 1841.	Sum added to Policy in 1848.	Sum payable at Death.
£	Yrs. Mts.	£ s. d.	£ s. d.	£ s. d.
5,000	13 10	683 6 8	787 10 0	6,470 16 8
*1,000	7 0	. . . .	157 10 0	1,157 10 0
500	1 0	. . . .	11 5 0	511 5 0

\* EXAMPLE.—At the commencement of the year 1841 a person aged 30 took out a policy for £1,000, the annual payment for which is £24 1s. 8d.; in 1847 he had paid in premiums £168 11s. 8d.; but the profits being 2½ per cent. per annum on the sum insured (which is £22 10s. per annum for each £1,000), he had £157 10s. added to the policy, almost as much as the premiums paid.

The premiums, nevertheless, are on the most moderate scale, and only one-half need be paid for the first five years, when the Insurance is for Life. Every information will be afforded on application to the Resident Director.

## A New Era in Medical Electricity

is opened by PULVERMACHER'S PATENT PORTABLE HYDRO-ELECTRIC CHAIN BATTERIES.



One Hundred and Twenty Plates permanently connected and arranged, so as to be at all moments ready for instantaneous use, communicating shocks through eight to ten persons—ALWAYS IN THE SAME DIRECTION, and primary VOLTAISM, not secondary currents, as in the old Coil Machines—producing powerful contractions, decomposing distilled water, &c., &c. WEIGHT ABOUT EIGHT OUNCES, and CAN BE CARRIED IN A POCKET-BOOK.

At present a medical man may, at a reasonable expense, carry with him in his daily practice an inexhaustible source of primary Galvanism always ready for instantaneous use wherever a cup of vinegar can be procured, and producing all the effects that he can desire—a circumstance, the importance of which can scarcely be overrated, whether we look to cases of sudden emergency (swoons, fits, catalepsia, asphyxia, uterine hæmorrhage, &c.), or to the frequent opportunities and the facilities thereby afforded of applying ONE OF THE MOST POWERFUL AND UNIVERSAL THERAPEUTIC AGENTS, which has hitherto been kept back only through the difficulties attendant upon its use.



WEAKER CHAINS are constructed on the same principle, to be worn on the body under the garments, communicating a MILD but CONTINUOUS current to the system, which has been found of the most eminent benefit in many various forms of CHRONIC Diseases, where a mild but lasting stimulus of the functions of the nerves is indicated, and to assist the effect of specific remedies, THE ACTION OF THE CHAINS BEING MADE LOCAL OR GENERAL, AT WILL.

The Invention has been demonstrated with great success before

THE ROYAL COLLEGE OF PHYSICIANS,  
THE ROYAL COLLEGE OF SURGEONS,  
THE ROYAL PHARMACEUTICAL SOCIETY,  
THE ROYAL BRITISH ASSOCIATION,  
THE ACADEMIE DE MEDICINE (voted thanks to the Inventor).  
THE ACADEMIE DES SCIENCES AT PARIS,

And is already in extensive use in nearly all the Hospitals in London, Edinburgh, Paris, and Vienna.

Extract of a Letter from that distinguished Physician of Guy's Hospital, Dr. GOLDING BIRD, M.D., F.R.S., F.R.C.P., &c., &c. (Published with his kind permission):

"We have in this ingenious Invention that which has long been a desideratum, viz., an apparatus of the smallest possible bulk, capable of evolving a CONTINUOUS uninterrupted current of Electricity, of moderate tension, and always in one direction. . . . I can scarcely recommend Dr. Pulvermacher's Invention too strongly to the notice of my medical brethren."

A FULL DESCRIPTION OF THIS IMPORTANT DISCOVERY, WITH SPECIFIED DIRECTIONS FOR THE USE, Testimonials from high Scientific Authorities, &c., may be had (by post for two stamps), AND THE CHAINS MAY BE FREELY TESTED, at Mr. CH. MEINIG's head depots, 103, Leadenhall-street, and 71, Regent-street, London (at Paris, 45, Rue Richer, and 12, Boulevard des Italiens), and from all C. MEINIG's Agents in town, country, and the colonies.

## Shower and all Domestic Baths.—

Purchasers of these valuable and important family requisites, should immediately inspect DEANE, DRAY and Co's extensive Stock, warranted the best manufactured, both for finish and durability. Deane, Dray, and Co.'s RECUMBENT SHOWER-BATH, forms at the same time an excellent Sponging-bath, and may also be used as a Hip-bath, thus affording to all the members of a family the various applications of the bath. Shower-baths of improved construction; hip, plunging, sponging, vapour, and other baths, of various sizes, and patterns. An illustrated pamphlet on baths and bathing may be had on application, or free by post. Established A.D. 1700.

Deane, Dray, and C. (opening to the Monument), London-bridge.

The Publisher of the "MEDICAL CIRCULAR," in answer to several enquiries from the country, begs to state that the following are the terms for inserting Advertisements:—

Eight lines and under . . . .	£0 6 0
Every additional line . . . .	0 0 6
Whole Column . . . .	2 15 0
Whole Page . . . .	5 5 0

London: Printed by WILLIAM TROUNCE, at his Office, No. 9, Cursitor-street, Chancery-lane, in the Parish of St. Andrew, Holborn, in the County of Middlesex; and published by CHARLES JAMES HARRIS, at No. 123, Strand, in the City of Westminster.—July 20th, 1853.



THE  
MEDICAL CIRCULAR  
AND  
General Medical Advertiser.

No. 30, NEW SERIES. }  
No. 56. }

WEDNESDAY, JULY 27, 1853.

{THREEPENCE.  
STAMPED, 4d.

TABLE OF CONTENTS.

	Page		Page
Leading Articles:		Biographical Notices	71
The Vaccination Bill	61	Reviews	72
Poor-law Medical Relief	61	Medical Notes and Queries	73
Mirror of Periodical Literature	62	Correspondence	73
Contents of the Medical Journals	65	Parliamentary Intelligence	74
Books received for Review	66	Our Note Book	75
Introduction to the Medical and Philosophical Study of Dumb-Deafness	66	Obituary	76
The Anatomy of Quackery (No. XXV)—		Medical News	76
Dr. Solomon's Balm of Gilead, Anti-Impetigines, &c.	69	Notices to Correspondents	77

Shower and all Domestic Baths.—

Purchasers of these valuable and important family requisites, should immediately inspect DEANE, DRAY and Co's extensive Stock, warranted the best manufactured, both for finish and durability. Deane, Dray, and Co.'s RECUMBENT SHOWER-BATH, forms at the same time an excellent Sponging-bath, and may also be used as a Hip-bath, thus affording to all the members of a family the various applications of the bath. Shower-baths of improved construction; hip, plunging, sponging, vapour, and other baths, of various sizes, and patterns. An illustrated pamphlet on baths and bathing may be had on application, or free by post.

Established A.D. 1700.

Deane, Dray, and C. (opening to the Monument), London-bridge.

New Microscopes.—Pritchard's

new Miniature Travelling Achromatic Microscope, price Five Guineas. (See description in "The History of Infusorial Animacules, Living and Fossil," third edition, just published.) Also Pritchard's Naturalist's and Medical Achromatic Microscope, price £7 10s.—Pritchard's lever-stage Achromatic Microscope, price £10 10s.—Pritchard's Standard Achromatic Microscope, price Fifteen Guineas. All these Instruments embrace the latest improvements. The Clergy, Medical Profession, and Amateurs supplied with Achromatic Object Glasses to any Microscope, Micrometers, Polarizing Apparatus, and Microscopic Preparations of all kinds. S. STRAKER will forward, post free, a new price-list of Microscopes, &c. 162, Fleet-street, London.

Guthrie's Surgery.—8vo., cloth,

price 14s., POST FREE. COMMENTARIES ON THE SURGERY OF THE WAR in Portugal, Spain, France, and the Netherlands: Showing the Improvements made during and since that period in the Great Art and Science of Surgery, on all the subjects to which they relate: by G. J. GUTHRIE, F.R.S. FIFTH EDITION, revised to 1853, with wood-cuts.

LONDON: HENRY RENSHAW, 356, STRAND.

Fourth Edition, just published, Illustrated, price 1s.

Gilbert on the Extraction of Teeth;

being a work descriptive of a new and much less painful method of operating, by means of Gilbert's Patent Fulcrum. The jaw cannot be fractured or the gums lacerated; there is less danger of breaking the diseased tooth, and of hæmorrhage, &c.

Mr. Gilbert invites the Profession to inspect his invention, from Eleven till Four, at 3, Suffolk-street, Pall-mall.

"We can confidently direct attention to it as a boon to the Profession and the public."—The Lancet, Dec. 2nd.

"It allows of the extraction of teeth in the most scientific and easy manner; and in performing certain other surgical operations, the chair will prove of inestimable value to the surgeon."—Medical Times, Feb. 10th, 1851.

LONDON: Henry Renshaw, 356, Strand.

The Pathology of the Bronchio-

PULMONARY MUCOUS MEMBRANE, by C. BLACK, M.D. Bachelor of Medicine, and formerly Medical Scholar in Physiology and Comparative Anatomy in the University of London. Fellow of the Royal College of Surgeons of England, &c., &c.

LONDON: Simpkin Marshall & Co.

EDINBURGH: Sutherland & Knox.

To all Bad Writers.—Mr. T. H.

CARSTAIRS continues to give LESSONS to Ladies and Gentlemen in his highly improved METHOD OF WRITING, enabling all those who require it to obtain a command and freedom seldom (if ever) equalled. Prospectuses of terms, &c., may be had at the Establishment, 81, Lombard-street, City.

Jozeau's Copahine-mege, or Sac-

charated CAPSULES, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhœa, Gleet, and Leucorrhœal Discharges, on an average of six days (see "Lancet" of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by G. JOZEAU, sole French Chemist, 49, Haymarket, London; and JOZEAU, Pharmacien, 161, Rue Montmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with the name of Gabriel Jozeau printed thereon.

Allsopp's Pale Ale, in Imperial

QUARTS AND PINTS.—Baron Leibig says:—"The specimens of your Pale Ale sent to me afforded me another opportunity of confirming its valuable qualities. I am myself an admirer of this beverage, and my own experience enables me to recommend it, in accordance with the opinion of the most eminent English physicians, as a very agreeable and efficient tonic, and as a general beverage, both for the invalid and the robust.—Glessen, May 6."

Influenced by so eminent an authority, I have resolved to sell Allsopp's Ales exclusively, at 5½, PALL-MALL. I guarantee it first, genuine, as from Burton-on-Trent; secondly, in the finest condition; and thirdly, to be bottled in quarts and pints of IMPERIAL MEASURE ONLY.

	Per Dozen.
Allsopp's Pale Ale, in Imperial Quarts	8s. 0d.
Allsopp's Pale Ale, in Imperial Pints	5s. 0d.
Allsopp's Pale Ale, in Imperial Half-pints	3s. 0d.
Allsopp's Mild Ale, in Imperial Quarts	8s. 6d.
Allsopp's Mild Ale, in Imperial Pints	5s. 6d.
Allsopp's Strong (the Old Burton) Ale, in Imperial Quarts	10s. 6d.
Allsopp's Strong (the Old Burton) Ale, in Imperial Pints	6s. 6d.
Allsopp's Pale Ale, 18-gallon Cask	30s.
Allsopp's Mild Ale, 18-gallon Cask	33s.
Allsopp's Strong (the Old Burton) Ale, 18-gallon Cask	45s.

HARRINGTON PARKER, Beer Merchant, 5½, Pall-mall.



## Medical Agency, 50, Lincoln's-inn-fields, Conducted by

**MR. BOWMER, M.R.C.S.L.**

All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.  
(OFFICE HOURS, 11 TILL 4.)

## Professional Protection—Medical

PRACTITIONERS, SOLICITORS, and others, secured a provision in the event of permanent sickness, or disability from following their ordinary occupation, by payment of a trifling annual premium to the LAW, PROPERTY, ASSURANCE AND TRUST SOCIETY.

HEALTHY AND DISEASED LIVES ASSURED ON ADVANTAGEOUS TERMS.  
WILLIAM NELSON, Actuary and Secretary,  
30, Essex-street, Strand, London.  
Agents wanted.

## To Life Assurers.—A List of all

the principal Offices, their Tables, Names of Secretaries, Medical Officers, and every information required by Assurers will be found indexed and alphabetically arranged in the "LONDON and PROVINCIAL MEDICAL DIRECTORY for 1853." Office, 128, Strand.

## Apothecaries' Hall, College of

Surgeons.—DR. STEGGALL continues to assist gentlemen in their studies, preparatory to Examination at the Royal College of Physicians, College of Surgeons, Apothecaries' Hall, St. Andrew's, Aberdeen, &c., either in class or separately—For terms, &c., apply before One, and after Three o'clock, daily, at 2, Southampton-street, Bloomsbury-square, London.

## Horne, Thornthwaite, and Wood,

OPTICIANS and PHILOSOPHICAL INSTRUMENT MAKERS, 123 and 121, NEWGATE STREET, LONDON.

ELECTRO-GALVANIC MACHINES, £3 3s., £5 5s., £8 8s. and upwards.  
ACHROMATIC MEDICAL MICROSCOPES, £5 5s., £7 10s., and upwards.  
URINOMETERS, 4s. 6d., 10s. 6d., 15s., and upwards.  
PATENT PANTOSCOPIC and other SPECTACLES, accurately adjusted to the condition of the Eye by Smees's Optometer.

NO ACT OF PARLIAMENT REQUIRED TO SETTLE  
THE BOTTLED-BEER QUESTION.

## Earle Brothers & Co. beg to inform

the Public that they have made arrangements to sell Bass's or Allsopp's Pale Ale and other Pale Ales of the first quality, genuine Dublin Stout, in Bottles manufactured expressly for them, containing the full IMPERIAL QUART and PINT MEASURE, at the following prices:—



	s.	d.
Bass's or Allsopp's best Pale Ales, at per Dozen Imperial Quarts	8	0
Ditto ditto Pints	4	6
Genuine Dublin Stout, warranted of the first quality—per Dozen Imperial Quarts	7	0
Ditto ditto Pints	4	0



EARLE BROTHERS & Co., guarantee their Ales and Stout to be of the finest quality, and earnestly invite the Public to avail themselves of the great saving they will make by honouring this firm with their patronage.

EARLE BROTHERS & Co. call the attention of the Public to the important fact, that they are offering

Three Gallons—that is One Dozen and a Half of the present mis-called Quarts and Pints—for a Lower Price than the public is now paying for Two Gallons, or One Dozen of precisely the same article, identical in quality, and brewed by the same eminent firms.

The advantage to the Public is one-third more for the same price.

The Public has loudly complained of the short measure it has been the practice of the dealers in Bottled Beer to give.

EARLE BROTHERS and Co. offer the Public a complete remedy, and respectfully beg the Public to avail themselves of it.

TERMS, CASH.

Bottles charged per dozen Quarts	3	0
Ditto ditto Pints	2	6

Full credit given for the Bottles when returned.

EARLE BROTHERS AND Co.,  
Wine and Beer Merchants,

4, DUNCANNON STREET, TRAFALGAR SQUARE, LONDON.

## Madame Caplin, 58, Berner's-street,

OXFORD STREET, obtained the only prize granted for CORSETS in the United Kingdom at the Great Exhibition, 1851, awarded by the Medical Juror, Class 10, Scientific Section.

Madame Caplin, Inventor and Patentee of the Hygienic and Cor-poriform Corsets, Elastic Bodices, Belts, &c., &c., which, from their anatomical construction, admit of a variety of adaptations suited to all ages and to every case.

Madame Caplin invites ladies to inspect the above, of which they will find an extensive assortment at her Establishment, together with the Invisible Scapula Contractor, or Chest expander, which will be found one of the most valuable inventions ever offered to the public for the prevention of narrow chests, high shoulders, and the general stooping of the body.

The above are recommended by the most eminent medical men, both in England and France, and a description of their merits will be found in Dr. Tilt's new work, "Elements of Female Hygiene."

## New Inventions by Madame Caplin,

58, Berners-street, Oxford-street.—The Compressing Self-adjusting Belt, for the support and diminution of the abdominal muscles, adapted without lacing or straps, thereby avoiding all the inconveniences arising from ordinary belts. It is recommended by the first medical men, who have pronounced it one of the most valuable inventions of the kind hitherto brought before their notice. Also, the Contracting Belt, to be worn immediately after accouchement; it is light in its construction, embraces the whole of the lower part of the body, and becomes stationary by its entire new mode of fastening, whilst the requisite motion is provided for with elastic material being inserted in various parts, and may be regulated at pleasure by the wearer.

## Webb's Fetlock Boots and Knee-

caps.—The purpose of utility arising from their shape is, that they are retained in the desired position on the horse's leg. They are composed of vulcanised india-rubber, to enable them to be easily drawn over the hoof, and retain their position without exerting too great a degree of pressure on the leg.

Wholesale and retail, at Benham and Co.'s Macintosh Warehouse, 118, Oxford-street, (corner of Regent-circus).

## TO PHYSICIANS, SURGEONS, AND DRUGGISTS.

### BROWN'S CANTHARIDINE BLISTERING TISSUE,

*Prepared from pure Cantharidine.*

## An Elegant Preparation, Vesicating

in much less time than the Emp. Lyttae. P.L., easily applied and removed, and will not produce stranguary or troublesome after-ores. It has received the sanction and commendation of the most eminent practitioners in the kingdom.—In Tin Cases, containing twelve square feet, 6s. 6d.; and small Cases of six feet, 3s. 6d. each.

### BROWN'S TISSUE DRESSING,

An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the "New York Journal of Medicine," March 1st, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharidis are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the medical profession.

"Accompanying this article is a very simple and neat dressing."

From the "Medical Examiner and Record of Medical Science," for May, 1850, published in Philadelphia.

"We have received from Mr. George D. Phelps of New York, specimens of Brown's Cantharidine Blistering Plaster and Dressing, with which our readers are doubtless familiar as a new and exceedingly neat preparation, easy of application and certain in their effects. We have given them a fair trial, and find they fully answer our expectations."

"Army Medical Department, January 16th, 1847.

"The Principal Medical Officer of the General Hospital, Port Pitt, Chatham, reports that Mr. Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of stranguary.

ANDREW SMITH, M.D.

"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist."

Prepared by THOMAS B. BROWN, PHARMACEUTICAL CHEMIST, 42 ADMIRAL-TERRACE, VAUXHALL-BRIDGE-ROAD, LONDON; and sold by the Sole Consignee, Mr. William Bailey, Wolverhampton, and all Wholesale and Retail Druggists and Medicine Agents throughout the British Empire.



## The Medical Circular.

WEDNESDAY, JULY 27, 1853.

### THE VACCINATION BILL.

It was with much surprise and regret that we observed that the Vaccination Bill had passed its second reading in the House of Commons, and had been sent into committee. Sir John Pakington, the mover of the measure in the Lower House, admitted that it required certain alterations, which he declared he was willing to make: it therefore behoves the Profession to represent their wishes to this gentleman, as well as to the members of their different boroughs and counties, so that the bill may be brought into greater conformity with the principles of justice and equity.

The Epidemiological Society assert that, while they have been anxious to procure a measure for the more effectual vaccination of the people, they have been strenuous in defence of the independence of their professional brethren. This statement may be quite correct, and they deserve credit for their advocacy; but we cannot abandon our opinion, that a more popularly-constituted body would have pleaded the rights of the Profession with more energy and success. We thought that we possessed such a body in the Provincial Association, and we relied upon its committee for the fulfilment of the duty of acquainting the Government with the objections entertained to the bill by the Profession. We find, however, from a report of the anniversary meeting of the Metropolitan Counties Branch, that, confiding in an understanding with Sir John Pakington, that the bill would not be pushed through Parliament during this session, they have omitted to seek an interview with the Secretary of State. The sooner past neglect is retrieved by an unequivocal declaration of the Profession's wishes, the better for the credit of the committee.

In the absence of such an authoritative expression of opinion as we desire, we recommend our brethren to acquaint their respective borough and county members with their objections to the bill, and earnestly solicit their favourable intervention while it is in committee. No time can be lost: for at this advanced period of the session, and in the present stage of the measure, it may be hastily passed through Parliament, and escape the attention of all but the most vigilant members. Mr. Brady has, in his place in Parliament, helped his brethren most worthily, and we trust that he will not allow the bill to pass through committee without obtaining considerable amendment of its provisions.

### POOR-LAW MEDICAL RELIEF.

THAT Mr. Baines thoroughly appreciates the services of the Union Medical staff, and that he entertains towards

this body a generous and kindly feeling, is obvious from the whole tenor of his recent speech in the House of Commons. Yet, how ardent soever his good-will may be, it is equally evident that his power is inadequate to redress the wrongs which in many instances the medical officers have sustained from the boards of guardians. He informs us that he has received requests "from a very great number of agricultural unions within these last three years," to reduce the salaries of the medical officers, but that he has uniformly refused. In many instances the boards of guardians had affected to approve of the justice of his decisions; but in many more, doubtless, his fiat had encountered a reluctant and sulky compliance. This, however, is not the worst consequence of the division of power. A temperate and judicious letter, recently published in the "Times," affirms that in the case of the writer, the board of guardians had set at nought the decision of the Poor-law Board, by advertising, at the termination of the year, for fresh officers, at the reduced salaries, and thus succeeded in evincing their contempt for the Chief Commissioner, and having their revenge on their dissatisfied medical officers.

What, then, is the inference? Clearly, that the medical officers should be appointed "*quamdiu se bene gesserint*." Nothing but permanency of office will enable the Chief Commissioner to do justice, or inspire the medical officers with a sense of independence and security. While the sordid and parsimonious boards were endeavouring to cut down the paltry salaries of their hard-worked medical officers, in consideration of the "*hardness of the times*," or the "*cheapness of provisions*," they never conceived the design of subjecting the union clerks and other officers to the operation of the same sliding scale. The union clerks, who are in nearly all cases liberally paid for their services, were to be indulged with their beans and clover in the worst seasons, while the wearied, vexed, and shattered medical officers, always underpaid, were to be required to champ their cribbs, and continue to work like post-horses on reduced feeds. The difference of treatment resulted mainly from the fact that the vestry-clerks enjoy permanent appointments, while, as a rule, the union surgeons are subjected to the degradation and misery of periodical election by mutable and capricious masters.

The union clerks enjoy, also, this further advantage over the medical officers, that they attend all the meetings of the guardians, and virtually manage the affairs of the boards; and, doubtless, one of their most important duties is to take care of their own salaries. We think it highly expedient and just, that the medical officers should equally possess the privilege of sitting at the board, and we are sure that their opinion on all matters relating to the medical treatment of the poor, would prove to be of the utmost value in the settlement of doubtful questions. Such an arrangement would lead to a better



understanding between the guardians and their medical officers, and enable the latter to perform their duties in a manner more agreeable to themselves and satisfactory to the guardians.

The infinitesimal character of the stipend, in relation to duties, received by the medical officers, has been so often exposed and condemned in this Journal, that it is not now necessary to advert to it, further than to state, that we consider a redistribution of districts, a higher standard of remuneration, and an equitable apportionment of the salaries, to be fundamental principles requiring a settlement, precedent to any other alteration of the system.

For the present week we leave this important subject, and trust that the views we have set forth will receive due consideration, both from our readers, who suffer from existing evils, and the Government, who have the power to redress them. We have laboured long in this cause, and our experience convinces us, that the measures we advocate are necessary to a reconstruction of the system of public medical relief on a permanent and satisfactory basis.

### Mirror OF PERIODICAL LITERATURE.

(From the "Lancet," July 16, 1853.)

PRACTICAL OBSERVATIONS ON THE NATURE AND TREATMENT OF THE DISEASES OF EUROPEANS ON THEIR RETURN FROM TROPICAL CLIMATES.

Mr. Ranald Martin treats in this communication of the treatment of Chronic Diarrhoea. He says:—

"I am anxious to impress the fact that, in the disease now under consideration, the first step in the treatment is the enforcement of the strictest rule of diet, for without that all else is useless. This rule of rigid strictness applies to all stages of diarrhoea, and so satisfied am I of its justice, that I believe most cases of the disease, of the simple and uncomplicated nature, would require but little treatment, other than rigid abstemiousness, provided it were applied at the very commencement of the disease. But, in the instances of tropical invalids on their return to Europe, we are necessarily called to the treatment when the diarrhoea has existed long and made great progress; and even here how often do we see patients sliding into their graves through their own negligence, or that of relatives, whom we feel assured that we might save if they could but be placed within the systematic control of a hospital?

"In matters that relate to the conduct of the patient, the circumstance next in importance to rigid care in diet is attention to the clothing; and here his sensations and wants will generally be found on the side of safety. The sufferer should be incased in flannel in all weathers, sometimes with the addition of a silk covering, and a double layer of flannel should invariably cover the abdomen, the apartments being maintained of a high and equable warmth, especially in the winter season. In every form and variety of chronic diarrhoea, warm baths, used occasionally at bed-time, will be found of much service; indeed, every means which determines to the surface of the body is most efficacious. In the instance of two officers under my care, who contracted diarrhoea in England, and who were forced to return to India when but half cured, I predicted that the equable determination to the skin, resulting from external heat in India, would restore their healths, and so it proved in both cases.

"In determining the strictly medical treatment of chronic diarrhoea, we ought to be guided by our knowledge of its nature and cause, for without this our measures are apt to become variable and uncertain in their aim and result. For practical purposes we shall do well to ascertain, by the most careful and minute examination, whether the disease be confined to the mucous membrane of the bowel, or whether, with or without anatomical changes in the intestine, there be disordered function, or actual disease, in the liver. This is indeed a matter of the first importance, as regards the selection of remedies, and the safety of the patient. Where the case is simple and uncomplicated in its nature—that is, confined to the mucous surfaces, we shall find it advantageous to begin our treatment by means calculated to allay general irritability and irritation of the mucous membranes. For these purposes the combination of mild opiates with alkalies will be found both grateful and useful. I sometimes found the liquor taraxaci, with soda or potash, and a sufficiency of opium to restrain over-action of the bowels, very beneficial; while, in other instances, the cretaceous preparations, combined with sudorifics, and with opium in larger proportions, and with aromatics, succeed better. In this, as in other morbid affections where acidity and rancidity of the stomach and bowels are so liable to exist together, it is remarkable how often we find the mineral acids fulfil all the indications ordinarily accomplished by alkalies. So much is this the case, that nothing but observation and experience can enable us to decide on the remedy most suitable to each case.

"While these means are being used, it is generally necessary at the same time to repress excessive secretion from, and excessive action of, the bowels; and here the mineral and vegetable astringents are most powerful towards the cure, combined, as above recommended, with more or less opium, according to the urgency of the symptoms. The sulphates of copper, of iron, and of quina, combined with opium; the nitrate and oxide of silver, alone, or with opium in the form of pill, in solution, with nitric acid and laudanum; the nitric and nitro-muriatic acids, the sulphuric acid, acetate of lead, bismuth, kino, catechu, krameria, simaramba, hamatoxylin, tannic and gallic acids, nux-vomica, when combined with opium or with Dover's powder, will each in its place be found of value in the cure of chronic diarrhoea in its simple form.

"Much of the indiscriminate disparagement thrown by some authors on the mineral and vegetable astringents has arisen, I think, from exclusive views respecting the pathology and consequent treatment of chronic diarrhoea, the pathology being too exclusively hepatic, and the treatment too exclusively mercurial; for there are cases of chronic diarrhoea in which mercury proves extremely mischievous, and others in which this mineral, or else the nitro-muriatic acid bath, will be found the chief or only means of cure. Astringents, again, even where they cannot cure, are of great use by moderating or arresting serous discharges, thus saving the powers of the constitution, and giving time for the operation of the more special remedies, such, for instance, as address themselves to diseased states of the liver, in diarrhoea with hepatic complication. Where the seat of diarrhoea is confined to the mucous intestinal surfaces, astringents and tonics are indeed the chief remedies proper to the case, aided by a well-regulated diet. When, by restraining serous discharges from the bowels, through the constringing influence of the proper mineral or vegetable astringent, we see the number of evacuations reduced to one or two formed motions in the twenty-four hours, instead of ten or twelve fluid discharges, while the patient regains flesh and strength apace, we are surely warranted in believing that the means are tending to the end.

"Astringents, in certain appropriate cases, constrict the relaxed vessels and mucous surfaces, and heal the aphthous ulcerations of these structures, in much the same manner, and apparently as efficaciously, as when applied in similar states of the mouth and fauces in the infant, provided al-



ways (I would repeat over and over again) that the diet be carefully regulated. The same may emphatically be said of the mineral acids. I have no doubt that the nitric acid, for instance, given freely, has a most beneficial effect on irritable and on ulcerated mucous surfaces; and there seems no reason to question that similar benefits result from the free use of the sub-acid fruits."

July 16.

#### THE PATHOLOGY AND TREATMENT OF LEUCORRHOEA.

Dr. Tyler Smith thus treats of the connexion between secondary syphilis and disease of the os and cervix uteri—

"I am persuaded that far too little importance has hitherto been given to the connexion between constitutional syphilis and obstinate leucorrhœa with disease of the os and cervix uteri. It is satisfactorily proved that the genuine chancre is rare upon the os uteri, but that in secondary and tertiary syphilis, leucorrhœa is very common. Dr. Henry Bennet states that M. Gibert examined five hundred syphilitic women at the Loureine Venereal Hospital, and out of this number one hundred and forty presented granular erosion of the cervix uteri, which was generally accompanied by cervical leucorrhœa. From the form and appearance of the granular surface, with the frequent co-existence of other syphilitic symptoms, M. Gibert was led to consider this condition of the cervix uteri 'as a distinct species of syphilitic ulceration, which he appears to think in many cases succeeds to chancres.' Dr. Bennet himself examined a large number of patients affected with cutaneous syphilis at the Hôpital St. Louis, and found a still greater proportion of cases in which the cervix uteri was in a morbid condition. He, however, arrives at a very different opinion of their nature from that held by M. Gibert. Dr. Bennet says:—

"Admitting that these ulcerations are not primary syphilitic sores, is it equally true they are merely inflammatory? May they not be secondary? That some may be so I think is probable; but I do not believe it probable that more than a very small number can possibly have such an origin. On the one hand, affections of the mucous membrane are not so very common (as secondary symptoms of syphilis), and on the other, a secondary ulceration of a mucous surface presents peculiar characters which are not those usually observed. I have, however, seen ulcerations of the cervix, in syphilitic patients, present the gray pseudo-membranous covering which is seen in secondary syphilitic ulceration of mucous membrane, and I am quite willing to admit that they may really have been instances of this form of disease. If the ulcerations which we are examining are not syphilitic, what is their nature? To this question I answer, that they are nearly all, in my opinion, inflammatory."

"My own observations lead me to differ from the conclusions of M. Gibert and Dr. Bennet. I do not think with M. Gibert that the morbid conditions of the os uteri found in constitutional syphilis are often the sequelæ of chancres in the same situation, nor with Dr. Bennet, that these conditions are generally the results of simple inflammation. It appears to me that in almost all cases in which leucorrhœa and disease of the os and cervix uteri are present in women suffering from constitutional syphilis, the uterine symptoms are a genuine manifestation of the constitutional disease. The argument derived from the infrequency of secondary syphilitic ulceration upon mucous surfaces is invalid, since the covering of the vaginal portion of the cervix uteri is more nearly allied to skin than to mucous membrane; and secondary syphilitic disorder is, we know, very frequently met with at the points at which skin and mucous membrane meet. Dr. Bennet remarks, as favouring his views, that 'these ulcerations generally gave way easily to the usual treatment—viz., slight cauterization, injections, &c.'; but, he adds, that 'in all the cases that have come under my notice, the venereal symptoms were treated at the same time as the uterine.' Of course no conclusions could be drawn respecting cases of this kind.

I have, on the other hand, seen many cases in which, in patients suffering from disease of the os and cervix uteri, with secondary syphilis, the disease obstinately refused to give way until the disease was treated as syphilitic. In this country it is not very uncommon to see cases in which men who have had syphilis a few years before marriage convey secondary syphilis to their wives through the medium of the ovum. There is in such cases a great disinclination to attribute any disorder to a syphilitic taint. In instances of this kind, I have seen syphilitic leucorrhœa resist all the usual remedies, or, if cured, return again after the disuse of treatment. In some of these cases, the leucorrhœal symptoms have been almost the only signs of syphilitic disease in the mother, though the nature of the disorder was generally made evident by the presence of syphilitic eruptions upon the children to whom such women have given birth. Sometimes, however, the children are still-born, and do not present any signs of syphilitic disease, or abortions take place in the early months."

Cases are cited in illustration of these views. Dr. Tyler Smith then gives an anatomical description of the small cysts called the ovules of Naboth; and with respect to their pathology, observes—

"As regards pathology, these small cysts or vesicles seldom appear, except in diseased states of the os and cervix uteri. They are commonly attended by profuse discharges from the cervix, with an engorged and patulous condition of the orifice. In the lower part of the cervix, and upon the surface of the os uteri, the walls of the cysts or vesicles become thinner as the cysts become more prominent, and rupture, leaving small bits of ulceration, which may either heal or spread over the mucous surface. When any of these bodies are found in different states of maturity upon the os uteri, the marks of previous vesicles, which have ruptured and discharged their contents, are generally visible. It appears to me that the singular condition of the os uteri, termed vesicular polypus, has its origin in these small cysts. In vesicular polypus, a small body, which seems to be nothing more than one of these Nabothian bodies which has become elongated instead of rupturing, projects from the surface of the os uteri, and bleeds as freely as though a small bloodvessel were opened. Blood will sometimes slowly exude from these small bodies for many months without intermission, until the patient's strength is quite exhausted by the slow and continuous hæmorrhage. I have seen two or three cases of this kind in which extreme anæmia was produced, but in which destruction of the vesicle by a pencil of nitrate of silver instantly arrested the hæmorrhage, and in one of these, the cause of the hæmorrhage was only seen after dilating the os uteri."

From the "Medical Times and Gazette," July 16, 1853.

#### ON THE TREATMENT OF CONTRACTIONS AND ANCHYLOSIS OF THE KNEE AND HIP JOINTS BY FORCED RUPTURE.

Dr. Philip Frank, of Manchester, has published an interesting article on this subject. We extract the following observations:—

"Dieffenbach instituted the practice of violent rupture, in addition to that of tenotomy and gradual extension, in order to combat those impediments which these had shown themselves unable to subdue.

"It was now that forced rupture, which the pathological anatomy of ankylosis so imperatively demands, was first legitimately received among the resources of surgical art;—we say legitimately, for, prior to this time, chance has been known to have produced cures by its agency, and rustic Hippocratean aspirants have succeeded by its practice, where their more learned but less daring contemporaries have failed.

"In cases of contraction and ankylosis of the knee-joint, Dieffenbach first performed the subcutaneous division of the flexor tendons, and of all contracted portions of the fasciæ; upon which, a towel having been firmly bound round the joint, the adhesions between the articular



surfaces were ruptured by forcible flexion; thereupon the joint was forcibly extended, and the apparatus of Stromeyer applied to maintain that degree of extension already arrived at, and to further its perfect accomplishment.

"By this practice Dieffenbach succeeded in extending a vast number of contractions and ankylosis of the knee-joint; but, content with this result, he was not in the habit of having recourse to the laborious orthopaedic treatment which, in favourable cases, might have tended to restore the normal functions of the joint. But although the results obtained by this method were, as far as the extension of the joint was concerned, for the most part favourable, a series of accidents occurred in its execution, of sufficient magnitude to deter many from adopting it. For the forced rupture being instituted directly after the division of the tendons, the apertures through which the knife had been introduced were unavoidably widened and lacerated; the air then gained free access through the wound occasioned by the tenotomy knife, and the dislocations and fractures produced by the forced rupture lost the innocent character of subcutaneous injuries. Violent inflammations and suppurations often supervened, which, always causing long and tedious interruptions in the cure, necessitated amputation of the thigh in one case, and brought on fatal terminations in two others.

"Nor must we omit to mention the division of the peroneus nerve, which has so often happened, even under the hands of the most skilful operators, while performing tenotomy of the biceps in cases of contraction of the knee.

"Bonnet, who, in the year 1845, declared all ankylosis of the knee-joint with rotation of tibia outwards and ankylosis of the patella incurable, published, in 1850, six cases successfully treated by a method devised by himself and Palasiano, but little in variance with that practised by Dieffenbach. This method of Bonnet is chiefly characterised by some slight modifications in the tenotomy of the biceps. Bonnet punctures the skin, not as Dieffenbach did in the popliteal fossa, but on the anterior and exterior surface of the thigh, and then divides the tendon with a round-headed bistoury. He trusts, by thus attaining a longer canal between the skin and tendon, to obviate the danger of suppuration, as well as that of wounding the peroneus nerve. After dividing the flexor tendons and the contracted portions of the fascia lata, Bonnet and Palasiano forcibly flexed the tibia, in order to separate the adhesions between the articular surfaces, and, at the same time, by the traction of the patellar ligament, to detach the ankylosed patella from the femur. With the idea of facilitating this detachment, the subcutaneous tenotomy of the extensor quadriceps was, prior to the forced flexion, an operation which we do not hesitate to designate as quite superfluous; for fibrous and osseous adhesions connect the patella with the femur, and if these are forcibly separated, the distended, and, in all cases, atrophied and atonic muscle, will offer but slight hindrance to the further motion of the patella.

"Nor does this operation appear devoid of danger, for in one case where Bonnet performed it he divided the external articular artery, which caused an extravasation which was not absorbed after a space of five weeks, and terminated in producing a suppurative phlegmon over the whole thigh. The only cases in which this operation might be necessary are those where the patella is dislocated over the external margin of the fossa, so as to be situated on the outer surface of the external condyle of the femur."

Dr. Frank makes some observations on the propriety of forced extension in cases where further flexion is impracticable, and goes on to say, with respect to Bonnet's cases—

"Still, the same evils occurring in Dieffenbach's practice are here also not avoided:

"Suppuration supervened several times, and once the peroneus nerve was divided, producing a perfect paralysis of the flexors of the foot. Bonnet has also treated con-

tractions and ankylosis of the hip-joint by this method. He has only published two cases: in one, the supervention of inflammatory symptoms prevented the consummation of the cure; in the second, a perfect result was obtained, but the patient being prematurely dismissed the cure failed to be permanent. The principles he lays down for the treatment after the rupture of the adhesions are so excellent, that good results must necessarily accrue from their adoption. No doubt could prevail, after the brilliant successes of Dieffenbach, that by the introduction of forced rupture, the main difficulties had been overcome; the method devised by Louvrier in 1841 was the first to attempt forced rupture without the aid of tenotomy. The evils before enumerated, connected with the practice of Dieffenbach's method, were thus to be avoided.

"Armed with a powerful machine most ingeniously constructed, Louvrier undertook to stretch all contracted and ankylosed knee-joints by a single operation. He came to Paris after having successfully treated five cases in the provinces. The whole surgical world of the great capital dreaded the very idea of so violent a method; they apprehended serious disturbances of the nervous system, inflammation, and suppuration of the joints; they feared rupture of the arteries and nerves, as well as fractures of the osseous epiphyses. In far the greater number of cases, these apprehensions proved to be unfounded. Out of twenty-two cases, operated in presence of the most eminent surgeons in France, serious accidents only occurred in three. In the first of these three, an acute angular contraction of the knee-joints, the integuments of the popliteal fossa were torn asunder, and death ensued after a long suppuration. It was a debilitated woman, with venereal sores on the lower extremities. The popliteal artery was found uninjured, the vein filled with pus communicating with an abscess in the hollow of the knee. The semi-tendinosus was the only muscle partially torn. In the second of the three unfortunate cases, a rupture of the popliteal artery took place without injury to the skin. A partial gangrene of the leg was the consequence; but the sphacelous parts sloughing off, the patient ultimately recovered. In the third unsuccessful case, the machine produced a fracture of the lower extremity of the femur. This escaped observation. An apparatus was applied to perfect the extension, in which a strong pressure was brought to bear on the anterior surface of the epiphysis of the femur. Notwithstanding the violent pains complained of by the patient, the apparatus was not removed till twenty-four hours had elapsed; its pressure was found to have occasioned a gangrenous sore on the anterior surface of the thigh, by which the fractured bone was exposed. The patient died after protracted suppuration. The injudicious after-treatment was no doubt the cause of this fatal termination. The most serious opprobrium attached to Louvrier is, besides the fracture of the bone, the possibility of the skin being ruptured, by which the considerable injuries of the parts beneath, occasioned by the rupture of the adhesions, lose their *innocuous* character. In the other nineteen cases, scarcely the least reaction supervened after the operation. Only one was followed by a phlegmon of the thigh, which yielded in a few days to the common antiphlogistic treatment."

(From the "Dublin Medical Press," July 20, 1853.)

#### NEW METHOD OF OPERATING FOR STRABISMUS BY A TEMPORARY LIGATURE.

Our contemporary quotes, from the "Presse Med. Belge," the following interesting article:—

"M. Taignot sent in a memoir, the object of which is to explain a new method of operating for strabismus. This new operation is founded on the following idea, that, instead of lengthening a muscle supposed to be too short, you must shorten a muscle in reality too long. Instead of leaving the eye to oscillate with difficulty, and sometimes sluggishly, between two muscles, one of which is mutilated by a section, and the other remains always



more or less powerless, my method of operating, says the author, attacks the longest muscle, and not only shortens it by a sufficient length to equal that of its antagonist, but it furthermore acts by increasing its physiological contraction.

*"First operation."*—The longest muscle—that is to say, that one which is opposed to the deviation, being exposed in the ordinary manner for strabotomy, the operator proceeds in the following manner:—A blunt hook, with an eye at its extremity, is passed underneath the muscle, so as, by lifting it up, to detach it from the globe of the eye. The hook is then carried forward, so that its concavity embraces the muscle at a little distance from its aponeurotic expansion. A thread of silk is then passed through the eye of the hook, then the hook itself is brought towards the operator, leaving the ligature under the muscle. By a double twist of the ends of the thread upon one another, a simple, yet very resisting knot is obtained. There only then remains to finish the operation, to tighten the knot, and cut away one of the ends of the ligature. The other end is brought to the corresponding angle of the eye, and fixed to a spot on the circumferences of the orbit.

"The first effect of this ligature is to render the lateral fibres of the muscles more central, and thus to bring about a shortening of this organ. The second effect is to develop an adhesive inflammation, which not only fixes permanently the abnormal juxtaposition of the muscular fibres, but also establishes adhesion between the muscle and subjacent sclerotic membrane.

"The ligature, not being intended to produce division of the muscle, must consequently be only temporary. Towards the end of the second, or beginning of the third day, it can be easily taken off by means of gentle traction carefully applied to the end which remains.

"This first operation may not in all cases produce the effect which we have described. Very severe strabismus will no doubt prove refractory. It is at least with this idea that I devised a way of making it more efficacious.

*"Second operation."*—The hook having been passed under the muscle, as in the preceding case, the ligature is passed, not directly under the muscle, but under the hook so as to embrace the muscular expansion.

"Before going further, it must be discovered by a momentary constriction if the globe is perfectly restored to its normal position. To prove experimentally that the ligature has effected the required degree of shortening, we must proceed, during the operation, in the following manner:—The ligature being passed once under the hook a different coloured thread must be passed through the loop thus formed, then constriction is made by means of the first-mentioned ligature, but taking care to make only one knot, and to make it a single one only. The hook is then withdrawn, and the eye left to itself. The changes in its direction can now be judged of accurately. If the globe is not brought back sufficiently, a larger quantity of muscular tissue must be embraced by the ligature; if the globe is too much brought back, a lesser quantity of muscular tissue must be enclosed; but in either case the ligature already put on must be withdrawn as soon as possible. Owing to the precautions we have adopted with this view, nothing is more easy; the eye being fixed, one end of the ligature is drawn with one hand, while the other pulls the thread passed through the loop of this same ligature. The knot gives way immediately to this opposed extension. There only then remains to pass the hook again underneath the muscle (if it has not been already done before taking away the ligature), and recommence the operation, keeping in mind the data furnished by the first trial."

**HEALTH OF THE TROOPS AT CHOBHAM.**—The troops have been, hitherto, much more healthy than when in barracks. There have been only about 16 per 1000 in hospital since being under canvas, while in barracks the proportion varies from 30 to 40 per 1000.

## CONTENTS OF THE MEDICAL JOURNALS.

**Lancet.**—(No. IV. Vol. II. July 23, 1853.)—LECTURES on the Diseases of Women. Delivered at St. Mary's Hospital. By W. Tyler Smith, M.D., Physician-Accoucheur to the Hospital. The Pathology and Treatment of Leucorrhœa, based on the Microscopical Anatomy of the Os and Cervix Uteri: Relations of Secondary Syphilis to Leucorrhœa: Syphilitic Leucorrhœa; the Anatomy and Pathology of the Ovary Nabothi. (*With Engravings.*) Practical Observations on the Nature and Treatment of the Diseases of Europeans on their Return from Tropical Climates. By James Ranald Martin, F.R.S. Clinical Remarks on Yellow Fever. By W. J. Cummins, M.D. Edin. L.R.C.S.E., &c.—HOSPITAL REPORTS.—Guy's Hospital: Chronic Discharge of Purulent Matter from the Ear after Fever; Sudden Inflammation of the Meninges; Abscess; Death; Autopsy. St. Thomas's Hospital: Apoplexy; Hemiplegia; Impairment of the Faculty of Speech, persisting after Recovery from the Hemiplegic Symptoms. St. George's Hospital: Cases of Strangulated Hernia. King's College Hospital: Strangulated Inguinal Hernia; Death; Autopsy.—FOREIGN DEPARTMENT.—Crushing of Urinary Calculi by the aid of the Finger passed into the Rectum.—REVIEWS AND NOTICES OF BOOKS.—Reports of Neil Arnott, Esq., M.D., and Thomas Page, Esq., C.E., on an Inquiry ordered by the Secretary of State relative to the Prevalence of Disease at Croydon, and to the Plan of Sewerage; together with an Abstract of Evidence accompanying the Reports.—LEADING ARTICLES.—State and Prospects of the Medical Profession:—Injuries Inflicted by Unrewarded Services. The Case of Fennell v. Adams: The Injustice of "Privileged Communications." The Grievances of Naval Assistant-Surgeons. Medical Attendance in Emigrant Ships.—HOUSE OF COMMONS: The Accommodation of Naval Assistant-Surgeons; Vaccination Extension Bill.

**Medical Times and Gazette.**—(No. CLX. July 23 1853.)—ORIGINAL LECTURES.—Clinical Lecture on Cases of Colic. Delivered at King's College Hospital. By Robert B. Todd, M.D., F.R.S. Notes of Lectures on Surgery. Delivered in the Theatre of the Royal College of Surgeons of England. By Frederick C. Skey, F.R.S., &c.—ORIGINAL COMMUNICATIONS.—Navy Medical Reports. No. II.—On the Treatment of Ulcers by Galvanism. Extracted from the Official Journal of T. Spencer Wells, F.R.C.S., for H.M.S. Modeste, for the Year 1852. Observations on Emphysema Pulmonum; or, An Attempt to Prove that it is Essentially a Blood Disease in its Origin. By G. Corfe, M.D. (*With an Engraving.*) Note upon the Nerves of the Uterus. By M. le Docteur Ludovic Hirschfeld.—HOSPITAL REPORTS.—St. Bartholomew's Hospital: Cartilaginous Tumour within the Upper Part of the Fibula. The London Hospital: Large Fibro-cellular Growth in the Antrum. City of London Hospital for Diseases of the Chest: Albuminuria and Chronic Disease of the Heart; with Congenital Absence of the Right Kidney; Case of Excision of Bifid Uvula. (*With Engraving.*) Royal London Ophthalmic Hospital: Cases of Mydriasis.—EDITORIAL ARTICLES.—The General Board of Health and the Croydon Fever. The Medical Appointments in the East India Company's Service.—Parliamentary Intelligence.—REVIEWS.—Notes on Pericarditis, Endocarditis, and Organic Diseases of the Heart and Aorta. By C. Morehead, M.D., &c. On the Nature and Treatment of the Deformities of the Human Frame. By W. J. Little, M.D., &c. The Sophistry of Empiricism.—PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals: Cure of an Aneurism of the Subclavian Artery by Means of the External Application of the Chloride of Zinc; Report on Cases of Death by Chloroform.

**Association Medical Journal.**—(No. XXIX. July 22, 1853.)—LEADING ARTICLES.—Proposed Society for the Suppression of Fraudulent and Obscene Advertisements. Discussion in the House of Commons on the Salaries and Services of Poor Law Medical Officers. The "North Wales Chronicle" and the North Wales Branch of the Association. Second Reading of the Vaccination Bill in the House of Commons.—ORIGINAL COMMUNICATIONS.—Operation and Results of Quarantine in British Ports since the Beginning of the Present Century. By Gavin Milroy, M.D. Case of Pulmonary Disease: Exudation Deposit between the Lung and Pleura. By P. Martin Duncan, M.B.—BIBLIOGRAPHICAL NOTICES.—Valentin and Brinton: Text-Book of Physiology. Hinds: Harmonies of Physical Science in Relation to the Higher Sentiments. Bennet (Henry, M.D.) Inflammation of the Uterus. Francis: Change of Climate in Dyspeptic, Pulmonary, and other Chronic Affections. Griffiths: Chemistry of the Four Seasons.



**Péiree: Examination of Drugs. Evening Thoughts:** By a Physician. Cocks: *The Sea-Weed Collector's Guide.*—**PERISCOPIC REVIEW.**—Practice of Medicine and Pathology. Glanders in the Human Subject: Treatment by Large Doses of Sesquicarbonate of Ammonia; Case of Hæmatemesis Rapidly Fatal; Phosphate of Lime in Oxaluria.—**REPORTS OF SOCIETIES.**—Edinburgh Medico-Chirurgical Society: Breech Presentations. By Charles Bell, M.D.; Paralysis of the Common Motor Oculi Nerve. By John Struthers, M.D.—**ASSOCIATION INTELLIGENCE.**—Anniversary Branch Meetings already Announced. Monmouthshire and South Wales Branch: Annual Meeting (*concluded*); Report of the Council; Officers and Place of Meeting for Next Year; The Swansea Meeting; Lord Lyttleton's Vaccination Bill; Medical Reform: Thanks to Retiring Officers, &c.; The Dinner. South Eastern Branch: Annual Meeting; Members Present; President's Address; Report of Council; Medical Reform; Thanks to Retiring Officers; Place of Meeting in 1854; Election of Officers; Designation of the Parent Association; Lord Lyttleton's Vaccination Bill; Phthisis in Hastings. By W. A. Greenhill, M.D.; Medical Attendance on Sick Clubs. By James Reid, Esq.; Malignant Disease; The Dinner; Presentation of a Testimonial to Thomas Martin, Esq. Metropolitan Counties Branch: Annual Meeting. Members Present; Report of the Council; The Vaccination Bill; Gratuitous Advice; Constitution of the Council of the Branch; Vote of Thanks to the Editor; Vote of Thanks to the Officers; The Dinner.

**Dublin Medical Press.**—(No. DCCLIX. Vol. XXX. July 20, 1853.)—**PROCEEDINGS OF SOCIETIES.**—Academy of Sciences of Paris: New Method of Operating for Strabismus by a Temporary Ligature. By M. Taignot. Edinburgh Medico-Chirurgical Society: On the Diagnosis and Treatment of Bronchitis, and of the Collateral Acute and Chronic Affections of the Lung. By Dr. Gairdner. Atmospheric Exhaustion applied to the Extremities. By M. Junod. On Thoracic Aneurism. By Dr. Douglas.—**SELECTIONS FROM MEDICAL JOURNALS.**—On the Local Treatment of Carbuncle and Furuncle. By R. Flint, Consulting-Surgeon to the Stockport Infirmary. Oil of Turpentine in Puerperal Tympanitis. By Joseph Smith, M.D., &c. On Local Blood-letting in Affections of the Viscera. By John Struthers, Esq., F.R.C.S., &c.—**REVIEWS AND NOTICES OF BOOKS.**—What to Observe at the Bed-side and after Death in Medical Cases. Published under the Authority of the London Medical Society of Observation.—**LEADING ARTICLES.**—Poor-law Medical Relief. Medical Life in London. Poor-law Proceedings—Athlone Union. The Evils of Gratuitous Medical Relief.

#### BOOKS RECEIVED FOR REVIEW.

The Medical Committee of the Charing-cross Hospital Medical School, London, with the Defects of that Institution, and Edward Smith, M.D., &c. London: J. Churchill.

Eleventh Report of the Medical Benevolent Fund Society of Ireland, for the year ending May, 1853.

Twenty Third Annual Report of the Belfast District Hospital for the Insane, 1853.

**A NEW STYPTIC.**—A pharmacien in Rome, Signor Pagliare, is said to have discovered a liquid possessing an extraordinary power of coagulating blood. In addition to the other valuable qualities of the liquid, it is said to be totally devoid of poisonous agency, and easily prepared, as follows:—Take eight ozs. of gum benzoin, one pound of alum, and ten pints of water. Boil all together for the space of eight hours, in an earthenware glazed vessel, frequently stirring the mass, and adding water sufficient to make up the quantity of that lost by ebullition, taking care, however, to add the water so gradually that boiling may not be suspended. The liquid portion of the compound is now to be strained off, and preserved in well-corked bottles. It is limpid, like champagne as to colour, possessing a slightly styptic taste, and an agreeable odour.

**DENTISTRY IN MADRID.**—The authorities of Madrid have prohibited the drawing of teeth in the public streets, "because it is derogatory to the Dentist's profession."

**YELLOW FEVER.**—In consequence of the ravages of yellow fever in Brazil, the government have established a hospital for seamen in the port of Rio Janeiro.

## Deaf-Dumbness.

### INTRODUCTION

TO THE

MEDICAL AND PHILOSOPHICAL STUDY OF DEAF-DUMBNESS.

BY

M. E. HUBERT-VALLEROUX,

Docteur en Médecine de la Faculté de Paris, Membre de la Société Médico-Pratique, etc.

TRANSLATED BY JAMES YEARSLEY, M.R.C.S. ENG., Surgeon to the Metropolitan Ear Infirmary, Sackville-street, etc.

"Placé, ou, pour mieux dire, ignoré entre les confins de la philosophie et de la médecine, le sourd-muet n'a jamais été bien étudié ni par l'une ni par l'autre." ITARD.

#### PREFATORY REMARKS BY THE TRANSLATOR.

Scarcely a month has elapsed since I received a visit from my friend Dr. Costello, the talented editor of the "Cyclopædia of Surgery," now resident in Paris, a warm supporter of the "Medical Circular," and at all times a zealous promoter of the cause of science. On my asking for the medical news of Paris, especially in my own department of practice, he presented me with a work, which he assured me was exciting great interest in the Parisian Academy, and which, having the advantage of brevity, apart from the interesting subject of which it treats, he thought would be well adapted for translation in the pages of the "Medical Circular."

As it was a theme upon which I had bestowed much attention, I promised my friend to look through its pages and to consider his suggestion. Struck with the force of many of the observations in the work, and reflecting that no special treatise upon Deaf-Dumbness yet existed in the English language, I lost no time in communicating to Dr. Costello my intention to undertake the translation myself, proposing to append such practical remarks to the original work as my experience might enable me to add with effect. After making known my determination I had the honour of a visit from the learned author, Doctor Hubert-Valleroux, who expressed himself much gratified by my intention, and signified at the same time his entire approval of my appending any commentaries of my own, whether favourable or unfavourable, to his views. I felt it but due to the author to express my doubts whether we should find ourselves in accord on the subject of the treatment or the curability of deaf-dumbness, and therefore, if upon these points or any other in the course of the translation, he found me at variance with him, he must receive my strictures with good temper and forbearance, for he might rely upon it they would be made only in the promotion of science and truth.

I hold that the duty of the practitioner does not end with the mere prescription or the operation. The patient's case may not require the one or the other, but on that account he is not to be dismissed when many most valuable hints and suggestions may be offered to his advantage by the thoughtful and intelligent medical adviser. It has occurred to me more than once to have been consulted in cases like the following:—

A young lady, eighteen years of age, was brought to me for the purpose of ascertaining whether the artificial membrana tympani of hydrated cotton would be of service. She became almost totally deaf at the age of six years, after an attack of scarlatina. She had of course acquired perfect speech, but as time wore on this faculty rapidly left her, and her friends, unfortunately, made no attempt to preserve it. She was very quick in symbolical interpretation, and this very talent served to hasten the loss of language, for, becoming, from want of practice, more and more unintelligible in her articulation, and more and more expert in finger-talking, the latter became the vogue among her circle, as the more easy mode of intercommunication, and to everybody else she lived, as it were, an isolated being in the world.



To the great disappointment of herself and her friends, the artificial tympanum proved of no service; indeed it was not the kind of case adapted for the remedy. But, from one or two facts which supervened in the relation of the history of the case, I was induced to ascertain whether or not any power of hearing remained. All present were agreeably surprised to find that, on speaking through a hearing-tube, she could not only hear the sound but discriminate the articulation of the different letters of the alphabet. Need I say how immeasurably this power of comprehension was increased when, by a suitable hearing-apparatus, she was enabled both to *see* and *hear* much of what was said. It was my painful duty to assure the friends of this girl that they had thoughtlessly and unconsciously been the means of making the child a deaf-mute, for, by attention and care, her speech might have been retained through life. She now, however, left the room conscious that the power existed of restoring her once more to the world, a participator in its social enjoyments, and to this happy state she has, in a considerable measure, attained.

Again, the surgeon may be consulted in a case of cleft palate, in which any operative proceedings would be wholly inapplicable. Speech in such a case may be altogether unintelligible to strangers, and the friends may be ignorant of the advantages which the patient would derive from judicious elocutionary measures. In such an example it constitutes part of the duty of the practitioner to direct attention to the existence of these unexpected resources.

I can point to cases of this description in my practice, where educational instruction has been conducted with such advantage to the speech, that the presence of a roofless mouth in the patient could scarcely be suspected.

From examples like the foregoing I am strongly impressed with the idea of the large amount of benefit that may be secured to the deaf-dumb beyond the means which the art of medicine has placed at our disposal; and I therefore enter upon the translation of the work of Dr. Hubert-Valleroux with unmixed satisfaction, and a conviction that my labours will conduce to the advantage of this afflicted class, which, from statistics upon the subject, would appear to be as numerous in this country as in France.

#### PREFATORY REMARKS BY THE AUTHOR.

At a *r union* of friends, some of whom were philosophers and some physicians, I produced the plan of a work, in two volumes, upon Deaf-Dumbness. All of them approved, and recommended me to publish it forthwith. When, however, the mode of publication came to be considered, opinions were divided. The philosophers contended that, as the work was complete in itself, it would be necessary, in order to preserve its character for unity, to bring it out in its complete form. On the other hand, it was remarked by the physicians, that since there are in the profession but few who are *au courant* of the diseases of the ear, it might be truly said that fewer still would wish to read a work in two volumes treating of deafness complicated with dumbness. These latter urged me, therefore, to publish the Introduction, such as I now offer it, and also to continue my researches on account of the larger work, which it was their wish should not be abandoned.

"You can," said they, "embrace in an introduction of some extent, the *ensemble* of the subject, by giving a view sufficiently clear and precise for the majority of readers. It is probable that, after reading the first work, if well executed, there will be some desirous of reading the second, and you will, at least, have the satisfaction of obtaining readers, and of thus being able, through their means, to be serviceable to the cause of the deaf and dumb." Contrary to the usual mode of proceeding, I commence, then, the publication of my *researches* into Deaf-Dumbness with a *resum * of the subject.

As I have elsewhere said, circumstances, unforeseen and altogether personal, led me to devote my attention to the

treatment of diseases of the eye and ear. Since the commencement of my aural practice, deaf-mutes have been brought to me, the treatment of whom I have not been rash enough to undertake. But, from the first I observed some very remarkable pathological differences among them, and I resolved to study the question practically. Before the end of the year 1841, I had already been able to form an opinion upon deaf-dumbness, an opinion which more than eleven hundred cases have but confirmed. It is a *resum * of these labours I now present to the public.

In order to execute, as perfectly as possible, the task I had undertaken, I have neither shrunk from tedious literary research, nor from journeys, in many instances troublesome, and in every case, for a medical practitioner, expensive.

With regard to the philosophical part of this introduction, I might have dispensed with writing it altogether, as many have advised me to do; but, independently of my taste for studies of this kind, I believe, if I have not found a solution, I have brought facts for the solution of a question that ranks not only among the most important, but is one of the most controverted of any that have for many ages been debated by the various schools, and still remains unsolved. This consideration alone would have sufficed to determine me, had I not already had the matter at heart, to fill up, as I might best be able, the *hiatus* pointed out by Itard, in the words I have taken as a motto to my work.

## CHAPTER I.

### PROLOGOMENA.

*Object of the Work—General Considerations on the Number, Intelligence, Morals, and Character of the Deaf and Dumb—Troublesome Consequences of Deaf-Dumbness—Importance of Treatment.*

I propose to do for deaf-dumbness that which Itard has happily accomplished for ordinary deafness. My purpose, then, is to class methodically the different diseases on which this infirmity depends, to investigate their causes, give an exposition of their nature and characters, and trace them through all their various phases, in order thence to deduce rules of rational treatment.

I propose, also, to lay before the reader some considerations, taken from the order of the facts themselves, on the origin of language and of our ideas. The present work, then, is nothing more than a sketch, in which I have endeavoured to trace, so as to render them of more easy comprehension, the principal outlines of the picture, which is, in some parts, already finished, and which I trust soon to publish.

In the execution of the first part of my task I have not been able to derive assistance from any previous works, for our medical bibliography, so rich in other departments, does not possess a single treatise on this subject. All that I have found has amounted only to some imperfect cases published in the course of the last century, and some isolated researches carried on in the present. Destitute thus of the authority of masters, without guide or assistance, I hesitated for a length of time, and should not have taken up my pen had I not known that the object of scientific labours should be neither glory nor other advantages of which the author might be ambitious, but that usefulness only which ought thence to result to others.

Subjected to the influence of prejudices which, in former ages, were associated with certain diseases, the deaf-mute, as well as the insane, the idiot, the pleuritic, and many others, was an object of horror and of loathing to others. In him they beheld only a living proof of the anger of the gods, and his twofold infirmity, enveloping him in a sort of mysterious terror, rendered his isolated seclusion still more complete. In proclaiming aloud the original unity and brotherhood of the human race, Christianity restored to this unfortunate being the rights he derives by birth; but, unable himself to turn them to account, and lost in the esteem of fleeting generations, his finding even



an advocate was an occurrence but of yesterday; and his being recognised at all, in Europe, dates no farther back than the time of the Abbé de l'Épée, whilst among the savage countries of Africa and Asia, and among nations not yet evangelized, still so numerous, his condition continues to this hour what it once was among ourselves.

Now, at length, however, no room for deception seems left us as to the magnitude of the number of the deaf and dumb. The National Convention, in taking, in the name of the country, these unfortunate beings under their protection, reckoned their number at only three or four thousand; but since the inquiries of Gérando, of Lachmann, of Jahn, and other modern statisticians their number in France cannot be reckoned at less than thirty thousand, and for the whole of Europe at three hundred thousand—a multitude equal to the population of three of our cities of the first order.

Excluded, so to speak, from society, where he may be said to encamp rather than inhabit, the deaf-mute is in the world but an isolated being. Deprived of that human attribute *par excellence*, the faculty of speech, the greater part of his life is taken up in its acquisition. Like the learned in the Celestial Empire, science for him seems to have no other object than to extend the limits of its nomenclature. Language, for him, is not the means, but the end of his studies, for a long period of years. At an age when others, in full possession of language, have not only culled science, but have gone on to the conquest of new truths, the deaf-mute is still occupied in acquiring the first element of knowledge, and he consumes in this state of apprenticeship the best part of his life; and when, at a more advanced period, by dint of labour, he has succeeded in obtaining possession of this instrument of thought, he still finds himself ten or fifteen years behind those who possess the faculty of speech. Moreover, the number of such among them as are able to bring such a degree of assiduity and intelligence to the study of modern languages so as to be able to understand thoroughly their mechanism and genius, is made up of rare exceptions. This assertion, which to the non-professional reader may seem to be rash, will certainly not be called in question by any who have given their attention to the education of these unhappy beings.

The aptitude which the deaf and dumb possess of readily acquiring a knowledge of the form, outlines, colour, and, in a word, the visible properties of bodies, has been often remarked; while it is known that, in physics and mathematics, they can acquire notions by no means of a humble order, as has been shown in the works of M. Laurent and M. de Vigan. But for the great majority, the difficulties not only increase but become insurmountable, when, from the study of visible phenomena, they come to treat of causes, to that part of metaphysics which is the basis, the necessary reason of all science and of every generalisation. If from such of the deaf and dumb as are exceptions, we descend to the great mass, and approach those who have received no regular education,—by far the most numerous of this class in France,—we may often see the counterpart of those savages spoken of by the travellers quoted by Richerand. Here we see men who cannot reckon beyond the number *cight*, and while savages, form among themselves some kind of society; the deaf-mute lives alone, deprived of that special instruction which would enable him to hold communication with his fellow-men.

Could we distinguish with precision the exact amount of knowledge we derive from reading from that which we imbibe by oral instruction, it would be quickly seen how much the latter exceeds in amount the former. Deprived of this unspeakable advantage, the deaf-mute must, when placed side by side with him who possesses the faculty of speech, remain in a state of lamentable inferiority; and even if the education he receives be not only judicious but assiduously followed up, this inferiority, far from diminishing, goes on incessantly increasing, since

the one, continuing still to draw from every source of information within his reach, imbibes it and becomes imbued therewith in the very midst of society, whilst the other, beyond the pale of that knowledge which is merely material, scarcely receives any new notions but from reading. And this difficulty of acquiring knowledge, the full solution of which he cannot understand, tends still further to retard his progress.

But, it is said, what the mind of the deaf and dumb loses in surface it gains in depth; if he possess few materials for study he makes better use of them, and if he knows less he reflects more—as if ignorance were a condition necessary to thinking, a stimulus to meditation. On this supposition, the least educated among the deaf and dumb would be the best thinkers, while among those who enjoy the use of speech, herdsmen and shepherds, who lead solitary lives, would be our masters in metaphysics!

To be able to hear! Who does not know the vast superiority which this faculty confers on its possessor? To learn how to hear is to learn to remember, to compare, to judge, and to appropriate to himself treasures both moral and intellectual. Endow a child with the gift of hearing, and you give him the golden key of every science and every virtue. The being of an inferior grade understands but does not hear; the creature of instinct and passion, he can neither acquire ideas nor sentiments of an elevated order. His mind, thrown back on itself, endeavours in vain to pass the narrow limits of its thoughts and affections. To all that goes on around him he remains a complete stranger; and the ray of his knowledge, in place of becoming enlarged, seems rather to dwindle down, in proportion as he advances in life, in the degree that youth,—the age of expansion and of simple belief,—gives place to mature age,—the period of reasoning,—and then old age,—characterised by its circumspection.

This incessant intercourse of man with man, of every one with every one, which constitutes a moral and intellectual atmosphere around those who have the use of speech,—this inter-communication, so useful, is not shared by the deaf-mute. To be able to hear is a necessary pre-requisite to him who would listen, but the ears of the deaf-mute are still closed. Excluded thus from our schools, and removed to a distance from those who speak his language, he finds himself but in the condition of those who live in a desert. If he be not the possessor of wealth—and how few of our deaf and dumb are such—his faculties continue to dwindle down till he arrives at a state of complete moral and intellectual marasmus.

The privation of hearing and of speech not only thwarts intellectual development, but it reacts injuriously on the moral sentiments and affections, gives origin to certain habits, and exerts an influence on the whole character. Under this influence the general constitution and the temperament undergo marked modifications, which the reader will see described in the chapter devoted to diagnostics. Two paths, described by poets of every age and of every nation, present themselves to man at his entrance into life and society. One is the broad and easy way trod by those who are led by their natural instincts, who follow the law called natural, or the law of the flesh, common to man and animals. The other is the narrow way, the thorny path, trod only by those who have faith, and who, supported by the hope of a better life, trample under foot the pleasures of this. If he continue the slave of natural impulse, and remain ignorant of the path he ought to pursue, he obeys the fatal law of instinct, just as a mass of inert matter obeys the law of gravitation. And when, in society, we see men who practice devotion even to sufferings and to death itself, it is because they possess religious or social faith—the faith which animated the martyrs. And this faith, this belief, always supposes an education of the highest order, since it is based on objects of a purely spiritual kind. It coincides also with the existence of a civilized society and a perfect language, since the ideas of devotion and charity, as well



as the words by which they are expressed, are unknown in a rudimentary state of society. (1)

Through the mere dint of incessant intercourse with others, by the education he receives and the office he fills, the man who can speak is taught to know and compelled to observe, in some measure, the law of self-denial. Egotism could not live in society but at the expense of constant self-denial, and of being self-condemned by incessantly becoming the apologist of devotion. It is but necessary to open our eyes to see everywhere around us numerous and striking examples of this vice, which we stigmatise under the name of hypocrisy.

Benevolence, gentleness, and equability of character, are not, as some pretend, mere qualities of temperament: they are real virtues, resulting from a union of the will with the moral faculties. How can we otherwise explain those sudden and unexpected alternations of intemperance and sobriety, of anger and moderation, etc., in some men who have undergone no new organic modification, experienced no suffering, and have acted only under the influence of some new conviction or belief? Why should not the same effects be manifested in the deaf and dumb, if they be capable of receiving an education as ample and complete as they who have the use of language?

Before he is made the subject of that special education which is necessary to fit him for the practice of social duties, the deaf-mute is passionate, vindictive, lazy, jealous, and, withal, a glutton; he is, in short, what each of us would be, were we left to our instincts, and living under the boasted law of nature. Where these virtues are wanting, yet the decencies of social life protect us from such failings and vices, while in the deaf-mute this sentiment is one of the last which he derives from his education. In proportion as this advances, the evil goes on diminishing, but, at last, disappears only with difficulty.

There has been remarked in the deaf-mute a singular drawback, which, far from becoming lessened, grows with his intellectual growth, and that is, a conviction of his superiority over those who speak. Incredible as it may seem, the fact is yet undeniable, and all who hold intercourse with the deaf and dumb can testify to its truth. The seclusion in which he lives, the comparison which he draws between himself and his educated brothers in misfortune, the want of a similar comparison with those who possess the use of language, the exaggerated praises that are lavished on him, all tend to produce this result. In their struggles against this sentiment of pride, Massieu and Clere gave proofs of virtue almost more than human.

When not educated in the schools appropriated to their use, or instructed at home in an especial and efficient manner, the deaf and dumb necessarily remain strangers to ideas of devotion and to the very words by which they are expressed. Almost always alone, and only the more solitary the more he mingles in the crowd, this child of misfortune acquires the habit of being the whole world to himself, and of referring every thing to himself. According to the energetic expression of the Abbé de l'Épée, he becomes *solipse*, and in this predicament are placed three-fourths of their entire number; while more than half of those who, by exception in their favour, are admitted into our institutions, yet continue there so short a time, and receive an education so médiocre, that it may be asked whether it would not have been better for them had their feet never entered the threshold.

Sicard, the successor of the Abbé de l'Épée, and Itard, who bequeathed his fortune to the deaf and dumb, after devoting his life to their service, have both described at length the intellectual and moral condition of the unhappy subjects confided to their care. "Isolated continually from society," says the latter, "he alone (the deaf-mute) can take no part in the interests that affect his country." "Man," says he, "in another place (p. 427), "is virtuous and amiable only in the degree in which he is enlightened and civilised. It is an

irrefragable truth, which has outlived the eloquent sophisms of some philosophers, the opponents of civilisation. There is not a human being less affectionate, or more feebly attached, than in general is the uninstructed deaf-mute; and even when his mind has been formed by education, he is still remarkable for the levity of his affections, and the little impression he receives from all those stimulants of pain and pleasure which operate so strongly on our moral existence.

"To look upon everything only in reference to himself," adds Sicard, "to follow impetuously every natural desire, the violence of which is not mitigated by any consideration; to satisfy every appetite, and to do so at all times; to place no bounds to this but such as are imposed by his own powerlessness to continue ministering to their gratification; to become enraged with every obstacle, and to repel them with fury; to overthrow whatever is opposed to his pleasures, without being deterred either by the rights of others, of which he knows nothing, of laws, of which he is ignorant, or by fear of punishments which he has not yet undergone. Such is the moral code of these unfortunates. . . . Such is the deaf-mute in his natural state, and such has a habit of observation acquired in his society, led me to represent him."

The truth and bearing of these assertions have, I know, been denied. This denial has been made more especially on the part of some of the better instructed among the deaf and dumb, who do not see their likenesses in the pictures their master has drawn of them. But it was neither Massieu nor Clere, but the ordinary deaf and dumb, the deaf and dumb of the mass, whom it was wished to represent, and whom the authors cited have described. Friends, no less enlightened than sincere, of these unfortunate beings, they endeavoured to befriend them, not by flattery, but by truth. Like the surgeon in a difficult case, they have neither averted their eyes from the wound nor sought to conceal its gravity. It is by ascertaining its extent, exploring fearlessly its depth, that they obtain such definite notions as enables them to carry into effect the rational means of treatment. Who is the man that will blame them?

Were deaf-dumbness but a slight infirmity, without bearing seriously on the intellect and the moral development of the deaf and dumb, the physician need not make it an object of very serious attention. It would not be necessary that he should devote his time to those investigations and labours which a new field of inquiry exacts, especially when his labours might be usefully employed in filling up some of the many *hiatus* of science. But the case is far otherwise, and, if deaf-dumbness do not place life in danger, nor the health even of those who are its subjects, it, nevertheless, aims such a rude blow, both at his intellectual and moral development, that the physician who restores hearing to the deaf-mute, opens up to him, in some measure, the sources of a new life, since he places him thus on a level with his more perfect fellow-men. It was from a conviction of this truth that Itard began his medical investigations, and it is in following his example that I have endeavoured to advance and bring to maturity that which he so happily began. Honour to him for this *initiative*; and to us, his successors, be the merit of treading the path which he marked out!

## The Anatomy of Quackery.

### QUACK MEDICINES, THEIR HISTORY, COMPOSITION, AND QUALITIES. NO. XXV.

DR. SOLOMON'S BALM OF GILEAD, ANTI-IMPETIGINES, &c.  
(Continued from our last.)

But how did the worthy doctor obtain his degrees? the reader will probably ask. We will tell him. For this purpose we must accompany our hero to a certain northern

(1) The German language does not yet possess a vernacular word for the word *charity*.



University. On arriving there, he found, much to his chagrin, that *fees, alone*, would not purchase a *diploma*; and that, before he could obtain the latter, he must read a thesis in Latin, on some particular medical subject, before the examiners of the college. Now this new candidate for degrees was quite ignorant of Latin, and, beyond a slight smattering of broken Hebrew, and the most vulgar English, was unacquainted with other languages. It might hence be naturally supposed he could never have succeeded in passing his examination. Yet he did so, and we will tell the reader how:—

He had in his pocket that “masterpiece of art”—the “key to all languages,” and College degrees, at that time, at certain Universities—GOLD, and of this he availed himself boldly and successfully. He sought out a talented but needy student, of the name of \* \* \* \*, to whom the Dr. expectant offered ten guineas to write a thesis for him in Latin, and a further bounty afterwards to teach him to read it. The subject chosen was “tapeworm.” The Latin thesis was duly produced to order, and after the lapse of a few days, during which the pupil applied himself to the lessons of his teacher with great assiduity, he was enabled to “gabble” it over in a kind of nasal, Jewish tone, with sufficient facility to give an impression that he was familiar with its contents. The truth, however, was, that the only Latin words of which he knew the meaning, were those forming the title of the supposed production of his pen. In this lamentable state of ignorance our hero was enabled to appear before the College Examiners, speak his thesis, and obtain his diploma. After an absence of a short time only, he returned to England, elated with his success, a veritable Scotch M.D.

After the return of Dr. Solomon to Liverpool from the above expedition, he exhibited a system of prodigality and boldness of living, travelling, advertising, and puffing, which had never been equalled by any of his predecessors or compeers in quackery. He selected the names of several of the most worthy and respected persons in the leading towns, and appended them to professed testimonials in favour of his medicines. The names of clergymen, dissenting ministers, bankers, churchwardens, overseers, and private gentlemen, well known for their charity and philanthropy, were those chiefly appropriated, whilst many of the names published as those of persons of the above classes, had no existence beyond the brains of the Doctor and his amanuensis. In a pamphlet before us, we have copies of several letters from persons belonging to each of the classes above-named, repudiating all knowledge of the impudent empiric or his nostrums. (a)

Dr. Solomon's career was henceforth onward in impudence and opulence. He published a newspaper of his own, assumed the title of “The Wise Man of Liverpool,” built a palace for a residence, and visited the neighbouring towns in an open chariot with six horses, superbly caparisoned, attended by outriders and powdered footmen, and all the “externals of a sovereign prince.” The populace gazed with astonishment, and even the more respectable classes smiled approvingly. It was no uncommon thing for him to carry away, after one short visit of two or three days to towns like Manchester, Birmingham, &c., from 500 to 1000 guineas, and from smaller towns in proportion.

This career of success continued for many years unabated, but, after some time further, began gradually to decline. This partly arose from several exposures of the

Doctor and his nostrums, which occurred at various times, partly from several rivals in the same department of quackery having sprung into notice, and also, probably, from his declining years and health rendering him less able to lead on so vigorously as before his mighty onslaughts on the credulity and pockets of the multitude. The high prices of Dr. Solomon's nostrums exclude them from the poorer classes, and hence, from what the nostrum-mongers would say,—“ever becoming universal medicines.” Indeed, the Doctor's patients and correspondents belonged chiefly to the nervous and hypochondriacal of both sexes, among the middle and wealthy classes. Since his death, the sale of his nostrums and book has yet further decreased, but the demand for them among the parties alluded to is still very extensive. At the present day the upper ranks and the nobility furnish the greater number of the patrons of these nostrums.

Of the composition of the notorious “BALM OF GILEAD,” little need be said. We are told that it was *originally* compounded of spirit of wine, diluted with water, sweetened with honey, and aromatised with essence of cinnamon, together with some colouring matter. (a) Dr. Paris says, that it is an aromatic tincture, of which cardamoms is a leading ingredient. Several writers have stated that it contains a little tinctura cantharidis. (b) Our own examination and knowledge of its action has led us to form the same opinion. It is chiefly recommended in nervous and hypochondriacal complaints.

The “ANTI-IMPETIGINES” is stated to be a weak solution of bichloride of mercury, or corrosive sublimate, disguised by some flavouring and colouring substances. It is advertised as an absolute specific for the gout, rheumatism, scurvy, leprosy, King's evil, and every other “evil” that can afflict the human frame. “It will even restore the blind to sight, and recover the use of lost limbs!!!” Dr. Solomon says that he has exhibited this nostrum gratuitously to upwards of *ten thousand objects*, who are living witnesses of its amazing efficiency.” Good! who were they? (c)

The nature of Dr. Solomon's “ABSTERGENT LOTION,” (d) and “DETERGENT OINTMENT” (e) may be gleaned from the preceding.

Dr. Solomon has assured the world that “no selfish or mercenary motives induced him to bring forward his wonderful medicines.” He was “solely influenced by the good of his fellow-creatures.” Good man!!! “Feeling for the wretched sufferers who were pining away a miserable existence, and the public good being paramount” [in his mind] “to every other consideration,” he, giving way to his “natural humanity and goodness of heart, first prepared them for their use and advantage.” A fine specimen of empiric philanthropy.

Before closing this article, we may remark that we have noticed Dr. Solomon and his nostrums at greater length than we should otherwise have done, from his having been the founder of a class of quacks of the most dangerous description, and which are daily increasing in number.

(a) Clayton.

(b) *Balm of Gilead*. Tinctura Cardamomi Comp., made with brandy, one pint; Tinctura Lyttæ, f. 3j; Mix.—(“Cyclop. Receipts,” 2nd Edit.) The smallest bottle of “Balm of Gilead,” is 11s. Rather a dear nostrum.

(c) The ANTI-IMPETIGINES is sold at the *modest* price of 11s. per bottle.

(d) Only 2s. 9d. per bottle.

(e) Only 4s. 6d. per bottle. ■

(a) A.D. 1802.

## NOTICE.

A PROTRAIT and BIOGRAPHICAL MEMOIR of DR. BIRD, the President Elect of the Anniversary Meeting of the Provincial Association, to be held at Swansea, on Monday the 1st of August, will appear in our succeeding number, together with a full report of the proceedings.

A SKETCH of DR. ROSE CORMACK, the Editor of the “Association Medical Journal,” will be published in the number of the “Medical Circular” for the 10th of August.



## Biographical Notices.

### F. B. COURTENAY.

Mr. Courtenay commenced his professional studies at a very early period of life, having been apprenticed to Mr. Jones, of the firm of Banks and Jones, of Ryde, Isle of Wight, when only sixteen years of age. His preliminary studies having terminated, a circumstance occurred which brought him under the favourable notice of Mr. Bransby Cooper. It so chanced that a young friend of Mr. Courtenay's had an alarming attack of inflammation in the leg, accompanied by considerable constitutional disturbance. On Mr. Courtenay visiting him at his lodgings, and finding him seriously ill, he returned home, and (as the families of both had been for years on terms of great friendship) procured the authority of his father to invite his friend to their house, in order that he might have those comforts which could not be obtained at a common lodging-house. The patient was accordingly removed, and Mr. Bransby Cooper immediately sent for. But, in spite of every treatment, the patient's symptoms increased in severity, and the leg was enormously swollen. It was thought that suppuration had occurred; nevertheless, the most careful examination had failed in detecting fluctuation. Whilst this point was under discussion between Mr. Cooper and Mr. Courtenay's father, the former suddenly turned round, and, in his off-hand way, said, "What is your opinion, Master Frank?" Thus called into consultation, Mr. Courtenay ventured to say that he thought, when fomenting the leg, he had felt a sensation of fluctuation at one part. For giving this opinion he received a reprimand from his father, which Mr. Cooper at once stopped in the kindest manner, remarking that it was very possible that "the boy's" delicate fingers had detected what theirs had failed to do, and he then requested Mr. Courtenay to point out the spot at which he fancied fluctuation could be felt. Thus invited Mr. Courtenay indicated the point, when Mr. Cooper at once exclaimed, turning to the astonished father, "Why, Doctor, the boy is right!" An incision was then made by Mr. Cooper, and a large quantity of pus immediately thereon discharged.

From that period Mr. Cooper treated "the boy" with the greatest kindness, and strongly urged his father to at once enter him as a pupil at Guy's. But this advice was only listened to so far as entering him as a perpetual pupil to Mr. Cooper's anatomical lectures. After Mr. Courtenay had attended two courses, finding that his father objected to entering him as a perpetual pupil to all the lectures at Guy's, he determined on leaving home, and accordingly he obtained a situation as assistant to Mr. George Welch, at Stanstead, Essex. He remained a year in Essex, and then returned to London, thinking that his father might now not deem him too young to be entered at Guy's. However, in this he was disappointed; he was only ordered to attend Mr. Cooper's lectures, and entered as a pupil to the late Dr. Hopkinson's lectures on Midwifery. When these courses were completed he again determined on seeking a situation, and was fortunate enough to be engaged as visiting-assistant to Messrs. Nedham and Oliver, at Leicester. Mr. Nedham is a man well known to the profession, both for his skill as an operator and his high attainments. He has now retired from practice, but at the time of which we are speaking he was in the height of his eminent career, holding the appointments of senior-surgeon to the Leicester County Hospital, the County Lunatic Asylum, the County Fever House, the County Gaol, the County Bridewell, the Town Gaol, the Town Bridewell, and several hospitals for old persons in the town. When to these appointments are added the calls of a large and extensive private practice, it may easily be imagined that the duties of a visiting-assistant were not light, nor the opportunities of seeing practice few. Accordingly Mr. Courtenay had a wide field for observation and improvement before him;

and that he did not fail in availing himself of it, and assiduously performing his duties, is best shown by the fact that, after he had been a year at Leicester, Mr. Nedham expressed to him his great satisfaction at his conduct, accompanying these expressions with a handsome honorarium from his private purse, in addition to the salary paid by the firm. After a residence of eighteen months at Leicester, Mr. Courtenay returned to London, and entered as a pupil at Guy's. Just before the termination of the winter session he had a serious illness, and was in consequence obliged to leave London. But he determined not to remain idle whilst seeking the benefit of change of air, and therefore he obtained a situation as visiting-assistant to the late Mr. Stevens, of Pewsey, near Marlborough, Wilts. This gentleman had a most extensive private practice, besides holding the appointment of medical officer to several parishes, some of them ten miles from Pewsey. Pewsey being in an entirely agricultural district, the patients were of a totally different class to those at Leicester, and thus Mr. Courtenay had the advantage of contrasting the modifications in diseases and peculiarities of treatment necessarily observed between the inhabitants of large towns and country districts. On the commencement of the October session in the following year, Mr. Courtenay returned to London, and resumed his attendance at Guy's Hospital, and finally passed his examination at the College of Surgeons on the 13th of July, 1833.

About this time, the health of Mr. Courtenay's father failing, it was suggested by some patients who had derived great benefit from the latter's treatment of strictures of the urethra with the potassa fusa, that Mr. Courtenay should make himself acquainted with his father's mode of treatment, with a view to succeeding him in his practice. At that time, young and inexperienced in the world, and unaware of the unjust prejudices, as we think, entertained by too many of the profession against specialists, and the consequent difficulties thereby thrown in the way of professional success, he acted on the suggestion, and joined his father, and thus at once was placed in a situation of being thoroughly initiated in the treatment of that most troublesome and too frequently unmanageable disease, stricture of the urethra. Four years after this, the death of his father placed him at liberty to follow out his own views in every respect, and he now, therefore, determined on adopting a plan in regard to the treatment of his patients which he had long had in contemplation.

The experience of the previous four years had made him aware that the majority of patients do not seek the aid of a surgeon practising any special branch of surgery until they have failed in obtaining the desired relief at the hands of their ordinary medical attendants. Thus the cases which come under the specialist are generally of a complicated nature, and require much more time to be devoted to their treatment than could be afforded by the general practitioner. Hence, in regard to strictures impermeable to instruments, the brief attempts at their dilatation which can be made in the time comprised in an ordinary visit are seldom sufficient for the purpose; whilst, if sudden and violent attempts are made, they not only as frequently fail, but also too often lay the foundation of the most serious complications. Deeply impressed with these ideas, and at the same time convinced that many strictures which appeared to resist the treatment by dilatation pursued in the ordinary manner, would yield to a more systematic and carefully carried out treatment, Mr. Courtenay fitted up his residence for the reception of patients, with the view of more completely testing the soundness of his views. This system of prolonged and careful dilatation, in conjunction with the occasional application of the potassa fusa, in those cases in which it appears necessary, he has now pursued for many years, with the most satisfactory results. Indeed the advantages which this mode of treatment, aided by warm baths and every possible requirement at immediate command, offers to both the patient



and the surgeon, in those severe cases for which it has been devised, are at once obvious. But whilst Mr. Courtenay, in consequence, claims for his mode of treatment a degree of success beyond that generally attained, he wholly repudiates the assumption of universal success, and his good faith in this respect is shown by his having, in his two last works on stricture of the urethra, recorded the histories of some of his own failures, thereby setting an example which some would-be-thought *infallibles* in the treatment of this disease might follow with advantage both to the profession and to their own credit for veracity.

Mr. Courtenay's works on stricture of the urethra have had an extensive sale, and passed through several editions. He is also the editor of the translation of Dr. Pickford's work on True and False Spermatorrhœa, a work which we have already favourably noticed, as being well calculated to remove the mass of delusion, folly, and fraud by which this subject has been too long surrounded.

His recent letter to the pugnacious Mr. Syme (the statements contained in which that gentleman has never ventured to deny) show that, when attacked, he is one that does not hesitate to speak in plain and unmistakable language; and we believe we express no more than the opinion of all those who have read it, when we say that it clearly and fully refutes the statements of this "northern light," in respect to the case to which it refers.

Mr. Courtenay has been twenty years engaged in active practice, and during this long period he has never been absent from London but four times, and then—with the exception of once for a month—only for a few days at each time. When to this constant residence in London is added the exceedingly harassing and anxious nature of his professional duties, surrounded by patients whose lives, it is scarcely too much to assert, depend on his manipulative dexterity, it must be deemed fortunate by his patients and friends that he is in the enjoyment of such sound health.

We believe Mr. Courtenay's experience in the treatment of stricture during the last twenty years has equalled, if, indeed, it has not surpassed that of any of his contemporaries. It is, therefore, no matter of surprise that he should enjoy the reputation of being a most dexterous and skilful manipulator with urethral instruments; and when it is remembered that the lamented Liston used to assert that the introduction of instruments through a stricture which had previously been impermeable to them, was the most difficult in the whole range of surgical operations, it must be no slight source of gratification on Mr. Courtenay's part, to have achieved the reputation he has in this respect; and for our part, with the knowledge we have of his experience, we know of no man to whose care we would with greater confidence entrust the treatment of a severe case of stricture of the urethra.

We have dwelt somewhat fully on Mr. Courtenay's professional career, because, as we have said, we know that there is often an unjust prejudice entertained towards an individual practising any speciality in the profession. We believe that this prejudice has arisen, in a great degree, from the fact that unqualified men in former years adopted specialities *as a trade*, and that, therefore, the only way to remove both the prejudice and the evil is to afford encouragement to professional men who, like Mr. Courtenay, have in every way qualified themselves, by their antecedent studies, to practice their profession in all its branches, to finally devote themselves to such special diseases as, from their frequency and importance, may well claim such undivided attention.

Mr. Courtenay resides at No. 2, Chandos-street, Cavendish-square.

JAS. CONNOR CORNELIUS, ESQ.

HENRY H. CORT, ESQ.

EDWARD AUGUSTUS CORY, ESQ.

FREDERICK CHARLES CORY, ESQ.

(Vide "London Medical Directory," 1853.)

RD. PAYNE COTTON, ESQ., M.R.C.P.

The most remarkable event in the life of this gentleman—by courtesy styled Dr. Cotton—was his attempt to raise an opposition to the "Medical Circular," and the most fortunate one his failure. Had he been more successful, we might have been less forgiving. Among his minor achievements may be enumerated a work on "Phthisis and the Stethoscope;" "the Nature, Symptoms, and Treatment of Consumption,"—for which that doubtful honour, the Fothergillian Gold Medal, was awarded; also the joint authorship of the "Medical Report of the Hospital for Consumption." As we have not read these works, and do not know any *helluo librorum* who has, we are unable to express an opinion upon their merits. He has likewise contributed a paper "On the Form and Movements of the Chest in Phthisis," to the "London Journal of Medicine;" a paper "On the Pathology of the Molluscum Contagiosum, with Cases," to the "Edinburgh Medical and Surgical Journal;" and a paper "On Suffocation from Closure of the Glottis," to the "Medical Gazette." He holds the appointment of Assistant-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton, and is a fellow of the Medical and Chirurgical Society. He became a member of the Royal College of Physicians in 1846.

W. COULSON, ESQ.

(A Portrait and Memoir of this gentleman have already appeared.)

JAS. COULTHRED, ESQ.

(Vide "London Medical Directory," 1853.)

## Reviews.

*Eleventh Report of the Medical Benevolent Fund Society of Ireland, for the year ending May, 1853.*

It must be highly gratifying to the benevolent founder of this society, Dr. Kingsley, to find the work of his hands prospering so greatly, and we can assure him its success gives us scarcely less pleasure. We find that there are nine associations now in connexion with the parent society, that there is now in hand a capital fund of three thousand pounds, and that the sum of £350 was distributed at the last annual meeting. To show the great need, however, of the kind offices of this society, fifty-four families have established their claims to relief from the fund, and we have no doubt that there are very many more to whom the society's aid would be acceptable. We wish the society God speed!

*A Practical Treatise on Lateral Curvature of the Spine.* By Charles Verral, Surgeon to the Spinal Hospital, Portland-road, &c.

Our readers are well acquainted with Mr. Verral's proficiency in the branch of practice which he specially follows, and this little treatise affords new testimony to his advanced views on the subject of deformities. Our author objects to the custom of keeping his patient constantly lying down during the treatment, and, to avoid this necessity, has invented an instrument qualified to give light and equal support. A drawing of this instrument is given, and its use described. With Mr. Verral's principles of treatment we entirely agree, and we have great confidence in the treatment he recommends.

*The Present State and Prospects of Psychological Medicine, with Suggestions for Improving the Laws relating to the Care and Treatment of Lunatics.* By Joseph Seaton, M.D.

A pamphlet exposing with much vigour the evils of the system now in vogue for the management of Asylums, and offering valuable suggestions for its improvement. Dr. Seaton thinks, with all well-informed men, that the lunatic should be confided to the superintending care of a medical practitioner, and that the Commissioners of Lunacy, or a majority at least, should be professional men.



## Medical Notes and Queries.

### NOTE.

**LEECH-BITES.**—The following are a few of the remedies that have been recommended for controlling excessive hæmorrhage from leech-bites in children, viz:—The *actual cautery*, caustics, *twisted suture*, absorbent powders, as chalk, magnesia, prepared gypsum, &c.; bandages, adhesive plaster, application of cold, or of bits of visiting eard, stimulants, as alcohol, turpentine, sugar, &c.; cotton wool, lint, or spider's web; astringents and styptics of various sorts, as preparations of iron, copper, or zinc, or alum, tannin, &c.; friction, or friction with compression, *cum multis aliis* "too numerous for insertion." Certain of these means may be termed barbarous, others will be found more or less efficacious. Decidedly the best is that alluded to as "friction with compression," which may be designated the Irish method, having been practised in that portion of the kingdom, time out of mind. In this instance, the bleeding orifice is pinched, lifted, and twisted by the finger and thumb, which manipulation, if it be repeated briskly a few times, will invariably put a period to the hæmorrhage. Of local styptics one of the best consists of the powders of alum and gum arabic in equal parts. In preference to gum arabic, I am in the habit of mixing gum tragacanth with the alum, forming a powder which I have never known to fail; but a much more potent styptic may be constituted by previously dessicating the alum. A combination of burned alum with tragacanth (both in powder), is a powerful astringent, and protective, and capable of absorbing a large amount of moisture. It is, by insufflation, of admirable efficacy in epistaxis, and will even arrest hæmorrhage from a wounded artery of considerable calibre.

Many persons, ignorant of effective resources for restraining bleeding from the bites of leeches, absolutely decline, in toto, their application to infants, patients in whose cases local blood-letting is frequently indicated, and imperatively demanded; and practitioners have been known to remain during several hours with finger on leech-bite, apparently ignorant of every other expedient capable of arresting the hæmorrhage.

T. M.

July 22nd, 1853.

### QUERIES.

**MR. EDITOR**—Sir,—Should any of your numerous medical subscribers be able to give one of their number such advice as will remedy "habitual costiveness," they will confer a lasting obligation. If physic is prescribed, I hope it will be in Homœopathic doses, as I suffer much from hæmorrhoids. By inserting this amongst the "Medical Notes and Queries," I will look anxiously forward for an "early Samaritan" to render aid, by replying to,

NIL DESPERADUM.

Sunderland, July 15th, 1853.

## Correspondence.

*To the Editor of the "Medical Circular."*

**SIR**,—Will you permit me, through your Journal, to offer a little friendly advice to the editor of one of our metropolitan medical periodicals. That gentleman has introduced to his readers a most inflammable subject for their consideration, and one which, unless very cautiously handled, will be apt, or I am much mistaken, to act in the end amongst his subscribers like a fiery petard falling amidst the well-arranged types of his press, prepared for hebdomadal duty. Is he aware of the envy, hatred, malice, and uncharitableness which, in the idea of its author, was concentrated in that phrase "odium theologicum?" And when were abstract questions of theology ever battled about, without those furies being let slip between the combatants?

The readers of that journal, I have a right to assume, consist of men of different creeds, of different sentiments,

and, as I hope, for the editor's sake, of different countries, but all united in one bond of fellowship, through love of the particular objects of their high profession; and all, too, men of mature judgment, one as capable as another of living according to the dictates of his conscience, and of interpreting the sense of that "lex scripta suprema" given for the guidance of mankind. On what principle, then, of good sense, of sound judgment, of common justice, throw the torch of discord with the reckless hand of a Calvin, into the midst of this body, strong and free in its scientific unity?

Truly, when I behold writers who pretend, by their position, to be the guides and instructors of mankind, dealing out the fierce language of bigotry against those who venture to dissent from their method of interpreting traditional law—when I find them using the fiery tongue of the ancient prophet's rude language, addressed to rude times and ruder men, I cannot but see pass before me a vision of past days of persecution, the times of Philip and of Alva, of McClaverty and the Covenanters, of Calvin and of Huss—days when savages tied their kind to the stake, or hewed them in pieces, the sword in one hand and the Bible in the other, and its words in their mouths, working out by such service their own salvation! And what do these writers think to gain—a convert? The mind of the physician must, indeed, be sunk beneath redemption, when it seeks, in the pages of a weekly Medical periodical, a reason for its immortal aspirations, and a guide for its religious conduct. No, so far from a convert gained to your views, you may find, through putting the torch to such discussion, an enemy where you once boasted a friend. Beware of theological cobwebs, or they will one day hang like a cable-tow around your neck;—these were the Lilliputian bands which held the body of Gulliver captive.

You think, because some six hundred London practitioners have signed a petition (which they were perfectly justified in doing), that you have, therefore, a right to tell those who dissent therefrom that they are desecrators of the Sabbath. Do you think your arguments can make them believe it? Men north of the Tweed say—and who interferes with their convictions? that railway Sunday travelling is Sunday desecration. Let them act accordingly. Other men, of equal wit, south of the Tweed, on the other hand, deem such opinions moulded in the cast of bigotry. What gives you the superior privilege of decreeing the *right*? How comes it that a brighter light, and a clearer capacity for apprehending the truth, shines upon you than upon those who dissent from you, in the interpretation of these things?

Oh, look at my petition! you will reply, perhaps; this is my justification. Now, is there a man of ordinary intelligence in this metropolis, who will venture to deny that a petition, equally well signed, might have been prepared on the other side of the question, and that, if it had been first in the field, would have had appended to it some of the very signatures which now adorn your side of it? And then, again, be very cautious, for it is unfair to say, from *prima facie* evidence, that the movement in which that petition originated was communicated by an English impulse? The countrymen of John Knox have been its progenitors and chief promoters. Dr. Stewart appears first in the field as promoter and defender of the petition; then follows the editor of the "Association Journal," who adopts the petition, and justifies his adoption of its prayer to the lords temporal and spiritual, by leading articles and quotations from Isaiah, all of which are endorsed by communications from gentlemen, who, I believe, are most of them of the same religious body, Drs. Miller, Cowan, Dayman, Allison, Sandwith, &c. Such a fact alone should be enough to make the editor of an English journal, the express property of an English association, deeply reflect before he stirs up further the theological aspects of this question. *In pace quiescat*, let me advise.

The plain and manifest part which the medical man has to play in the matter is, in addressing his arguments



to his medical brethren, to confine himself to the *social* side of the question, the physical and moral aspects of it; the theological he should develop in his family, and, as a member of society, in society, according to the dictates of his conscience; but nothing can justify him, neither good taste, good sense, nor the abstract reason of the thing, in a pretence to enforce particular views—views, indeed, about which the highest intelligences differ—concerning an abstract question, and of one particular sect, or of certain members of different sects, upon a body of men of his own profession, of all creeds, and every way his equals in intelligence. (a)

The boast, and a proud and just one, of our profession has hitherto been, that it has engendered amongst its followers, liberality of mind, expanded ideas, deep philanthropy, and unfettered sympathy with the sufferings of humanity. The temple of our science has thrown wide open its portals: men of all sects and of every nation have had free liberty to enter there, and there sit side by side beneath its roof, each the other's creed unquestioning, and none presuming to dictate the meaning of its dogmas to another, taught the lesson of humility of judgment by the daily practice of their fallible art.

Am I not justified by a world of experience in bidding the editor of the "Association Journal" pause before he accepts the responsibility of letting slip the hounds of the theological discord into such a sanctuary, and without a reason, too, for does he—can any one—believe, that his arguments will turn the minds of men who, equally with himself, have a right to boast of a reason of the faith that is in them, to see as he sees?

This he will gain, and this alone—the unenviable notoriety of having—I admit with the best and purest of motives—spread the bitterness of theological rancour amongst his medical brethren.

I am, Sir, your obedient servant,

M.D.

London, July 18th, 1853.

[We have inserted this letter because it has been sent to us by an intelligent and valued correspondent, but it must not be considered that we adopt or approve every sentiment contained in it. With respect to the nationality, and the particular religious opinions of the gentlemen who support the closure of the Crystal Palace on Sundays, we deem that it will be better to put these subjects aside, the real question being the propriety, or otherwise, of introducing theological controversies into a Medical Journal, and making it the organ of a new crusade, in obedience to the incitement of certain religious tenets.—ED. MED. CIRCULAR.]

#### THE USE OF TURPENTINE IN PURPURA HÆMORRHAGICA.

To the Editor of the "Medical Circular."

SIR,—Will you afford me space for a few remarks on the case of Purpura Hæmorrhagica reported in the last number of your valuable journal.

With all due deference to Mr. Mills, I cannot help thinking he has attributed the favourable result to the wrong agent. I do so from the well-known efficacy of turpentine as a styptic in purpura and other hæmorrhages of a passive character, from Mr. Mills's own report of the case, proving that the chlorate of potass did not produce any alteration in the symptoms, until *combined* with turpentine, and from the fact that turpentine *alone* has been successfully used in worse cases of purpura, where chlorate of potass had been previously administered without any effect. In confirmation of this I beg to refer to a clinical lecture of Dr. Budd, of the Bristol Infirmary.

The patient was a poor woman, 65 years of age, broken in health, emaciated, afflicted with asthma and increasing infirmities. The arms, legs, trunk, and face, were covered

with the characteristic ecchymosed spots, blood passed with the urine and alvine evacuations, as well as profusely from the mouth. On the inside of the right cheek a slough had formed, from the edges of which blood oozed freely.

In the first instance two scruples of potass were given daily, with ten grains of krameria, in infusion of logwood, and local application of turpentine to the sloughs, the bleeding from which ceased after the *first* application, and did not return. The administration of the potass was continued for four days without the slightest check to the other symptoms, and as the woman was sinking fast, it was abandoned as useless, and turpentine given in fifteen, minim doses. As in the outward application, so in its internal use, the effect was *immediate*. Before four doses of the turpentine had been given the hæmorrhage had entirely ceased, the urine became pale and transparent, blood ceased to appear in the evacuations from the bowels, and no new ecchymosis appeared on the surface of the body. She rapidly gained health and strength, and was discharged a month from her admission.

I think it would be difficult to select a case clearer, or more remarkably decisive of the relative value of the two drugs in any particular disease, and I cannot but conclude that Mr. Mills has attributed to the chlorate of potass what is fairly due to the turpentine. To arrive at a correct conclusion as to the action of any one agent, it should be administered alone, as in Dr. Budd's case, and not with another of the same class, for if we pursue disease with a double-barrelled gun, pulling both triggers at the same time, it indeed would be difficult to say which bullet had taken effect.

I have recently used turpentine most successfully in severe cases of hæmorrhage from internal hæmorrhoids. Before applying to me, astringents of various kinds had been used. After two doses of turpentine the bleeding quite ceased. In passive menorrhagia it is equally serviceable.

I am, Sir, your obedient servant.

CHARLES DAY.

Milton next Gravesend, 18th July, 1853.

### Parliamentary Intelligence.

#### HOUSE OF COMMONS.

On Thursday, the 14th, Petitions were Presented by Sir G. Gray, signed by 643 Physicians, Surgeons, and Medical Practitioners in the Metropolis, expressing deep sympathy with the working-classes, and praying that no measure may be sanctioned to authorize the opening of the Crystal Palace or its grounds for gain on Sunday. By Mr. Alcock, from the South-Eastern branch of the Provincial Medical and Surgical Association, against the Bill for promotion of vaccination; by Mr. Collier, from members of the Medical Profession residing at Devonport and East Stonehouse, calling attention to the grievances of the Junior Assistant-Surgeons in the Navy, and praying that their position and condition be proved.

#### NAVAL ASSISTANT-SURGEONS.

On Friday, 15th, Mr. Brady asked the Secretary of the Admiralty if it was the intention of the Board of Admiralty to make any further provision on board her Majesty's ships for the better accommodation of the Assistant-Surgeons in her Majesty's Navy, in accordance with a resolution passed in that house on the 8th of April, 1850.

Mr. Osborne, in reply to the hon. and learned member, had to state, that in consequence of the resolution of the house to which he had referred, the Board of Admiralty had issued directions in a circular, dated July 17, 1850, to the effect, that Assistant-Surgeons who had passed their examination more than three years, should be allowed to mess with the ward-room officers, and, in cases where the space would admit of it, that separate cabins should be assigned to them.

(a) I, of course, assume that a Medical Journal is addressed to medical men, not to the public.



Mr. Brady wished to understand if the conditions of the Junior Assistant-Surgeons would be the same as it had been heretofore.

Mr. Osborne (as we understood) replied, that the condition of those officers had been improved since the year 1850.

On Monday, Petitions were presented by Sir R. H. Inglis, from the Royal Hospital of St. Bartholomew, praying either to be exempted from the operation of the Charitable Trusts Bill, or to be heard by counsel against it; by Captain Scobell, from medical gentlemen of Bath and its vicinity, praying that the superior medical officers of the Navy may be placed on a footing with those in the Army, and that the Naval Junior Assistant-Surgeons may have improved accommodation.

#### VACCINATION EXTENSION BILL.

On Wednesday, Sir J. Pakington, in moving the second reading of the Vaccination Extension Bill (which had been sent from the House of Lords), stated its object, which was to render vaccination compulsory, under pecuniary penalties, and showed the unsatisfactory results of the voluntary system. The mortality from small-pox was greater in England than in almost any other country in Europe. A regard for the public welfare, therefore, demanded some improvement of the law; the machinery of this Bill for carrying out the pecuniary penalties, he admitted, required alteration; but all that the House was now called upon to sanction, was the principle of compulsion.

Lord Palmerston said, Sir John had produced irrefragable proof, that some measure was necessary, the more so on account of circumstances inseparable from the subject. The object was to prevent a fearful disease by timely foresight and precaution; and the classes most in need of this protection were the poorest and most ignorant—those least likely, by their own impulse, to adopt precautions. He was prepared, therefore, to assent to the principle of the Bill, agreeing with Sir J. Pakington, that its machinery required considerable alterations.

Mr. Brady thought it was not a compulsory measure which was required, but a measure which should meet the sympathies of the people, and which the people would assist in carrying out. The Bill was imperfect and inadequate for its purpose. The Profession to which he belonged was not treated with due respect: a system of vaccination by way of contract was calculated to make it lukewarm. So long as the system was under the Poor-law Board there would be imperfect vaccination, their treatment of the Profession being unwise and derogatory to Medical men. Remarking, in passing, that differences of climate influenced skin diseases, and that, unless that were taken into the calculation, it would be unfair to contrast the mortality arising from small-pox in England and on the Continent, he pronounced the Bill a most imperfect one, a most unjust one, and one that could never be carried out in principle. The Bill made no provision for the proper supply of vaccine matter. There were various grounds of detail on which he thought the measure objectionable. By this Bill, any person might go to Dr. Bright, Dr. Babington, or to the most eminent medical men, compel them to vaccinate children, and not pay a farthing. By this Bill, also, children were brought into the districts vaccinating places, thence to spread epidemic disease through the country. He should feel himself bound to move, that the Bill be read a second time that day six months, but was prepared to suggest a plan by which vaccination might, in his opinion, be better promoted.

Sir G. Strickland objected to the principle of the Bill. Compulsion might be carried too far; and he was always, where it was possible, a friend to the voluntary principle. It was a sufficient reason for not assenting to the Bill that the deaths, which had been 116 out of 1,000 from small-pox, had, under vaccination, being reduced to 16 out of 1,000,—a fact which showed that vaccination was working wonders, and working well. With the advance of education

the small-pox would almost be rooted out, if vaccination were left to the voluntary principle. But there was too much resort to compulsion. One little measure was taken from Saxony, another from Austria, another from Prussia. There could not be one law for the rich, another for the poor. The mother must be compelled to vaccinate; but, in a rich man's house, that was impossible. The house was going to force every one to give up prejudices against vaccination. If they acted more on the old English principle, and left people to the voluntary principle and to their own good sense, the object would be more rapidly and successfully attained.

Mr. Frewen opposed the Bill. It contained extraordinary provisions, such as that children should be vaccinated within three months after birth, under a penalty.

The Bill was then read a second time.

### Our Note Book.

#### UTERINE MUCOUS MEMBRANE.

Kilian maintains the existence of a mucous membrane in the human uterus; it is more developed in the adult than in the young, and has a very considerable thickness; it possesses utricular glands, and is clothed with an epithelium, which, in the neck and the neighbourhood of the vaginal orifice, is furnished with vibratile cells. He is further of opinion, that the ciliated epithelium exists in the body of the uterus also, of which he has assured himself by examination of the uterine membrane in a rabbit, after the commencement of gestation. (It is not stated distinctly that cilia were observed in the human uterus.) The augmentation in volume of the gravid uterus depends on the increase and multiplication of its elements. It is composed of fibres of gelatinous appearance, lightly striated in the longitudinal direction, often granular, and strongly adherent to each other, with distinct nuclei. These fibres grow during the entire period of gestation, the nucleus finally becoming changed into a fibrous filament. The division of the fibres into fine parallel fibrils, as described by Henle, this author thinks the result of preparation. Kilian recognises two such muscular layers. He has also described papillæ on the neck of the uterus. In studying the changes in the uterus after expulsion of the fœtus, he has observed the muscular fibres less coherent, filled with fatty granules, and remarkable for the extreme paleness of their nuclei.—*British and Foreign Med. and Chir. Review.*

#### ASCITES.

Dr. Falcot recommends, in cases of ascites, when the stomach is irritable, fomentations with decoction of digitalis. Two ounces of digitalis are boiled in a quart of water, down to a pint, and compresses dipped in the decoction are laid on the abdomen, and covered with oiled silk. The kidneys are soon powerfully affected.—*Rev. Therap. du Midi.*

#### DYSPEPSIA.

Dr. Bennet, in a lecture on Dyspepsia, after insisting on the necessity of seeing that there is no excess in eating and drinking, that the food is properly masticated, and that proper rest is taken after food, remarks that the sense of load or weight is best relieved by acids, especially the hydrochloric. Acid eructations and cardiacalgia are best relieved by alkalies and bitter tonics. In cases in which fatty matters do not appear to be digested, liq. potassæ is recommended. When the flow of bile appears deficient, mild mercurials and rhubarb is the best treatment.—*Ed. Monthly Journ., Feb. 1853.*

#### PUERPERAL MIASMATA.

Dr. Busch, Director of the Berlin Midwifery Clinique, (*Neue Zeitsch. für Geburtsh.* vol. xxxii. p. 313), after remarking upon the great difficulty there exists in keeping a lying-in hospital free from puerperal fever, relates the result of an experiment he tried at Berlin. During February



and March, 1851, after an epidemic of influenza, one of puerperal fever prevailed extensively amidst all classes at Berlin, the hospital suffering severely during the latter month. It was evacuated, thoroughly cleaned, and ventilated for six weeks, and re-opened in May, when, however every woman admitted became affected soon after delivery. Reflecting upon the influence of hot, dry air in destroying contagious fomites, Dr. Buseh had stoves introduced into the wards, and all the bedding, utensils, &c., were exposed to a temperature of from 150° to 170° Fah. during two days. On patients being re-admitted, no more cases occurred, although the disease still prevailed in Berlin. In December, 1851, four women were seized with the disease in one apartment, one of them dying. A heat of 1708 Fah. was resorted to, and no extension of the epidemic occurred. To the time of writing, June, 1852, no recurrence had taken place.

### Obituary.

June 23.—J. HUNTER LANE, M.D. Edin. 1830, L.R.C.S. Edin. 1829 (of 58 Brook-street, Grosvenor-square), at Brighton. Dr. Lane, during 1831-2, held the office of Honorary Physician to the Cholera Hospital, Liverpool; in 1833, that of Physician to the Lock Hospital of the Liverpool Infirmary; and in 1840 was appointed Senior Physician to the Laneaster Infirmary. He was a F.L.S. and F.S.S.A., and formerly President of the Royal Medical Society of Edinburgh, editor of the "Liverpool Medical Gazette," the "Monthly Archives of the Medical Sciences," and Tiedmann's "Physiology of Man," translated from the German. Dr. Lane was also author of "A Compendium of Materia Medica," "Epitome of Practical Chemistry," "Epitome of Practical Toxicology," and likewise contributed numerous papers on various subjects to the "Medical Gazette," "Lancet," and "Medical Times."

July 18.—JOHN ARTHUR, M.D. at his residence, 23 Church-road, De Beauvoir-square, Kingsland, aged 70. Dr. Arthur was Deputy Inspector General of Army Hospitals.

JAMES LEACH, Esq., M.R.C.S. Eng. 1818, L.S.A. 1818, (late of Vauxhall), at 13, New Dorset-place, Clapham-road, aged 57. With deep regret we announce the death of this gentleman, who destroyed himself by cutting his throat. He had suffered from a protracted and painful illness, which no doubt weakened his intellect, and ultimately led him to the dreadful act of self-destruction.

### Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners on the 15th inst:—William Falconar Clark, Cunningham-place, St. John's-wood; Matthew Corner, Withby, Yorkshire; George Jules Gillam, North Leigh, Oxfordshire; Francis Gould, Dublin; John Heys, Liverpool; Thomas Lewis, Grouger, Llandilo, Carmarthenshire; Arthur Edwin Temple Longhurst, Kirkby Mallory, Leicestershire; Samuel Alexander Patterson, Downham-market, Norfolk; John Sutton, Kegworth, Leicestershire; William Wright, Lincoln.—The following gentlemen were admitted Members on the 18th inst.:—Frederic Tydd Abbott, Nenagh, co. Tipperary; Edward Jacomb Asbury, Enfield, Middlesex; Thomas Brumah Diplock, Chelsea; Decimus Filius De Hodgson, Carlisle; Charles Julian Jackson, Macclesfield, Cheshire; James Scarborough Loe, Leeds, Yorkshire; Robert Modlin, Castleside, Durham; Frederick William Moore, Charlmount-terrace, Dublin; Charles James Roe, Greenock, Scotland; John Smith, Caseley, Staffordshire.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine,

and received certificates to practise on Thursday, July 14, 1853:—Cecil Calvert Cogan, Royal Mail Steam-packet Service; Major Greenwood, Wakefield-street, St. Pancras; Griffith Griffith, Saltreccoddy, Merionethshire.—Names of gentlemen who passed the preliminary examination in classics and mathematics at Apothecaries' Hall, held on Tuesday and Wednesday, July 19, and 20, 1853:—Thomas J. H. Nussey, Cleveland-row, St. James's; T. Eyton Jones, Merionethshire, Cornwall; E. M. Shirliff, Chiswell-street; Benjamin Kershaw, Rochdale Lancashire; Robert J. Jordan, Streatham-park, Surrey; John Penberthy, Redruth, Cornwall; Frederick Saddler, Hull; Alfred Bannister, West Brompton; Henry John Wright, Sheffield; Henry Stilwell, Uxbridge; John W. Bury, Coventry; H. Jeaffreson, Framlingham, Suffolk; A. B. Ewen, Long Sutton, Lincolnshire; C. H. Slaughter, Farningham, Kent; Edward Wood, Leeds; S. W. Handy, Highbury-erecent; C. S. Ker, Barnsbury-place; John Oldman, Gainsborough; R. B. Read, Guildford-place, Russell-square; H. O. Harvey, Bedford; S. Austin, Exeter, Devon; M. Austin, Exeter; Edmund R. Southby, Bulford-house, Wilts; John W. George, King's College; I. Fulham, City-terrace, City-road; Daniel Williams, Northside; John R. Davies, Birmingham; Knowles King, Maidstone, Kent; Spencer Meredith, Westbourne-park, Bayswater; Wilton Everel, Stepney-green; George Pavay, Reading, Berks; Edward Sharpin, Bedford; H. B. Wynter, Bedford; Dyson Laey, Newark; H. I. Edwards, Bampton, Devon; H. I. Edwards, Tutbury; R. C. Brawn, Preston, Lancashire; T. H. Currie, Budgham, Norfolk; G. H. Phillips, Newcastle-on-Tyne; Thomas Cotton, Spalding; A. D'Oyley Brooks, Henley-on-Thames; C. H. Elliott, Artillery-place; Roger Hughes, Bala, N. Wales; E. D. Tomlinson, Wakefield; Theodore S'ailey, Congleton; John Aleock, Staffordshire; W. H. Morris, Studley, Warwickshire; Edward B. Hogg, Louth, Lincolnshire; Henry I. Hawthorn, Uttoxeter; Joseph Entwistle, Bedford; John J. W. Gisburn, Hanslet; A. C. Nicholls, Bourne; Allen A. Duke, Chichester; Richard Thomas, Seacombe; Hugh O. Thomas, Seacombe; Wm. Liddon, Taunton; C. H. Drake, Kingsclerk; Henry Adams, Lymington; Francis D. Lys, Lymington; Charles C. Cunningham, Hailsham; Arthur Brown, Wandsworth; Samuel N. Bruce, Camden-square; Henry Carnley, Hull; Wm. O. Procter, Stoke-on-Trent; Edward J. Hayward, Whitchurch; Thomas C. Langdon, Bampton, Devon; J. Walter Davies, Blackwood, Monmouth; Wm. V. Jakins, Osnaburgh-street; Henry Hadlow, Jewry-street; T. Honeywill, Hammersmith; Edward Wm. Turner, Deddington, Oxon.; Edward Fernie, Wellingboro'; George Cowell, Ipswich; George N. Cheek, Welshpool; David Johnson, Tipton; W. H. Richardson, York; G. Poole, Newland, Monmouth; Francis Smith, Pentonville.

HER MAJESTY'S HEALTH.—We are rejoiced to learn that her Majesty has recovered from an attack of measles, which she passed through without the superintention of any unfavourable symptoms.

THE CROWN PRINCE OF HANOVER was attacked by measles immediately upon his return to Hanover from England.

MEDICAL BENEVOLENT COLLEGE.—On Sunday last a sermon was preached by the Rev. Newman Harrison the vicar of Reigate, in the parish church, on behalf of the Medical Benevolent College. The text was taken from Matthew, chap. viii. v. 17, "Himself took our infirmities and bare our sicknesses." The rev. gentleman's forcible and earnest appeal was followed by a collection amounting to £27. We trust that the example set by Mr. Harrison may be followed in many other provincial towns.

ARMY MEDICAL OFFICERS.—Under the above heading the *Naval and Military Gazette* has a very able and well-grounded article upon the disgraceful treatment of military medical officers, who are passed over and slighted in every possible manner. Commenting upon the full share that medical officers take with their comrades in arms amidst



the dangers of "flood and field," which it illustrates by the many deaths of surgeons on the field of battle, and from infection caught in crowded hospitals, the *Gazette* says: "In the present Burmese war—and the same occurs in every war—it is acknowledged that climate and consequent disease are more destructive to our army than the bullets of the enemy; nevertheless, the men who hold a hand-to-hand fight with these fierce foes are scarcely considered worthy of mention by the general in command, and the home government, far from finding fault with his slights to the 'doctors,' back him up by following his example, and in conferring honours and rewards for the war pass over the luckless surgeons." And speaking of the late casualties that took place in the medical service, our contemporary asks, "Was it much to expect that the blood of Davidson and Steward, shed on the field, that the lives of Laing and Robertson, lost in the ill-fated *Birkenhead*, should create some generous feeling towards the survivors from the same dangers, and that the approbation of their conduct in most arduous duties, both military and medical, would not be withheld by government?" It is indeed truly humiliating and exceedingly disheartening to see men who risk so much, and sacrifice their lives in the public service, thus contemptuously passed over and neglected as if their services were wholly valueless. But it is to be hoped that those members of the legislature who are so anxious to uphold the honour of the British flag will remember that one of the most essential qualities of the brave army that defends that flag is health, and that therefore it is the duty of government to encourage and reward the medical service, by which alone the health of the army can be maintained and preserved.

**CHOLERA IN RUSSIA.**—The cholera report of July 1 shows 433 cases since the commencement; 54 new cases that day, 27 cures, and 22 deaths. The numbers for the last few days exhibit a slight decrease, but people here affect to think, that the official returns are from giving an account of all cases. The disease seems to exhibit itself in an unusually virulent form, and the patient is generally killed or cured in five hours. The disease is also raging in Moscow and Copenhagen. The following is a return of the number of cases of cholera during the years 1852-53:—

	1852.	Attacked.	Recovered.	Deaths.
October ...	...	441	53	175
November ...	...	1,678	714	666
December ...	...	1,512	919	580
1853.				
January ...	...	1,160	929	487
February ...	...	476	369	206
March ...	...	769	337	358
April ...	...	1,344	590	554
May ...	...	1,636	830	710
June 22 ...	...	1,206	782	494
Total attacked ...	...	...	...	10,222
Of whom recovered ...	...	...	...	5,523
Deaths... ..	...	...	...	4,230
Remaining sick ...	...	...	...	469
				10,222

## Notices to Correspondents.

To the Editor of the "Medical Circular."

SIR,—I venture to suggest an improvement on the scheme of the six hundred and forty gentlemen, who, according to your correspondent "Amicus," are about to petition Parliament to put "Nature into mourning" on the Sabbath. A more simple measure will meet the evil. I would advise that Parliament should be petitioned to enforce the same restrictions on the Christian Sabbath, as are observed during the Turkish Ramadan, and that no person be allowed to eat or drink, taste or smell, or, in another way, gratify his senses on that day. If you think this suggestion, which has a precedent to sanction it, an improvement on the scheme of the six

hundred and forty, perhaps you will favour me by noticing it in your columns.

Yours, &c.,

A SUBSCRIBER FROM THE FIRST NUMBER.

MR. COLE.—Communication received, and handed to the publisher.

To the Editor of the "Medical Circular."

SIR,—I understand that Licentiates of the Faculty of Physicians and Surgeons at Glasgow, are admitted *ad eundem* members of the Royal College of Surgeons of England, and shall be glad if you will inform me if this be correct. It appears to me to be a matter of considerable importance, as, not only is the course of instruction in Glasgow shorter than in London, but a pupil after studying in London, and, doubting his ability to pass an examination at the London College, may go to Glasgow, pass the Faculty, and, returning to London, be admitted a member of the London College.

Yours, &c.,

QUERIST.

Plymouth, July 20th, 1853.

[It is perfectly correct. The London College formerly received candidates from the schools of Ireland and Scotland, but before they could be admitted as members, they were required to pass an examination. Whether the examination was lighter on account of the candidate possessing the diploma of another College or not, we do not know, but we do not think this likely to be the case. Now, however, we understand candidates are admitted *ad eundem*.]

SPES.—We shall be happy to publish the proffered article if sent to us.

MEDICULUS.—There is a formula for it in the Paris Codex.

MR. THOMAS.—The fee varies from one to two guineas, with an allowance for distance. Apply to the Clerk of the Court.

R. P. J.—1st, Ramsbotham's; 2nd, Fergusson's; 3rd, Walton's. ONE WHO HAS BEEN VICTIMISED wishes to be informed how he can distinguish between legitimate medicine and quackery! Our correspondent must wait until he has gained more sense, and has had a little more of the sad experience of which he now complains.

J. B.—The particulars can be ascertained by reference to the "Medical Directory," or by application to the Secretary of the College.

D. D.—It is impossible to give a more precise opinion without a view of the deed. It is a proper case for a solicitor.

CHIRURGUS.—Your strictures upon the school in question are written with much bitterness, and, on that account, will deprive your statement of facts of the credit that otherwise might attach to it. A more temperate letter might be inserted.

W. S. D.—The request shall be attended to.

PHILOS.—Communication received. We cannot promise to accede to your request.

MR. WALKER.—Any work on Pathological Anatomy will give you the information. Your own countryman, Craigie, has published a valuable work, which will answer your purpose very well. If you prefer a foreign work, Vogel's, edited by Day, is one of the best.

MR. JOHNSON.—We do not apprehend that there is any likelihood of our suffering from an invasion of Asiatic cholera this summer, notwithstanding that it is prevailing with so much intensity in St. Petersburg. To call public notice to the matter at present, might do much harm by exciting unnecessary fears. Panic alone might produce severe bowel complaint in many persons of delicate constitution.

T. L.—Your former communication has been mislaid, but, judging from your present statement, there does not seem to us to be any necessity for its publication.

MR. W. JONES.—Your inquiry respecting the back volumes of the "Medical Circular," will be attended to by the Publisher, who will also supply you with the "cases."

MR. BREWER.—1st, Yes. 2nd, Yes.

MR. DAVID FENTON.—Communication received. We will inquire and give you the result in an early number, no mention having been made of the fact in the works we have hitherto consulted.

\* \* Can any of your readers procure for me a copy of the notorious "Teevan" pamphlet?

MR. COX's communication "On the Value of Hydrocyanic Acid as a Remedial Agent," is in type, and shall appear in our next number.

MR. FRANCIS BATTERSBY (Dublin).—Communication received, and will appear next week.

MR. BLACKSHAW (Manchester).—Your communication and enclosure is received, with thanks. We entirely agree with you, that the manufacturers and vendors of quack medicines should be punished by law, the same as other impostors.



ADVERTISEMENTS.

MEDICAL BENEVOLENT COLLEGE.

President.  
THE EARL MANVERS.

Trustees.  
DR. J. A. WILSON. | JOHN BACOT, ESQ.  
DR. R. LEE, F.R.S. | B. PHILLIPS, ESQ., F.R.S.  
W. FERGUSON, ESQ., F.R.S.

Treasurer. | Auditors.  
JOHN PROPERT, ESQ., 6, New Cavendish-street. | REV. DAVID LAING. DOUGLAS FINNEY, ESQ..

Bankers. | Honorary Secretary.  
MESSRS. GOSLINGS & SHARPE, 19, Fleet-street. | HENRY TUDOR DAVIES, ESQ., M.A.

Assistant Secretary.  
HERBERT WILLIAMS.

THE COUNCIL OF THE MEDICAL BENEVOLENT COLLEGE gratefully acknowledge the liberal assistance afforded to them on the 6th instant, on the occasion of laying the first stone of the building, and are thereby encouraged to hope that they shall be enabled to proceed with vigour in the erection of the intended College. They feel, however, bound to urge upon their professional brethren, as well as upon the public at large, the necessity of continued exertion and support, as the sum so liberally and promptly contributed is by no means a equate to the accomplishment of the benevolent objects contemplated; they venture, therefore, earnestly to appeal to those upon whom Providence has bestowed the means to assist in this truly charitable work, by which provision will be made, in a season of adversity and infirmity, for a valuable portion of the community, whose services to society cannot fail to interest all who are influenced by Christian philanthropy.

AMOUNT PREVIOUSLY ADVERTISED . . . . . £17,000

THE PRESIDENT OF THE COLLEGE, THE EARL MANVERS . . (3RD DON.) £52 10 0  
SIR HUGH R. HOARE, BART., EATON SQUARE . . . . . 100 0 0  
BENJAMIN EVELEIGH WINTHROP, ESQ., MARINE PARADE, DOVER . . . 525 0 0

	£	s.	d.		£	s.	d.		£	s.	d.
A Friend, per Dr. Waters, Chester	1	0	0	Brigstocke, W. O. Esq. Blaenport,				Cottom, Miss Mary, Westbourne			
Austen, E. V. Esq. paid to Messrs.				South Wales	10	10	0	terrace	5	5	0
Williams, Deacon and Co.	10	10	0	Bailey, Mrs. Brighton	5	5	0	Cates, Miss, Margate, per Dr.			
Alliston, C. Esq. George st. Port-				Benning, Miss Elizabeth, Lans-				Beattie	5	5	0
man sq.	1	1	0	down terrace, Notting hill	5	5	0	Cressingham, J. Esq. Carshalton,			
Adams, Miss, Carter st. Walworth	5	5	0	Burnett, Mrs. Westbrooke House,				2nd donation	5	5	0
Ashbury, Miss, Enfield	5	5	0	Alton, Hants	5	5	0	Crowther, Rev. F. R. Lincoln,			
Ashbury, J. V. Esq. Enfield, annual	1	1	0	Bray, T. B. Esq. Darwell Bank,				per C. Pyle, Esq.	1	1	0
Atkins, Miss, The Shrubbery,				Robert's Bridge, Sussex	5	5	0	Campbell, P. Esq. per T. Ham-			
Epsom	5	5	0	Beard, Mrs. F. Carr, Welbeck				mond, Esq. Brixton annual	1	1	0
A. H. per W. T. Iliff, Esq. Ken-				street	5	5	0	Downe, Viscount, Great Bookham,			
nington	5	5	0	Clarke, Sir C. Mansfield, Bart.				per R. Stedman, Esq.	10	10	0
A Widow's Mite, per a Grateful				3rd donation	21	0	0	Davies, Warburton, Esq. Hinde			
Invalid	1	0	0	Coulson, Mrs. Frederic pl. Old				street, per W. H. Covey, Esq.			
Ainslie, E. C. Esq. Gaizedale hall				Jewry	5	5	0	annual	1	1	0
Hawkeshead, per A. C. Gibson,				Chowne, W., M.D. Connaught				Davies, Mrs. ditto ditto	2	2	0
Esq.	10	10	0	place west, Hyde park annual	1	1	0	Davies, J. Esq. ditto ditto	1	1	0
Anonymously, on the occasion of				Carlill, Mrs. Berners street	5	5	0	Dunbar, Miss	1	0	0
laying the Foundation Stone	5	5	0	Cowling, J. Esq. Albemarle street	1	1	0	Du Pasquier, F. R. Esq. Pall Mall	10	10	0
Anonymously ditto	5	5	0	Clendon, Mrs. Chitty ditto	5	5	0	Dale, Mrs. Commercial place,			
Anonymously ditto	5	5	0	Croft, Mrs. Ilderton, Lawrence				Commercial road	5	5	0
Bright, Dr. Saville row	10	10	0	Pountney hill	5	5	0	Davies, Miss Flora, Duchess street	5	5	0
Brown, Miss E. E. W. Christ-				Cartwright, Mrs. L. Grosvenor st.				Du Pré, George, Esq. M.P.	5	0	0
church, Blackfriars road	5	5	0	per T. Nicolson, Esq.	5	5	0	Davies, Mrs. Widow of the late			
Brooke, C Mrs. Keppel st.	5	5	0	Creaton, Miss, King's place, Stone				Thomas Davies, Esq. Hamp-			
Baker, Miss E. York pl. Portman				End, Southwark	5	5	0	stead	5	5	0
square	5	5	0	Croughton, Mrs. per E. D. Saun-				Drewitt, W. Esq. Wimborne	1	1	0
Balderson, Mrs. Poland st.	5	5	0	ders, Esq. Tenterden	2	2	0	Dickinson, Mrs. J. Liverpool	5	5	0
Brown, J. Esq. Oak House, Ham-				Colston, Mrs. Husbands, Bosworth,				Danford, F. Esq. Parson Drove,			
mersmith	10	10	0	Welford	5	5	0	per J. Whited, M.D. annual	1	1	0
Brown, Mrs. ditto ditto	5	5	0	Carroll, Sir George, Loughton,				Dale, Mrs. 23, Holborn hill	5	5	0
Brande, Mrs. Aldersgate street	5	5	0	Essex	10	10	0	Dix, W. Esq. Long Buckby,			
Basset, Lady, South street, per				Churton, H. Esq. West Mount,				Daventry	1	0	0
Edwin Saunders, Esq.	5	5	0	Cheshire, per E. Waters, M.D.,				Dyer, James, Esq. Finsbury place			
Bryant, Walter, Esq. Bathurst,				annual	1	1	0	south, per Wm. Fortescue, Esq.	1	1	0
street, Hyde park 2nd don.	6	6	0	Cobbold, Mrs. Aspoll Hall, De-				Ditto ditto annual	1	1	0
Bryant, Mrs. W. ditto ditto	5	5	0	benham, Suffolk, per Wm.				Dowding, Rev. B. C. } per J. Symes			
Buller, J. Esq. Temple	1	1	0	Self, Esq.	5	5	0	Manning, Rev. A. } Esq. Devizes	0	12	6
Brown, Mrs. R. Brixton hall	5	5	0	Collected in the Parish Church,				Davies, Mrs. D. Lower Belgrave st.			
Beane, Mrs. Peekham	5	5	0	Reigate, after a Sermon by the				Eaton square	5	5	0
Beane, Miss ditto	5	5	0	Rev. John Newman Harrison				Davies, Miss, Can Hatch	2	2	0
Brinckman, Lady, Berkeley sq.	5	5	0	Vicar, on the 24th instant	27	3	0	Equitable Life Assurance Com-			
B. A. Y. per R. R. Perry, Esq.				Colledge, T. R., M.D. Lauriston				pany, The New, per George			
Hampstead	10	10	0	House, Cheltenham, 2nd don.	21	0	0	Beamau, Esq.	10	10	0
Butts, Mrs. Thos. Grafton street,				Corbould, Mrs. Sydenham, col-				Evans, Dr. Woolwich annual	1	1	0
Fitzroy sq. per T. Nicolson	5	5	0	lected by	6	14	0	Egleton, J. Esq. Oxford terrace,			
Boulton, Miss, Ferraby Brough,				Clifton, Mrs. Edward N., Russell				Hyde park	2	2	0
Yorkshire, per Dr. Wilson	1	1	0	place	5	5	0	Egleton, Mrs. ditto ditto	5	5	0
Bardeley, J. L., M.D. Manchester,				Conquest, Mrs. Finsbury square	5	5	0	Erichsen, Mrs. Welbeck street	5	5	0
per Dr. Forbes	10	10	0	Chapman, Miss Catherine, Lower				Evans, Mrs. "Acre House,"			
Brown, Miss Cave, Tamworth	5	5	0	Tooting	5	5	0	Brixton	5	5	0



# ADVERTISEMENTS.

	£	s.	d.		£	s.	d.		£	s.	d.
Evans, Mrs. Alfred, Walthamstow	5	5	0	Hankey, Mrs. Beaumont, Epsom,				Part, Mrs. Camden road villas,			
Frogley, Mrs. Hounslow ...	5	5	0	per W. Bryant, Esq. ...	5	5	0	collection and contributions by	5	5	0
Flint, Mrs. Margate, per Dr. Sieve-				Hodgson, Thos. Esq. Halifax,				Part, Miss ditto	5	5	0
king ...	5	5	0	annual ...	1	1	0	Part, Miss C. ditto	5	5	0
Flint, Mrs. Stockport ...	5	5	0	Haward, F. Esq. Halesworth, ann.	1	1	0	Pont, Mrs. Yalding ...	5	5	0
Fischer, Mrs. Peeble Combe, near				Hubbart, Mrs. P. Croydon ...	5	5	0	Paynter, J. W. Esq. Pembroke,			
Epsom ...	5	5	0	Holt, Miss, Tottenham, per J. B.				annual ...	1	1	0
Furnival, Mrs. W. H. Ebury				Asbury, Esq. ...	5	5	0	Pope, Mrs. J. R. Upper Berkeley			
Lodge, Pimlico ...	5	5	0	Holding, Miss E. C. King's Clere	5	5	0	street ...	5	5	0
Fallowfield, Mrs. Warren street,				Hutchinson, Miss, Horsham ...	5	5	0	Price, Mrs. A. F. Deptford ...	6	5	0
Fitzroy square ...	5	5	0	Harrison, Mrs. C. H. Rogers,				Quintin St., Miss, Leamington,			
Freeling, Mrs. C. Queen Anne				Stockwell ...	5	5	0	per J. Prichard, Esq. ...	5	0	0
street ...	5	5	0	Iiiff, Mrs. W. T. Newington ...	5	5	0	Russell, Hon. Mrs. H. Brancepeth			
Fisher, Mrs. Grosvenor gate ...	5	5	0	Jones, W. D., M.D. Llaneych,				Castle, Durham ...	5	5	0
Ferguson, Mrs. George street,				Newcastle Emlyn 2nd don.	5	5	0	Russell, Hon. F. G. Hamilton,			
Hanover square ...	5	5	0	Jones, Mrs. Anchor hill, Mon-				Brancepeth Castle, Durham ...	10	10	0
Finch, Dr. F. C. Wandsworth ...	10	10	0	mouth ...	5	5	0	Renshaw, Mrs. Altrincham,			
Finch, Mrs. ditto ...	5	5	0	Jones, Miss ...	5	5	0	Cheshire ...	5	5	0
Finch, Miss, Amelia ditto ...	5	5	0	Jackson, Mrs. Reynolds, Charles				Ramsay, Mrs. Enfield ...	5	5	0
Finch, Mrs. R. Stainton lodge,				street, St. James's ...	5	5	0	Ralfs, Miss E. A. Brentford, per			
Blackheath ...	5	5	0	Jennings, Mrs. O. H. Newport,				J. A. Wilson, M.D. ...	5	5	0
Forster, Miss E. J. Bellsize house,				Monmouth ...	5	5	0	Roper, A. Esq. Croydon annual	1	1	0
Hampstead, per C. F. Lord,				Joseph, Mrs. Great Marylebone st.	5	5	0	Ruck, Mrs. J. Sutton court,			
Esq. ...	5	5	0	Knyvett, Miss, per Dr. Wilson,				Sutton ...	5	5	0
Fisher, Mrs. John street, Bedford				2nd donation ...	1	0	0	Richardson, Miss, Upper Portland			
row ...	5	5	0	Knyvett, Miss H. ditto ...	1	0	0	place ...	1	1	0
Fox, Mrs. L'O. Broughton				Kilburn, W. E. Esq. Regent st.				Richards, Samuel, M.D. Bedford			
Stockbridge ...	5	5	0	2nd donation ...	5	5	0	square ...	1	1	0
Ferrarr, Mrs. per H. S. Palmer,				Kendall, Peter, Esq. Marine villa,				Riches, T. H. Esq. Greenwich,			
Esq. Mortlake ...	1	1	0	Oldburgh, per R. V. Gorham,				per Dr. Oak ...	1	1	0
Fraser, Dr. Oakley square ...	10	10	0	Esq. ...	1	1	0	Renwick, Miss, Blackheath park			
Fussell, Mrs. Chishurst, Kent ...	5	5	0	Le Marchant, Sir D. Bart. ...	5	0	0	annual ...	1	1	0
Gibbs, Dr. Westbury, Wilts, per				Leak, T. M. Esq. Hemsworth,				Reynolds, W., M.D. Coeddu Mold	1	1	0
Reynolds Jackson, Esq. ...	10	10	0	Yorkshire ...	1	1	0	Rolph, Thos. M.D. Portsmouth,			
Grayling, J. Esq. Sittingbourne...	10	10	0	Lucas, Miss ...	5	5	0	per J. Bowling, Esq. ...	2	2	0
Ditto ...	1	1	0	Leslie, Mrs. Alton, Hants ...	5	5	0	Read, Dr. Hornton street, Ken-			
Goodchild, Mrs. Ealing ...	5	5	0	Legge, Rev. W. Ashted, Surrey	5	5	0	sington ...	10	10	0
Goodchild, Mrs. New Brentford	5	5	0	Lord, C. F. J. Esq. Hampstead				Richards, Mrs. Bedford square ...	5	5	0
Growse, Mrs. Brentwood, per				2nd donation ...	5	5	0	Sealey, W. B. Esq. Swindon ...	1	1	0
Walter Bryant, Esq. ...	5	5	0	Lord, Mrs. C. College crescent,				Symonds, F. Esq. Oxford ...	10	10	0
Gramshaw, Mrs. Gravesend ...	5	5	0	Finchley road ...	5	5	0	Smith, Miss M. E. Crawley ...	5	5	0
Graham, Dr. Purley park,				Lance, Miss ditto ...	5	5	0	Spurrell, F. Esq. Bexley Heath,			
Reading ...	3	3	0	Learnmouth, Mrs. Wimpole street	5	5	0	Kent ...	1	1	0
Gosling, T. G. Esq. Chandos street,				Little, Mrs. Finsbury square ...	5	5	0	Sadler, Mrs. Hampstead, per R.			
Portland place ...	10	10	0	Loraine, Miss, per Dr. Shorthouse,				Wallace, Esq. ...	5	5	0
Galton, E. J. Esq. Brixton Rise	2	2	0	Carshalton ...	5	5	0	Shorthouse, Mrs. Carshalton ...	5	5	0
Galton, Mrs. ditto ...	5	5	0	Leach, Mrs. Lee, Godalming,				Sieveking, Mrs. E. H. Bentinek			
Galton, E. H. Esq. ditto annual	1	1	0	per E. Y. Knowles, Esq. ...	5	5	0	street ...	1	11	6
Gowing, W. Esq. Alfred place,				Little, Major, Royal Marines,				Spry, Hon. Mrs. Devonshire place	5	5	0
Thurloe place ...	1	1	0	Woolwich ...	2	2	0	Spry, Rev. Dr. ...	1	1	0
Griffith, Miss, Eaton square ...	5	5	0	Manchester, the Right Rev. the				Skeel, D. Esq. Norfolk st. Strand			
Gladmar, Miss, South Audley				Lord Bishop of ...	10	10	0	annual ...	1	1	0
street ...	5	5	0	Moore, Miss, Hampton Court ...	5	5	0	Smart, Lady, Great Portland st.	5	5	0
Gladmar, Miss S. ditto ...	5	5	0	Majoribanks, E. Esq. Wimpole				Swete, Mrs. Park read, Stockwell	5	5	0
Griffith, G. Esq. Westbourne				street ...	10	10	0	Swete, Miss ditto ditto	5	5	0
terrace ...	10	10	0	Majoribanks, Mrs. C. Upper				Stokoe, Mrs. Peckham ...	5	5	0
Gregg, Miss Amelia, York terrace,				Wimpole street ...	5	5	0	Sieveking, Mrs. Stamford hill ...	5	5	0
Regent's park ...	5	5	0	Moore, Mrs. Major, Portland pl.	5	5	0	Sieveking, Mrs. G. Upper Clapton	5	5	0
Gosling, Mrs. per W. Clarke, Esq.				Menzies, Miss, Upper Stamford				Stringer, H. Esq. Leadenhall st.			
Sutton ...	5	5	0	street, Blackfriars ...	5	5	0	annual ...	1	1	0
Gream, Mrs. 2, Upper Brook st.	5	5	0	Milne, Miss, Heyside, near Old-				Stringer, Miss, J. A. ditto	5	5	0
Gibson, Miss, Holborn hill ...	5	5	0	ham, per R. H. Leach, Esq. ...	1	1	0	Stringer, Mrs. ditto annual	1	1	0
Gooday, A. F., M.D. Newcastle				Malcolm, Mrs. 2, Clapham Rise,				Stainsby, Miss, Dulwich Lodge,			
Staffordshire ...	1	1	0	per W. T. Iliiff, Esq. ...	5	5	0	per Dr. Spurgin ...	5	5	0
Greenwood, Mrs. H. Stafford-				McLaren, Mrs. A. C. Harley				Shepherd, Capt. Howell, Devon-			
place, Blackheath ...	5	5	0	street ...	5	5	0	shire street ...	5	5	0
Graham, Professor, per Peter				Marshall, Mrs. Marlborough pl.				Shepherd, Miss, Howell ditto	5	5	0
Martin, Esq. Reigate ...	2	0	0	Walworth road ...	5	5	0	Silver, Dr. Addison road annual	5	5	0
Greewell, Mrs. S. Park square ...	5	5	0	Mortimer, J. Esq. Hanover sq.				Stedman, Mrs. S. Guildford street	5	5	0
Gosling, Robert, Esq. Portland				per F. Maury, Esq. Leatherhead	10	10	0	Saunders, Mrs. Edwin, George			
place ...	10	10	0	Moore, Geo. Esq. Oxford terrace,				street, Hanover square ...	5	5	0
G. A. S. Mrs. ...	5	5	0	per Mrs. Sieveking 2nd don.	5	5	0	Scott, Mrs. Stratton street,			
G. J. per Reynolds Jackson, Esq.				Moysmor, Mrs. Park Village East,				Piccadilly ...	5	5	0
2nd edition ...	2	2	0	Regent's park ...	1	1	0	Street, Miss, Norwood ...	5	5	0
Hunter, — Esq. paid to Messrs.				Newark, Lord, Tilney street,				Sutro, Mrs. Finsbury square ...	5	5	0
Hoare ...	5	0	0	Park lane ...	10	10	0	Simon, J. Esq. Lancaster place,			
Holding, Miss, New Bridge st. ...	5	5	0	Newark, Lady ditto ...	5	5	0	annual ...	1	1	0
Hastings, J., M.D. Albemarle st.	10	10	0	Nicholl, Mrs. F. Upper Harley				Simon, Mrs. ditto ...	5	5	0
Hunt, Mrs. Alfred place, Bedford				street ...	5	5	0	Sandys, Mrs. Kentish town ...	5	5	0
square ...	5	5	0	Nichol, Mrs. L. The Crescent				Solly, Mrs. St. Helen's place ...	5	5	0
Hancock, H. Esq. Harley street...	10	10	0	Camberwell grove ...	5	5	0	Sharp, Mrs. James, Grosvenor			
Headland, E. Esq. Guildford st.	10	10	0	Napper, Mrs. Albert, Guildford...	5	5	0	street west ...	5	5	0
Headland, Mrs. ditto ...	5	5	0	Oates, Mrs. Alrcwas, Lichfield ...	5	5	0	Stanhope, Lady E. Harley street	5	5	0
Hill, Mrs. Seymour, York gate ...	5	5	0	Oak, Mrs. Blackheath park ...	5	5	0	Serrell, Mrs. Dalton, Harley pl.	5	5	0
Hanbury, Mrs. Phillip, Clapham				Owen, Miss, Binfield pl. Clapham	5	5	0	Smith, Mrs. T. H. St. Mary Crays	5	5	0
park ...	5	5	0	Powis, Lord, Berkeley square ...	10	10	0	Swinney, Rev. H. H. per A. S.			
Harrison, Mrs. Keppel street ...	5	5	0	Prater, Dr. Thomas street, Wool-				Palmer, Esq. Mortlake ...	1	1	0
Hanner, Col. Stockgrave, Leigh-				wich ...	1	1	0	Sage, Mrs. H. Wellington place,			
ton Buzzard ...	10	10	0	Pipon, J. Esq. Wyndham place...	5	0	0	Back road, St. George's East ...	5	5	0
Hume, Mrs. Rose Bank, Hanwell	5	5	0	Peacock, Mrs. Finsbury circus ...	5	5	0	Spong, W. N. Esq. Ravensham,			
Harcourt, Dr. Chertsey ...	10	10	0	Podmore, Mrs. 6, Clapton square	5	5	0	Kent ...	1	1	0
Harcourt, Mrs. ditto ...	5	5	0	Pollard, Mrs. Brompton, proceeds				Teissier, De, F. G. Rev. Wood-			
Hall, Mrs. Hounslow ...	5	5	0	from sale of "The Penhurst				cote park, Epsom ...	10	10	0
Holman, Mrs. H. East Hothley,				Quadrilles," composed by her-	10	10	0	Teissier, De, the Baroness, ditto	5	5	0
Sussex ...	5	5	0	self for the benefit of the College				Teissier, De, the Rev. P. A. ditto	5	5	0
Holman, Miss ditto ...	5	5	0	Perry, Mrs. R. R. Hampstead ...	5	5	0	Tippetts, R. Esq. Dartford 2nd d.	10	10	0
Howell, Thomas, Esq. Walton-on-				Proper, Miss Harriet, New				Tapson, J. Esq. Clapham Rise ...	1	0	0
the-Naze ...	1	1	0	Cavendish street ...	5	5	0	Towers, Mrs. 31, Montague square	5	5	0



# ADVERTISEMENTS.

	£	s.	d.		£	s.	d.		£	s.	d.
Tuke, Mrs. Harrington, Manor House, Chiswick ...	5	5	0	Watlington, Mrs. Caldecot House, Herts ...	10	10	0	Watts, Mrs. Green st. Grosvenor square ...	5	5	0
Tanner, Mrs. R. Manchester st. Manchester square ...	5	5	0	Wrench, T. G. Esq. Punjab, N. India ...	5	5	0	Wilson, F. Esq. Grafton street Bond street ...	5	5	0
Taylor, Mrs. 104, Minories, per A. Holman, Esq. ...	1	1	0	Williams, W., M.D. Royal Flint Militia ...	1	1	0	Waller, Mrs. Finsbury square ...	5	5	0
Tulk, John A., M.D. Perridge House, Longdown, Exeter ...	10	10	0	Wallace, Mrs. Hackney road ...	5	5	0	Welch, Mrs. Dalton terrace, Kingsland ...	5	5	0
Tribe, Miss, collected by ...	2	1	6	Wallis, W. Mrs. Hatfield, Sussex ...	5	5	0	Welch, Mrs. Belvidere pl. Cambridge road ...	5	5	0
Taylor, Mrs. David, Kennington Thomson, Thos. Esq. Brunswick place, Regent's park annual ...	1	1	0	Wake, Mrs. R. Southwold ...	5	5	0	Wilson, Mrs. Rac, Kelvenback, South Crescent, per Dr. Beattie ...	5	5	0
Trowell, John, Esq. Crowland, Peterborough, per Dr. Paley ...	0	10	6	Wilson, W. J. Esq. Manchester ...	10	10	0	Whitwell, Mrs. F. Shrewsbury ...	5	5	0
Tomkins, T. M. Esq. Witham, collected in small sums... ..	0	13	0	Ward, Dr. Huntingdon ...	10	10	0	Wilding, Mrs. Church Stretton, collected by ...	5	5	0
Turner E. Esq. Shrewton, Wilts, per Charles Pyle, Esq. annual ...	1	1	0	Ware, Thomas, Esq. Thurlow place, Hackney road, per R. Wallace, Esq. ...	2	2	0	Watson, Mrs. per H. Phenc, Esq. Ryde, Isle of Wight ...	5	5	0
Treacher Edward, Esq. 1, Albert terrace, Regent's park, per W. J. Collins, Esq. ... annual ...	1	1	0	World, R. R. Esq. City terrace ...	5	5	0	Wilkinson, Miss L. Dalston ...	5	5	0
Uwins, Mrs. Kensington, per Dr. Waller ...	5	5	0	Watson, Lady F. Portland place 2d donation ...	5	5	0	Worham, Mrs. Thomas, Royston, per R. Pryne, Esq. annual ...	1	1	0
Veysie, Rev. D. Daventry, per Dr. Watts ...	5	0	0	White, Mrs. Storey's gate, St. James park ...	5	5	0	Wilcox, Miss, Rothley, per John Barrow, Esq. annual ...	1	1	0
Vinen, E. H., M.D. Chepstow, Villas, Bayswater annual ...	1	1	0	Webber, Mrs. Connaught square Winchester, W. H. B. Esq. Westbourne terrace road annual ...	1	1	0	Woodhall, Rev. E. H. Canterbury per W. H. Gooch, M.D. ...	1	0	
				Wilson, Mrs. E. Henrietta street Workman, Mrs. Inverness road Bayswater ...	5	5	0	Whiter, Rev. C. W. Clown Rectory, Chesterfield annual ...	1	1	0
								Young, Mrs. W. H. Hastings ...	5	5	0

Presented anonymously, by a Lady, on the occasion of laying the Foundation-Stone, a Copy of the Holy Scriptures.

## Collected by Local Committees, Honorary Local Secretaries, and other Gentlemen.

	£	s.	d.		£	s.	d.		£	s.	d.
By THOS. TAYLOR, Esq. Boeking.				Small, J. Esq. Petersfield annual	1	1	0	Morris, Miss A. C. ditto ...	5	5	0
Amount previously advertised ...	12	9	0	Knighton, Sir W. W. Bart. Horn-				By JOHN ROBERTS, Esq. City.			
Nunn, R. S. Esq. Colchester ...	1	1	0	dean, per J. T. Kirkman, Esq.	2	0	0	Amount previously advertised ...	122	10	0
Duncan, Dr. ditto ...	1	1	0	By GEORGE E. STANGER, Esq. Nottingham.				Gay, J. Esq. Finsbury place South	5	5	0
Taylor, Mrs. Thos. Boeking ...	5	5	0	Amount previously advertised ...	42	10	6	By GEORGE STILWELL, Esq. and ARTHUR			
By BENJAMIN HANDS, of Hornsey.				Eddison, B. Esq. Nottingham ...	10	10	0	O'BRIEN JONES, Esq. Hon. Secs., Epsom.			
Amount previously advertised ...	28	5	0	Higginbottom, W. H. Esq. ditto,				Amount previously advertised ...	679	1	0
Richardson, W. Esq. annual	1	1	0	annual ...	1	1	0	Briscoe, Mrs. Fox Hills, Surrey...	10	10	0
Nicholson, W. Esq. Hornsey				By E. D. SAUNDERS, Esq. Tenterden.				Reid Rae, Lady, Ewell Grove ...	5	5	0
lane annual	1	1	0	Amount previously advertised ...	10	10	0	Whitbourne, Mrs. Epsom ...	5	5	0
Methley, Mrs. annual	1	1	0	Newington, J. Esq. Tenterden, an.	1	1	0	Howard, Hon. Mrs. Greville, Ash-			
Thornton, J. Esq....	1	1	0	Croughton, Mrs. ...	2	2	0	ted park ...	5	5	0
A Friend ...	0	10	0	By the Local Committee, Greenwich, Wm.				Aubertin, Miss Mary, Banstead ...	10	0	0
By R. R. ROBINSON, Esq. Speen Hill.				CARR, Esq., Hon. Secretary.				Legge, Rev. Wm. Ashted ...	5	5	0
Sherwood, R., M.D. Chaddlesworth	5	0	0	Amount previously advertised ...	120	16	0	Atkins, Mrs. Epsom ...	5	5	0
Seymour, Miss, Speen hill ...	1	1	0	Carr, Mrs. W., Lee grove, Black-				Stilwell, Mrs. ditto ...	5	5	0
Bullock, Miss ditto ...	1	0	0	heath ...	5	5	0	Jones, Mrs. Headley ...	5	5	0
Newman, Mrs. ditto ...	1	0	0	Dent, Miss, Manor house, Lee ...	5	5	0	Lempriere, Captain, Ewell ...	3	3	0
Mitchell, Mrs. ditto ...	1	0	0	Pearce, Miss, Elm lodge, Black-				Buckle, Rev. W. Braustead ...	2	2	0
Tanner, J. Esq. ditto ...	0	10	0	heath park ...	5	5	0	Hanson, Miss, Epsom ...	5	5	0
Robinson, Mrs. R. R. ditto ...	5	5	0	Cook, James, Esq. Brooklands,				Hanson, Miss E. ditto ...	5	5	0
In small sums ditto ...	1	0	0	Blackheath park ...	10	10	0	Davis, Miss, Banstead ...	5	5	0
The Misses Robinson ditto ...	0	10	0	Bradley, Mrs. Greenwich ...	5	5	0	Barnett, Mr. Epsom ...	2	2	0
Wells, Rev. Boxford ...	1	0	0	Bailey, J. C. Esq. St. Germaine's				Levick, Mrs. ditto ...	5	5	0
Nicholson, Rev —, Welford ...	0	10	0	place, Blackheath ...	0	10	0	Wilde, James, Esq. Cheane ...	1	1	0
Palmer, J. Esq. Weston ...	0	10	0	Balfour, J. Esq. Stainton place,				Joy, Mrs. ditto ...	1	1	0
Rothery, W. Esq. Speen ...	1	1	0	Blackheath ...	1	0	0	Stilwell, Miss, Epsom ...	5	5	0
Tanner, Thos. Esq. Welford ...	0	10	0	Travers, W. R. Esq. Eliot place...	1	1	0	Davies, Mrs. R. ditto ...	5	5	0
Wroughton, B. Esq. Wooley pk.	2	0	0	Francis, C. Esq. Lee park, annual	1	1	0	Davies, Mrs. R. Cradock, Epsom	5	5	0
Fisher, Wm. Esq. Winterbourne	0	10	0	Haynes, J. A. Esq. Lewisham ...	1	1	0	Roberts, Mrs. ditto...	5	5	0
Harbert, Wm. Esq. ditto ...	1	0	0	By GEO. CURTIS, Esq. Dorking.				Roberts, Miss ditto...	5	5	0
By GEO. FINCHAM, Esq. St. John's Wood.				Amount previously advertised ...	77	4	0	Holland, Mrs. Augustus ditto...	5	5	0
Amount previously advertised ...	39	7	0	Broadwood, Mrs. John, Lyne ...	5	5	0	Bovill, Mrs. J. Down Hall, ditto...	5	5	0
Turner, J. S. Esq. Mansfield,				Towgood, Miss, Rose hill, Dorking	5	5	0	Crowe, Mrs. ditto...	5	5	0
Notts annual	1	1	0	Wathen, Lady E. Shrub hill, do.	5	5	0	Steel, Miss Elizabeth ditto...	5	5	0
Turner, Miss M. Wales Hall, near				Stilwell, J. G. Esq. Dorking ...	5	5	0	Gillespie, Mrs. Robert ditto...	5	5	0
Rotherham ...	5	5	0	Stilwell, Mrs. J. ditto ...	5	5	0	Bailey, Mrs. ditto...	5	5	0
Walker, I. B. Esq. Hamilton pl.				By NATH. HENRY CLIFTON, Esq. Islington.				Bailey, Miss ditto...	5	5	0
St. John's wood annual	1	1	0	Amount previously advertised ...	137	1	0	Randall, Mrs. C. Ewell, Surrey .	5	5	0
By T. TAYLOR, Esq. Trowbridge.				Lyndall, Mrs., Sebbon street, Is-				Gadesden, Mrs. Ewell Castle, do.	5	5	0
Amount previously advertised ...	31	2	0	lington ...	5	5	0	Gadesden, Mrs. Augustus W.			
Scott, Rev. Ths. Lemington, Wilts	0	10	0	Brown, Mrs., Quadrant villa ...	5	5	0	Leigh House, Tooting ...	5	5	0
Bush, J. Esq. Bradford, Wilts ...	1	0	0	Clifton, Mrs. A. C. Euston square	5	5	0	Wainwright, Mrs. Clapham com.	5	5	0
Ludlow, H. G. G. Esq. Heywood				Harston, Mrs. A. D., Trinidad pl.	5	15	6	Gilbert, Mrs. G. R. Sydenham pk.	5	5	0
House, Westbury ...	1	0	0	Morison, Miss, Belitha terrace ...	5	5	0	Blackwell, Mrs. Cranbrook, Kent	5	5	0
Bunn, H. M. Esq. Trowbridge ...	1	1	0	Morison, Miss Isabella, ditto ...	5	5	0	Ridley, Mrs. C. Charlotte street,			
Stapleton, J. W. Esq. do. annual	1	1	0	Ramsden, Mrs. Compton terrace	5	5	0	Bedford square ...	5	5	0
By R. S. CROSS, Esq. Petersfield.				Ramsden, R. Esq. ditto annual	1	1	0	Lyon, the Lady F. Bowes ...	5	5	0
Astley, Rev. J. W. Chalton Rec-				Harvey, W. Esq. Lonsdale square	1	1	0	Grinstead, Miss ...	5	5	0
tory ...	5	0	0	Owen, Miss, Wellingborough ...	0	6	0	Winstone, Rev. —, Wainfleet,			
Cross, R. S. Esq. Petersfield, an-				Cattlin, Mrs. Sebbon's buildings	5	5	0	Lincoln ...	10	10	0
nual ...	1	1	0	Llewellyn, Mrs. Assembly row,				Mason, Wright, Esq. ditto ...	1	0	0
Hugonin, J. Esq. Nursted House	1	0	0	Mile end ...	5	5	0	Burton, Kirkham, Esq. ditto ...	3	0	0
Seward, Samuel, Esq. Weston ...	1	1	0	Billinghurst, H. Esq. Dourham				Ditto ditto annual	1	1	0
Williams, Rev. J. Petersfield ...	0	10	0	road annual	1	1	0	Parish, Miss, Epsom ...	2	0	0
Kirkman, James Thomas, Esq.				By THOS. MORRIS, M.D. Peckham.				Ditto ditto ...	1	1	0
Horndean, Hants ...	1	1	0	Amount previously advertised ...	44	18	0	Lacey, Miss, ditto ...	2	2	0
Sealey, Rev. W., Petersfield ...	0	5	0	Morris, Mrs. Huson, Peckham ...	5	5	0	Giberne, George, Esq. annual	1	1	0
King, Mrs. Fielder, Buriton House,				Morris, Miss E. M. ditto ...	5	5	0	Hudson, G. F. Mrs. Little Bo-			
annual ...	1	1	0				rough, Banstead ...	1	1	0	
							Nash, Wm. Esq. Leatherhead, an.	1	1	0	



# ADVERTISEMENTS.

£	s.	d.		£	s.	d.		£	s.	d.	
By W. L. NOOT, Esq. Cardigan.				By HENRY STERRY, Esq. Bermondsey.				Turner, Miss E. H. Petworth ...			5 5 0
Amount previously advertised ...	10	0	0	Amount previously advertised ...	70	0	6	Paxton, H. Esq. West Dean, Chichester ...	1	1	0
James, W. F. Pansaison, Pembrokehire ...	1	0	0	Sterry, Mrs. H. Bermondsey ...	5	5	0	Cogan, Rev. H. East Dean ...	0	10	0
Canton, Mrs. Haverfordwest, ditto ...	1	0	0	Greenwood, Mrs. T. G. Horsley-down lane ...	5	5	0	Dearling, Mrs. Mid Lavant ...	0	5	0
Evans, D. Rev. Llanllwch, Cardiganshire ...	1	1	0	Hankins, Mrs. Thomas, Bengal place, New Kent road ...	5	5	0	Bowles, Rev. F. A. Singleton ...	0	10	0
By H. D. CARDEN, Esq. Worcester.				By T. HERBERT BARKER, M.D. Bedford.				Johnson, Rev. Lupton, Binsteadon House ...			1 1 0
Amount previously advertised ...	90	12	0	Amount previously advertised ...	21	0	6	Turner, Mrs. J. The Ham, Clayton M. S. and S. S. Ditchling, Hurstpierpoint ...	0	5	0
Scott, Mrs. Bromley, Kent ...	5	5	0	Barker, Mrs. T. H. Bedford ...	5	5	0	M. S. and S. S. Ditchling, Hurstpierpoint ...	0	3	6
Newport, Rev. T. H. Worcester ...	5	0	0	Mossop, Miss Mary ditto ...	5	5	0	Turner, N. B. Esq. Singleton, ann.	1	1	0
A Friend from America ...	5	0	0	Mossop, Miss Martha ditto ...	5	5	0	Hutchison, Rev. C. West Dean, annual ...	0	5	0
Bourne, Rev. R. B. Hallow park, Worcestershire ...	10	0	0	By JAMES STEDMAN, Esq., Guildford.				Blagden, Miss, Pound street, Petworth ...	0	10	0
Wood, Rev. Canon, Worcester ...	2	2	0	Amount previously advertised ...	49	4	0	Blagden, Miss M. ditto ...	0	10	0
Davies, Rev. D. Rock, Worcestershire ...	1	0	0	Stedman, Mrs. Robert, Great Bookham ...	5	5	0	Blagden, Miss E. ditto ...	0	10	0
By the Local Committee, Tower Hamlets, WILLIAM SELF, Hon. Sec.				Sells, Thos. J. Esq. Guildford ...	10	10	0	Turner, R. Esq. Petworth ...	1	1	0
Amount previously advertised ...	157	15	0	Parson, C. Esq. Godalming ann.	1	1	0	Randall, Rev. R. W. Grafham ...	1	1	0
Blackman, Mrs. High street, Whitechapel ...	5	5	0	By HORATIO G. DAY, Esq. Isleworth.				Veal, R. M. Esq. Tillington ...	1	1	0
King, W. G. Esq., Albion terrace, Stepney annual ...	1	1	0	Amount previously advertised ...	39	16	0	Hollist, Hasler, Esq. Lodsworth ...	1	0	0
By C. R. THOMPSON, Esq., Oxted, Surrey.				Day, Mrs. Isleworth ...	5	5	0	A Widow and Two Daughters, Petworth ...	0	5	0
Amount previously advertised ...	54	18	0	Hall, A., M.D. Hounslow, annual ...	1	1	0	Fairies, Rev. S. Lurgashall ...	0	10	0
Thompson, Miss, Winterton House, Westerham ...	5	5	0	By JUKES DE STYRAP, M.D. Shrewsbury.				Godden, Rev. W. W. Petworth ...	0	10	0
Colquhoun, J. C. Esq. Chartwell, Westerham ...	1	1	0	Amount previously advertised ...	7	15	0	Wetherby, Rev. R. North Chapel ...	0	10	0
Cocks, H. Esq. Treveux ...	2	0	0	Eddowes, Mrs. Pontesbury ...	5	5	0	A Lady Friend, Petworth ...	1	0	0
Taynton, Rev. W. ...	1	0	0	Eddowes, W. Esq. ditto ...	1	1	0	Mance, J. Esq. ditto ...	1	10	0
By EDWARD RAY, Esq. Dulwich.				De Jukes Styrap, Esq. Shrewsbury annual ...	1	1	0	Hawkins, Mrs. Bignor park ...	2	0	0
Amount previously advertised ...	38	19	0	By WM. HARRIS, Esq. Worthing.				Wyndham, Col. Petworth house ...	10	10	0
Ranken, Charles, Esq. Dulwich ...	10	10	9	Amount previously advertised ...	32	18	0	Peachey, Rev. J. Ebernae ...	1	1	0
Ranken, Miss, ditto ...	10	10	0	Harris, Mrs. W. Worthing ...	5	5	0	Brydone, J. M. Esq. Petworth ...	1	0	0
Devas, Thos. Esq. ditto ...	10	10	0	Harris, Miss, collected by, Worthing ...	5	15	0	Socket, Rev. Thomas ditto ...	1	0	0
Gilbert, Miss Anna Maria, 17, Upper Phillimore place, Kensington ...	5	5	0	By C. D. FINCH, M.D. Tulse hill.				Latham, Rev. Tittleworth ...	1	1	0
Ray, Miss R. S. Dulwich ...	5	5	0	Finch, C. D., M.D. Tulse hill ...	10	10	0	Turner, Miss S. Singleton ...	0	10	0
By JOHN TURNER, Esq. High Wycombe.				Finch, Mrs. C. D. ditto ...	5	5	0	Turner, Mrs. M. Ditchling, Hurstpierpoint ...	1	0	0
Amount previously advertised ...	5	3	0	Jones, C. J. Esq. ...	5	5	0	Turner, Miss J. Hurstpierpoint ...	0	10	0
Warren, Thos. A. Esq. Princes Risborough annual ...	1	1	0	Jones, Mrs. C. T. ...	5	5	0	Scrase, Mrs. F. ditto ...	1	0	0
Rose, W. Esq. High Wycombe ...	1	1	0	Brickwood, T. S. Esq. annual ...	1	1	0	Martin, P. J. Esq. Pulborough ...	1	1	0
Turner, Mrs. John ditto ...	5	5	0	Hogg, W. Esq. annual ...	1	1	0	Barttelott, W. B. Esq., Hilliers ...	2	10	0
By WM. DALTON, Esq. Cheltenham.				Barber, Thos. Esq. annual ...	1	1	0	Smyth, Miss Barttelott, Stopham house ...	2	0	0
Amount previously advertised ...	70	19	6	Barber, Miss annual ...	0	10	6	A Lady and Well-wisher, Petworth ...	1	0	0
Colledge, T. R., M.D. Lauriston Colledge, T. R., M.D. Lauriston House, Cheltenham 2nd don.	21	0	0	By GEORGE C. JONSON, Esq., Grosvenor street West, Eaton square.				Gould, J. Esq. ditto ...	1	0	0
Alex, M. Esq. ...	1	1	0	Amount previously advertised ...	77	0	0	Upton, H. Hill Cottage, ditto ...	1	1	0
Montague, Alexander, Esq. Cheltenham ...	1	1	0	Bannister, Henry, Esq. 63, Colleshill st. Eaton square annual	1	1	0	Clarke, Rev. L. Lodsworth ...	0	10	0
Hitch, Dr. Sandywell park ...	10	10	0	Clive, Mrs. H. Barking lodge, Wokingham ...	5	5	0	Klanert, Rev. C. M. Spring, Sussex ...	1	0	0
By SUDLOW ROOTS, Esq. Kingston.				Parkinson, Miss, 14, St. John's Villas, Holloway ...	5	5	0	A Friend, Petworth ...	0	10	0
Amount previously advertised ...	7	2	0	Praed, Miss Winthrop, 64, Chester square 3rd donation	5	5	0	Peachey, W. Esq. Tittleworth ...	0	10	6
Roots, Mrs. S. Kingston ...	5	5	0	Dines, Mrs. 74, Charlwood street, Belgrave road ...	0	10	0	Tripp, C. Esq. ditto ...	0	10	0
Roots, Master, ditto ...	10	10	0	By RICHARD TURNER, Esq. Tunbridge Wells.				Osborn, Mrs. J. W. and Friends, Petworth ...	1	5	0
By SYDNEY COURTNEY, Esq. Leatherhead.				Amount previously advertised ...	8	15	6	Brown, Rev. Thomas, ditto ...	0	5	0
Amount previously advertised ...	7	2	0	Barry, M., M.D. Tunbridge Wells	1	1	0	By O. H. JENNINGS, Esq. Newport, Monmouth.			
Parke, S. Esq. Leatherhead ...	10	10	0	Trustrum, C. Esq. ditto ann.	1	1	0	Amount previously advertised ...	18	6	0
Grissell, Thomas, Esq. Norbury park, Mickleham ...	10	10	0	Mercer, W. Esq. Wadhurst ...	1	1	0	Jennings, J. E. Esq., Coleford, Gloucester ...	1	0	0
Grissell, Mrs. ditto ...	5	5	0	Ditto ditto annual	1	1	0	Hawkins, James, Esq. Newport ...	1	0	0
Colvin, Mrs. Thorncroft, Leatherhead ...	5	5	0	Collection in box ...	0	15	0	Knapp, J. N. Esq. ditto ...	0	10	0
By H. POWELL, M.D. Coventry.				By J. J. POWER, M.D. Maidstone.				In small sums ...	0	10	0
Amount previously advertised ...	10	10	0	Amount previously advertised ...	32	19	0	By THOMAS BYASS, Esq. Cuckfield.			
Nason, E. Esq. Nuneaton ann.	1	1	0	Pope, Miss, St. Helen's ...	5	5	0	Amount previously advertised ...	21	1	0
Fargue, La, Peter, Esq. Fillong-lea annual ...	1	1	0	Whitaker, C. G. Esq. Barning ...	1	1	0	Bull, J. H. Esq. Lindfield ...	1	1	0
By D. POWELL, Esq. Pentonville.				Ditto ditto annual	1	1	0	Bargh, Lieut. ditto ...	1	1	0
Amount previously advertised ...	12	17	6	By Mrs. POWER.				By JOHN S. GAUNT, Esq. Alvechurch.			
Moody, Mrs. South Petherton ...	5	5	0	Power, Mrs. Maidstone ...	2	2	0	Amount previously advertised ...	7	13	0
Rendall, Mrs. 9, Cheapside ...	5	5	0	Pope, Rev. Edwin ...	1	1	0	Johnstone, Mrs. Northfield Rectory annual ...	1	0	0
Powell, Mrs. Garnault place ...	5	5	0	Argles and Stoneham, Messrs. ...	2	2	0	Gaunt, J. S. Esq. Alvechurch, an.	1	1	0
Peters, Mrs. South Petherton ...	5	5	0	White, Mrs. Wilton place ...	0	10	0	Rogers, Wm. Esq. The Woodrow ...	1	0	0
Wood, Mrs. Basil, Great Cumberland street ...	5	5	0	By L. NEWTON, Esq. Alconbury hill.				By C. P. NATTRASS, Esq. Sunderland.			
Sheehy, Mrs. Claremont square ...	5	5	0	Amount previously advertised ...	10	12	0	Parker, T. P. Esq. Sunderland ...	1	1	0
Bury, Mrs. Ticehurst street, Wilmingtong square ...	5	5	0	Smyth, T. P. Esq. Anglesea, Hants ...	1	1	0	Ditto annual ...	1	1	0
Smith, H. J. Esq. Dorset place, Clapham road ...	1	1	0	Newton, Mrs. L. Alconbury hill ...	5	5	0	Hay, H. H. Esq. Sunderland ...	1	1	0
By the Local Committee, Brighton, J. CORDY BURROWS, Esq. Hon. Secretary.				By SPENCER THOMSON, Esq. Haunton.				Welford, G. Esq. ditto ...	1	1	0
Amount previously advertised ...	138	16	0	Harton, Lady W. Cotton Hall, Burton-on-Trent ...	1	0	0	Croudace, T. Esq. ditto ...	1	1	0
Burrows, Mrs. J. Cordy, Brighton	5	5	0	Blackwell, T. S. Esq., Cranbrook, Kent ...	1	1	0	Nattrass, C. P. Esq. ditto ...	1	1	0
Hollist, Miss, St. George's place	5	5	0	Brookes, Mrs. H. Burton-on-Trent	5	5	0	By WM. CASE, Esq. Fareham.			
Scott, Mrs. ditto ...	5	5	0	By R. TURNER, Esq. Petworth.				Amount previously advertised ...	15	5	0
Drummond, Mrs. George, ditto ...	5	5	0	Lindsay, Mrs. H. West Dean House, Chichester ...	5	5	0	Lawson, Douglas, Esq. Fareham	2	0	0
				Scrase, Mrs. F. Ditchling, Hurstpierpoint ...	5	5	0	Threcker, James, Esq. ditto ...	1	0	0
				Turner, Mrs. R. Petworth ...	5	5	0	Creed, George, Esq. ditto annual	1	1	0
				Turner, Miss S. Singleton, Chichester ...	5	5	0	By CHARLES COTTON, Esq. Lynn, Norfolk.			
								Amount previously advertised ...	134	18	0
								Black, J., M.B. Holbeach, 2d don.	0	10	6
								Ditto annual	1	1	0
								Upjohn, Frank, Esq. Recdham ...	0	10	6
								Ditto annual	0	10	6
								Middleton, Wm. Esq. Fitcham, 2nd donation ...	0	10	6



# ADVERTISEMENTS.

	£	s.	d.		£	s.	d.		£	s.	d.
By PETER MARTIN, Esq. Reigate.				Gull, —, Esq. Brabant court,				Reese, W. T. Esq. Holly House ...	1	0	0
Amount previously advertised ...	83	6	0	Philpot lane ... ..	1	1	0	Stewart, Capt. 1st Royals ...	0	10	0
Charrington, Miss, Bishopsdown,				Perrin, W. Esq. 75, Old Broad st.	1	1	0	Powell, Mrs. Gaer, near New-			
Tunbridge Wells ... ..	5	5	0	Bennett and Aspenwell, Messrs.				port ... ..	1	1	0
Charrington, Miss Charlotte ...	5	5	0	Cornhill ... ..	2	2	0	Jones, Burnell, Esq. The Lakes,			
Sargant, Jos. Esq. Reigate, annual	2	2	0	Carter and Co. Messrs. Leadenhall				near Newport ... ..	1	0	0
Sisson, Andw. Esq. ditto annual	1	1	0	street ... ..	2	2	0	In smaller sums ... ..	1	7	0
By DR. SPARKES, North Buildings, Finsbury				Gann, H. G. Esq. Woburn square	1	1	0	By CHARLES WEBB, Esq. Basingstoke.			
Circus.				By A. M. M'WHINNIE, Esq. New Bridge st.				Amount previously advertised ...	27	19	0
Amount previously advertised ...	19	19	0	Amount previously advertised ...	130	5	6	Attwood, Miss, Basingstoke ...	1	0	0
Lindsey, Messrs. W. J. and Co.				Kent, Walton, Esq. Walsham-le-				Bianchi, Madame, ditto ...	1	0	0
Austin friars ... ..	5	5	0	Willows ... ..	1	1	0	By EDWARD DANIELL, Esq. Newport Pagnell			
Fry and Davison, Messrs. Fen-				Jackson, Wm. Esq. Penrith ...	1	0	0	Paxon, J. K. Esq. Cranfield,			
church street ... ..	2	2	0	By ALFRED MARKWICH, Esq. Croydon.				Beds. ... ..	1	1	0
Fardall, Messrs. W. H. and C. J.				Amount previously advertised ...	2	12	0	Daniell, Edward, Esq. Newport			
St. Clement's lane ... ..	2	2	0	Markwich, Mrs. A. Croydon ...	5	15	0	Pagnell ... ..	1	1	0
Felgate, Messrs. and Co. ditto ...	2	2	0	Hodgson, Rev. J. G. ditto ...	2	2	0	R. C. Emberton, Bucks. ...	1	0	0
Phillips, Shaw, & Lowther, Messrs.				Collected by JEROIADA BREWER, Esq.				By VINCENT LITCHFIELD, Esq. Twickenham.			
Royal Exchange Buildings ...	5	5	0	Newport, Monmouth.				Ramsden, J. G. Esq. Twickenham	1	1	0
Young, W. O. Esq. Sun Court,				Morgan, Sir Charles, Bart. Tre-				T—e, Esq. Wellesley House, do.	1	0	0
Cornhill ... ..	2	2	0	degar Park ... ..	10	10	0	Litchfield, Messrs. do. annual	1	1	0
Thomson, Messrs. James and Co.				Morgan, Rev. A. Machen Rectory	0	10	0	Haggard, —, Esq. Amyand House,			
Billiter square ... ..	2	2	0	Morgan, O. Esq. M.P. The Friars,				Twickenham ... ..	1	0	0
Lidgett & Son, Messrs. Billiter st.	2	2	0	near Newport ... ..	1	1	0	Chillingworth, —, Esq. Radnor			
Hall, Brothers, Messrs. and Co.				Salisbury, Sir Charles, Bart. Llan-				House, ditto ... ..	1	1	0
Leadenhall street ... ..	2	2	0	wern House ... ..	1	0	0	Lewis, Rev. D., D.D. Dial House,			
Bonus, John, Esq. Gracechurch st.	2	2	0	Salisbury, Miss, ditto ... ..	1	0	0	ditto ... ..	1	1	0
Ditto annual ... ..	1	1	0	Salisbury, Miss E. ditto ...	1	0	0	Twining, Rev. James, Etna Villa,			
Greenin, Charles and Co. Messrs.				Simmonet, —, Esq. Clifton pl. an.	1	1	0	ditto ... ..	1	1	0
Change alley ... ..	2	2	0								

Further information may be obtained by addressing the Honorary Secretary, Henry Tudor Davies, Esq., 4, Hanover-square, where subscriptions will be received, as well as by the Treasurer and the following Bankers:—Goslings and Sharpe, 19, Fleet-street; Coutts and Co., 59, Strand; Drummonds, Charing-cross; Glyn and Co., 67, Lombard-street; Scott and Co., 1, Cavendish-square; Hoare and Co., Fleet-street; the Union Bank of London, Regent-street Branch; Messrs. Williams, Deacon, Labouchere, and Co., Birchin-lane; and by Cunliffe and Co., Manchester.

By order of the Council,

Office, 4, Hanover-square, July 19th, 1853.

HENRY TUDOR DAVIES, HON. SECRETARY.

## Dr. Fitch's Patent Abdominal Sup-

porter gives permanent relief to Ladies suffering from internal complaints, or during and after pregnancy, prolapsus uteri, &c.; also to Gentlemen, for corpulency, prevention of ruptures or injuries from athletic exercises, debility, &c. It will be forwarded to Medical Gentlemen for inspection, free, by addressing a line to L. H. Chandler, 66, Berners-street, Oxford-street.

"It is an ingenious instrument, and is constructed upon correct anatomical principles."—Extract from the "Lancet," of Sept. 18.

## Graham & Company's Carbonated

SOLUTION OF SARSAPARILLA.—The invaluable medicinal properties of Sarsaparilla are too well known and appreciated to require any comment. This preparation will be found the most agreeable and efficacious mode of exhibiting the medicine, being in the form of a delicious and refreshing beverage. It is prepared from the best Red Jamaica Sarsaparilla, only by GRAHAM & Co., late BEWLEY & EVANS, Chemists, &c., at their Mineral Water Manufactory, 55, BERNERS-STREET, LONDON. Each bottle is secured by a patent metallic clasp, without which none is genuine.

*Soda and other Mineral Waters, Lemonade, Lemon-flavoured Soda Water, &c. G. & Co's Shaving Paste, unequalled for richness and durability of lather.*

Agent for Brighton, Mr. H. B. Muriel, Marine Parade.

## Argyll Baths, 10, Argyll-place, REGENT-STREET,

AND AT 5, NEW BROAD-STREET, CITY.

TERMS:

WARM BATHS—ONE SHILLING EACH.

Reserved Rooms, including the Ladies' Department, One-and-Six-pence each; Twenty-one Transferable Tickets, One Guinea.

Vapour, Sulphur, and Harrowgate Baths, 3s. 6d. each—8 for 21s. Hot Air, Mercurial, and other dry Fumigating Baths, 5s. each—6 for 21s.

Portable Warm Baths sent out within ten miles of London. Single Bath (with hot linen, &c.), within one mile of Argyll-place, 5s.; every additional mile, 1s. extra.

An idea may be formed of the capacity of these Establishments when it is stated that upon their erection and completion upwards of £30,000 has been expended, and that at each place one hundred Baths can be given in an hour.

## Prices of Medical Bottles, best

quality, at F. and S. WINDSOR'S, 37, BARTHOLOMEW-CLOSE, CITY.

6 OZ. & 8 OZ. GREEN, 10s. per Gross.

FLINT GREEN, 6 OZ. & 8 OZ., 11s. per Gross.

1½ OZ. PLAIN PHIALS, 8s. per Gross.

1½ MOULDED, OCTAGON, or ROUND, 8s. 6d. per Gross.

WASHED READY FOR USE.

Every requisite for the Surgery supplied to order.  
Price Lists forwarded free on application.

BANKS OF DEPOSIT AND SAVINGS BANKS.

INVESTMENT OF CAPITAL.

NATIONAL ASSURANCE & INVESTMENT ASSOCIATION

TRUSTEES.

The Right Hon. the Earl of Besborough.  
The Right Hon. Lord George Paget, M.P.  
The Right Hon. Lord Templemore.  
The Hon. Henry Fitzroy, M.P.  
The Rev. Joseph Prendergast, D.D. (Cantab.), Lewisham.  
George Stone, Esq., Lombard-street.  
Matthew Hutton Chaytor, Esq., Reigate. &c.

## Persons desirous of investing Money

are requested to examine the Plan of this Association by which a high rate of Interest may be obtained combined with perfect security.

Prospectuses and full information may be had at the Office, or sent post free, on application.

PETER MORRISON,

Managing Director.

7, St. Martin's-place. Trafalgar-square, London.

The Publisher of the "MEDICAL CIRCULAR," in answer to several enquiries from the country, begs to state that the following are the terms for inserting Advertisements:—

Eight lines and under . . . . .	£0	6	0
Every additional line . . . . .	0	0	6
Whole Column . . . . .	2	15	0
Whole Page . . . . .	5	5	0

London: Printed by WILLIAM TROUNCE, at his Office, No. 9, Cursitor-street, Chancery-lane, in the Parish of St. Andrew, Holborn, in the County of Middlesex; and published by CHARLES JAMES HARRIS, at No. 123, Strand, in the City of Westminster.—July 27th, 1853.



THE

MEDICAL CIRCULAR

AND

General Medical Advertiser.

No. 31, NEW SERIES. }  
No. 57. }

WEDNESDAY, AUGUST 3, 1853.

{THREEPENCE.  
STAMPED, 4d.

TABLE OF CONTENTS.

	Page		Page
Leading Articles:		Correspondence ... ..	93
The Disturbances at the Charing-cross Hospital School ... ..	79	Medical Notes and Queries ... ..	93
The Medical Officers of our Lunatic Asylums ... ..	79	Medical Societies ... ..	93
Mirror of Periodical Literature ... ..	80	Parliamentary Intelligence ... ..	94
Contents of the Medical Journals ... ..	84	Report of the Vaccination Extension Bill ... ..	95
Bibliography ... ..	84	Our Note Book ... ..	96
Hospital Reports ... ..	85	Obituary ... ..	97
An Epitome of Toxicology ... ..	87	Medical News ... ..	97
Biographical Notices ... ..	89	Notices to Correspondents ... ..	98
Original Communications ... ..	91		

**NOTICE.**—The Annual Circular of the Medical Directories has now been posted to every known qualified practitioner in England, Ireland, and Scotland, preparatory to a new Edition of these important Works. Any gentleman, who from change of residence, has not received a copy, or any new practitioner, is requested to intimate the same to the Editors, 128, Strand (removed from 4, Adam-street, Adelphi).

These Directories are the only recognised Works of reference in every Law Court and Public Office in the United Kingdom.

We shall esteem it a favour to be supplied with—

1. The names of Medical Men which do not appear in the current Editions of the Directories.
2. The names of any who have changed their residence.
3. The names of any who are incorrectly described.
4. The names of persons practising without qualifications.

Suggestions for the improvement of these Works will meet with every attention, and be duly acknowledged in the “Medical Circular” of the week following their receipt.

Now Publishing, by Messrs. Herve and Co., 31, Charing-cross,  
**An Autographed Portrait of**  
SIR JAMES EYRE, M.D., Author of “The Stomach and its Difficulties,” &c.  
The Print is 22 by 18 inches, and will be strictly limited in circulation, amongst personal friends and professional admirers.  
Subscription—Half-a-guinea each copy.  
Names received on the List till Saturday August 6th.

Now Published, 2nd Edition, carefully revised, 5s.  
**The Stomach and its Difficulties.**  
By Sir JAMES EYRE, M.D. Edin., Member of the College of Physicians of London, Consulting-Physician to the St. George's and St. James's Dispensary.  
“‘The Stomach and its difficulties’ deserves to be extensively read.”—*The Lancet*, April, 1852.  
“This is a capital, clear, common-sense book, which unfortunately is not always applicable to the works of medical writers.”—*Naval and Military Gazette*, Feb. 1852.  
JOHN CHURCHILL, Princes-street, Leicester-square.

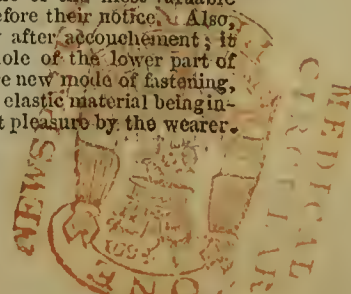
**On True and False Spermatorrhœa :**  
With a view to the Correction of wide-spread Errors in relation to the Treatment and Cure of the Impuissant and Sexual Hypochondriacs, in general. Translated from the German of Dr. PICKFORD. Baillière, 219, Regent-street, & 290, Broadway, New York

**Whitehaven and West Cumberland**  
INFIRMARY.—WANTED, a HOUSE-SURGEON, who must be a member of one of the Royal Colleges of London, Edinburgh, or Dublin, and a Licentiate of the Apothecaries' Company of London. The salary is £100 a year, with rooms, attendance, coals, and candles. The successful candidate will be required to give security that he will hold the office for three years. Candidates must send their applications, with testimonials, to the Secretary, previous to the election, which will take place on Tuesday, the 9th of August.  
Whitehaven, July 20th, 1853. WM. WILSON, SECRETARY.

**Droitwich Lunatic Asylum.**—  
Established 1791.  
PROPRIETORS.—MARTIN RICKETS, F.R.C.S., and SIR CHARLES HASTINGS, M.D., D.C.L.  
In consequence of the removal of the Pauper Lunatics from this Establishment to the new County Asylum, appropriate arrangements have been made for receiving an additional number of Private Patients. The Terms may be known on application to the Medical Superintendent of the Asylum, who will also forward the required printed forms and directions for the admission of Patients.  
Aug., 1852.

**Madame Caplin, 58, Berner's-street,**  
OXFORD STREET, obtained the only prize granted for CORSETS in the United Kingdom at the Great Exhibition, 1851, awarded by the Medical Juror, Class 10, Scientific Section.  
Madame Caplin, Inventor and Patentee of the Hygienic and Cor-poriform Corsets, Elastic Bodices, Belts, &c., &c., which, from their anatomical construction, admit of a variety of adaptations suited to all ages and to every case.  
Madame Caplin invites ladies to inspect the above, of which they will find an extensive assortment at her Establishment, together with the Invisible Scapula Contractor, or Chest expander, which will be found one of the most valuable inventions ever offered to the public for the prevention of narrow chests, high shoulders, and the general stooping of the body.  
The above are recommended by the most eminent medical men, both in England and France, and a description of their merits will be found in Dr. Tilt's great work, “Elements of Female Hygiene.”

**New Inventions by Madame Caplin,**  
58, Berners-street, Oxford-street.—The Compressing Self-adjusting Belt, for the support and diminution of the abdominal muscles, adapted without lacing or straps, thereby avoiding all the inconveniences arising from ordinary belts. It is recommended by the first medical men, who have pronounced it one of the most valuable inventions of the kind hitherto brought before their notice. Also, the Contracting Belt, to be worn immediately after accouchement; it is light in its construction, embraces the whole of the lower part of the body, and becomes stationary by its entire new mode of fastening, whilst the requisite motion is provided for with elastic material being inserted in various parts, and may be regulated at pleasure by the wearer.





## University of St. Andrew's.—Notice

is hereby given, that the next Examination for the Degree of Doctor of Medicine will commence on Wednesday, the 19th of October. Fellows and Members of the Royal Colleges of Surgeons of England, Edinburgh, and Dublin, of the Faculty of Physicians and Surgeons of Glasgow, and Licentiates of the London Apothecaries' Company are eligible for examination. Every Candidate is required to communicate, by letter, with Dr. Day, the Professor of Medicine, fourteen days before the period of Examination, and to present himself to the Secretary for registration on or before the 18th of October.

By order of the Senatus Academicus,  
St. Andrew's, Aug. 1, 1853. JAMES MC BEAN, A.M., Secretary.

## Dental Practice for Disposal.—

Situate at the West End of London. Established over Thirty Years. Returns from £1000 to £1500 per annum. The present holder is a qualified medical man, and wishes to retire. Two Thousand Pounds required; and only those prepared with the cash will be treated with. The son of a medical man would find this a good opening. Twelve months' introduction will be given. Particulars may be obtained of Mr. Harris, "Medical Directories" Offices, 128, Strand.

## Prices of Medical Bottles, best

quality, at F. and S. WINDSOR'S, 37, BARTHOLOMEW-CLOSE, CITY.

6 OZ. & 8 OZ. GREEN, 10s. per Gross.  
FLINT GREEN, 6 OZ. & 8 OZ., 11s. per Gross.  
1½ OZ. PLAIN PHIALS, 8s. per Gross.  
1½ MOULDED, OCTAGON, or ROUND, 8s. 6d. per Gross

WASHED READY FOR USE.

Every requisite for the Surgery supplied to order.  
Price Lists forwarded free on application.

## United Kingdom Life Assurance

COMPANY. Established by Act of Parliament in 1834.  
No. 8, Waterloo-place, Pall-mall, London.

The distinctive features of the Company embrace, amongst others—  
Tables of Premiums formed on the lowest scale compatible with security, and constructed to meet the various wants of Assurers, and every risk to which protection by Assurance can be extended.  
One-half the Life Premium for the first Five Years may remain on credit.

Loans granted on approved Personal Security.

Assured not restricted in their limits of travel, as in most other Companies, but may proceed from one part of Europe to another in decked vessels, without License, and to British North America, and many parts of the United States, without extra premium, by merely giving the ordinary notice to the Office in London of the intended visit.

Whole-world Policies granted at slightly increased rates of Premium, thus rendering a Policy in money transactions a real security.

Prospectuses, and every information, may be obtained on application to the Resident Director

Just Published, Part I., with Engravings on Wood, price 3s. 6d.

## Champagne, 36s. per dozen, in One-

DOZEN CASES.—This really fine Wine in splendid condition, and undistinguishable from that charged double the price, is to be obtained only of H. WARREN & Co., who, being the *bona fide* Importers of French and German Wines direct from the vineyard, offer them at unexampled low prices. CLARET, 30s.; HOCK, 36s.; MOSELLE, 36s.; PALE SHERRY, 33s.; OLD PORT, 34s. Orders per post, containing a post-office order, will receive immediate attention.  
H. WARREN & Co., 302, Regent-street, London (nearly opposite the Polytechnic Institution).

## SULPHATE OF QUININE.

TO SURGEONS, DISPENSING CHEMISTS, &c.

## Sulphate of Quinine, Pure Cryst-

talized prepared by EDWARD HERRING,  
For the use of Hospitals, Dispensaries, Surgeons, Dispensing Chemists, &c.

This Sulphate of Quinine is Chemically pure, its form of Crystal is the same, and in every respect identical with the Sulphate of Quinine of Commerce, the only difference being that the one is bleached and the other unbleached.

The mode of manufacturing the Hospital or Unbleached Sulphate, and also the usual White Sulphate, is being made the subject of a Patent, the peculiarity of process avoiding the use of Impure Animal Charcoal.

It is in use in the large London and Provincial Hospitals and Dispensaries; but its PURITY AND GREAT REDUCTION IN PRICE are now attracting the attention of Medical Men and Dispensing Chemists.

It is put up in bottles (free) of three ounces and six ounces each; also in one-ounce sample bottles (charged), capsuled with the name of the Proprietor, and labelled with the name of the Inventor.

Both these Sulphates to be had of the leading Druggists in London and the United Kingdom, and in quantities of not less than 100 ounces, of

JACOB HULLE, jun., Proprietor,  
Chemical Works, Trinity-street, Southwark, London.  
May 3, 1853.

## Royal College of Physicians, Degree

OF M.D., APOTHECARIES' HALL, &c.—DR. COOKE continues to assist (personally or by correspondence) Gentlemen desirous of Graduating in Medicine or Surgery, or of Matriculating at British or Continental Examining Boards.—For terms, &c., apply to DR. COOKE, East Temple Chambers, 2, Whitefriars-street, Fleet-street.

## Sp. Vin. Rect. 56° over Proof.—

Our lowest Cash price for this fine neutral Spirit is now 18s. per gallon. The pure pale BRANDY, so successfully introduced by us, under the denomination of "EAU-DE-VIE," continues at 14s. the gallon. Flasks 1s. per gallon.

HENRY BRETT & CO.,  
July 18th, 1853. OLD FURNIVAL'S DISTILLERY, HOLBORN.

## Jozeau's Copahine-mege, or Sac-

charated CAPSULES, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhœa, Gleet, and Leucorrhœal Discharges, on an average of six days (see "Lancet" of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by G. Jozeau, sole French Chemist, 49, Haymarket, London; and Jozeau, Pharmacien, 161, Rue Montmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with the name of Gabriel Jozeau printed thereon.

## Graham & Company's Carbonated

SOLUTION OF SARSAPARILLA.—The invaluable medicinal properties of Sarsaparilla are too well known and appreciated to require any comment. This preparation will be found the most agreeable and efficacious mode of exhibiting the medicine, being in the form of a delicious and refreshing beverage. It is prepared from the best Red Jamaica Sarsaparilla, only by GRAHAM & Co., late BEWLEY & EVANS, Chemists, &c., at their Mineral Water Manufactory, 55, BERNERS-STREET, LONDON. Each bottle is secured by a patent metallic clasp, without which none is genuine.

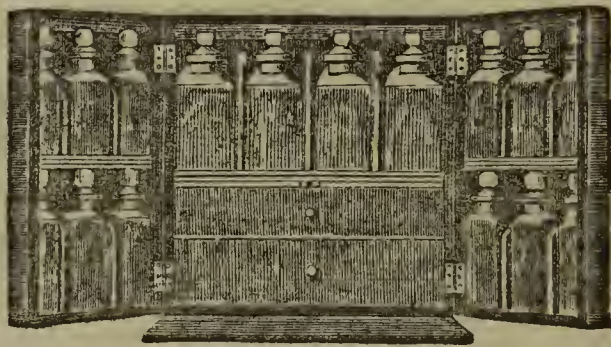
Soda and other Mineral Waters, Lemonade, Lemon-flavoured Soda Water, &c. G. & Co's Shaving Paste, unequalled for richness and durability of lather.

Agent for Brighton, Mr. H. B. Muriel, Marine Parade.

## Bass's East India Pale Ale.—That

large portion of Medical Men who use and recommend this celebrated Ale, as supplied from our Stores, are informed that the October Brewings are in excellent condition, in Casks from 18 Gallons upwards. In the usual Wine-bottles and Imperial Pints, a good stock of Last Season's Ale can still be selected from. Much beer being sold for BASS'S which is not brewed by them, every Bottle sent out from our Stores is sealed and labelled, and every cork branded with our names.

BERRY BROTHERS & Co.,  
3, St. James's-street, London.



## To Chemists and Druggists.—

FREDERICK THOMPSON, late of the firm of SPRINGWEILER and THOMPSON, begs respectfully to return his thanks to those Gentlemen who have kindly given him the preference in their business since the death of his late step-father, Mr. Andrew Springweiler, and trusts, by attention to their interests, economy in charges, and superior finish in workmanship, to merit their continued patronage.

MANUFACTORY, 26 & 27, BARTLETT'S-BUILDINGS, HOLBORN, LONDON.

Medicine Chests in every variety of quality and style of finish, embracing nearly one hundred different patterns, at prices from 6s. 6d. to £12. Ladies' and Gentlemen's Dressing Cases and Writing Desks, Despatch Boxes, Jewel Cases, Plate Chests, and Canteens. Wholesale and for Exportation. Ship Medicine Chests fitted according to Act of Parliament, at very reduced prices.

P.S.—Many customers of the late firm of SPRINGWEILER and THOMPSON, having forwarded their orders to the old address in error, F. T. begs that all future commands may be sent to the above address, Bartlett's-buildings, Holborn.



## The Medical Circular.

WEDNESDAY, AUGUST 3, 1853.

### THE DISTURBANCES AT THE CHARING-CROSS HOSPITAL SCHOOL.

No man knows the failings of another so well as his best friend, and if the two should unhappily fall out, the recriminations will possess a piquancy and bitterness unknown to quarrels of a more vulgar order. Scarcely any scene is more rich in the elements of humour, or is, at the same time, more pitiable. In such circumstances, the more shrewd and telling our censures, the more fatal is their recoil upon our own good repute. The world is afraid to trust a man who is eloquent at fault-finding, and is very much inclined to suspect that the same intemperance that sustains and carries a quarrel *à l'outrance*, might have had a very considerable share in begetting it.

We regret, therefore, that Dr. Smith should have published so energetic a pamphlet on the disputes that have recently taken place in Charing-cross Hospital, relative to his removal from the chair of anatomy in that school. A calmer attitude would have suited him better, and would have been a stronger recommendation of his claims. Passion is weakness, and, when it is substituted for evidence, a fault. Dr. Smith might have felt that he had been treated with injustice and disdain, and that he had a privilege to be angry, but he should also have remembered that his main object in the attempt to justify himself, should be to bring others round to the same opinion. This end could be attained only by a temperate and convincing refutation of the charges which had been brought against him; and such a refutation, we are constrained to say, we do not find in his pamphlet. The entire composition is a tangled web of personalities; recrimination, retort, and accusation abound, but a plain positive statement of fact is sedulously, and with the skill of a special pleader, avoided.

Although, then, we cannot adopt Dr. Smith's cause so warmly as we might have been induced to do had the tone of his pamphlet been less personal and aggressive, we have reason to thank him for having called public attention to the defects in the management of the institution with which he has been recently connected. He has turned Queen's evidence, but, until his statements are confuted, we are bound to accept them as true. He says:—

"There is not an amputating knife in the place,—so that if it were necessary to perform an amputation in the night, the instrument-maker must be roused from his bed. The house-surgeon was directed to make splints out of pieces of board, for the treatment of fractures—even of fractured thighs. Recently there were not three cradles in the whole hospital fit for use—everything broken, and going to ruin. The two fracture-beds belonging to the institution are, or were, out of repair, so that a patient was lying waiting for such a bed for several days. Another patient, on recovering from fractured leg, was detained in the hospital for three weeks, in want of a pair of crutches.

"The arrangements in respect of the school are most

defective. The Museum is most inadequately supplied with illustrations for anatomy; there is but one skeleton, and that is falling to pieces. There is not a disarticulated head, an entire detached foot or hand, or models of any kind, except four of the brain. There are no ligaments belonging to the hospital, since the director refuses to supply pots and preserving solution. There are no illustrations from comparative anatomy. There are no injected preparations. The preparations in spirit are spoiling for want of more spirit, and the porter is directed to shake the spirit over them."

There seems also to be a deficiency of officers, Dr. Smith assuring us:—

"One of the physicians, the director, whilst incapacitated from doing the duty of his office, still retains his position, although his beds are assigned to the care of the assistant-physician, a gentleman who, though confessedly far nearer the mark than the physician, is still, as for many years past, nominally the *assistant-physician*, and is thus excluded from a seat in the medical committee.

"There are no assistant-surgeons, and thus the care of the out-patients very much devolves upon the house-surgeon, or "house-pupil," as he now is called, a gentleman who is only a second year's student, and therefore unqualified. The late house-surgeon (or pupil), who was also unqualified, was required to take nearly the sole charge of Mr. Hancock's out-patients for the long space of a month at one time."

How the business of the hospital could have been carried on under such circumstances, we cannot imagine. Such utter disorganisation and inefficiency passes belief, and is a problem in the art of management which, we suspect, Dr. Golding alone can solve. To us it appears to be discreditable to the medical committee, unjust to the students, and eminently hurtful to the poor. We are glad that the medical committee are about to correct these evils, but they are deeply to blame for not having undertaken the task much earlier, as the need must have been, for a long time, both obvious and urgent.

Since the autoeracy which Dr. Golding is reported to exercise in the hospital appears to exert a baneful influence over its prosperity, it is the duty of the other members of the committee to take a more active interest in its affairs, if they wish to see it assume a creditable position among the hospitals of the metropolis. We believe Mr. Hancock to be a highly honourable and worthy man, and, as regards Dr. Chowne, even Dr. Smith extols his good qualities; we, therefore, call upon both these gentlemen, as they respect their professional characters, to exert themselves to prevent this institution, which, in many respects, well deserves public support, and has our best wishes, from sinking into obscurity and disrepute.

### THE MEDICAL OFFICERS OF OUR LUNATIC ASYLUMS.

We have lately directed attention to the Lunatic Asylums of this country, and the position of their medical officers. We spoke of the inadequate number of medical men connected with Hanwell and Colney-hatch; but the indignation of our noble profession will be aroused when attention is drawn to the recent conduct of the Middlesex magistracy, who have, in the height of their



liberality, advertised for a married man, with testimonials of character, "who must be a Member of the Royal College of Surgeons and of the Apothecaries' Company," to assist the medical officer of the asylum in the female department; "to superintend the due administration of the medicines and any sick or extra diet, wines, &c., for the patients, and to superintend the general order and arrangements of the female wards for 750 female patients, at a salary of £100 per annum!!"

For such an important post, a person should be thoroughly acquainted with the duties he is about to undertake; he ought, therefore, to have acquired experience in the management of the insane elsewhere. But, according to the regulations, it will appear that scarcely a single person who has been connected with a county asylum as assistant medical officer, will be able to offer himself as a candidate, as, in their present appointments, they are not allowed to marry, nor could they afford to do so if they desired.

Had the magistrates acted wisely, they would have raised the salaries of their present medical officers to £400, and offered £200 per annum for an assistant medical officer, at the same time ordaining that the compulsory clause relating to the candidate's marriage should not come into force until after his appointment.

When we recollect that the matron receives £200 per annum, and a steward the same, and consider the amount of education required to fill those respective offices, whose incumbents are raised, in some instances, from menial occupations, because they are the protégés of county magistrates, armed with power and exercising it with presumption—we cannot feel otherwise than indignant at such mistaken appropriation of county money, and at the low appreciation of medical service, whereby an educated gentleman is paid less than matrons and stewards. But the low salaries of the medical officers in the County Lunatic Asylum of Middlesex, not only prevent many good and valuable officers from becoming candidates, but cause others, when they have become really useful in the institution, to leave it for better appointments. Such may be said to have been the case with Drs. Hood and Hitchman. But what we more lament still is, that the proportion of cures in those institutions is very low, and the amount of mortality very high; hence, the poor unfortunate lunatic suffers from this mistaken economy.

We have no doubt that many married surgeons will be found willing to take the appointment, and, perhaps, there would be an equal number if no salary at all were offered, but how long will they remain if they are really good officers?

In one county asylum we could mention, two assistant medical officers have resigned for better appointments during the last six months, and the evil of frequent changes in such institutions is very great. The salary which, for a time, might tempt an inexperienced surgeon, is quite insufficient to retain that surgeon when he

has made himself thoroughly acquainted with the subject.

The movement is, no doubt, one in the right direction, and we lately directed attention to it, but such half-measures cannot satisfy the profession and the public.

Let the magistrates of Middlesex, then, pay their chief surgeons £400 per annum, and their assistant-surgeons £200, and allow these officers a certain number of clinical clerks. Let the medical profession be regularly admitted to the practice of these institutions, which should be, properly, hospitals for the cure of the insane, and not simply places of safe custody.

Until some such changes take place, and there is a less tendency to place the discipline under the direction of sub-committees, stewards, and report-writing matrons, neither Hanwell nor Colney-hatch will be considered model establishments; and the fame which Conolly gave to Hanwell will gradually disappear, for even at the present time it seems to be on the wane.

We would strongly advise our readers who are at all interested in the management of county lunatic asylums, to read the admirable article of Dr. Forbes Winslow, in the "Psychological Journal" of the present month.

We most sincerely trust that, ere twelve months elapse, we shall find all our asylums provided with a sufficient staff of medical officers, not hampered by stewards or matrons, nor constantly interfered with by peddling sub-committees.

---

## Mirror OF PERIODICAL LITERATURE.

---

(From the "Lancet," July 23, 1853.)

### CLINICAL REMARKS ON YELLOW FEVER.

Dr. Cummins makes the following observations relative to the use of quinine in yellow fever:—

"It is well known now by practical men that the small doses of this medicine recommended in our Pharmacopœias are inert in yellow fever; still I believe a number of cases are lost by a dread of pushing this valuable remedy to the requisite extent, and it is probably for this reason that it still finds a few enemies.

"Most persons believe that when deafness is produced there is no further indication for its use; but this is a fatal error, as in most cases it is necessary to push it for a much longer period. It is difficult to lay down any fixed rules as to the quantity that should be given in any individual case; but if a well-founded and long-established rule of medicine is borne in mind, that in certain diseases ten times or more of the ordinary dose of a medicine is required to produce its effect, and that yellow fever is one of those diseases, it will be found that the best guide for the administration of quinine is the *amount of nervous depression present*.

"Another general rule of medical science must also regulate the administration of this medicine—that depression follows the excitement of all stimuli. Now it is certain that quinine acts as a stimulus to the nervous system, and that its action as such is temporary, and invariably followed by depression. Now as long as the yellow fever poison is in the system, anything which promotes depression of nervous action must increase the disease; it is therefore obvious



that the primary or stimulant action of this medicine must be kept up by continuing its administration until the poison has passed off the nervous system, which it is certain to do in the third stage; for, as I mentioned in my last paper, it has its limit of operation like other poisons, and wears itself out, in three or four days, leaving only its effects behind. It is true that the more quinine given, the greater will be the depression when its use is discontinued; but if this occurs after the poison passes away, it will be a depression *sui generis*, and not an aggravation of the specific depression induced by the poison. I do not for a moment mean to make light of the depression which follows the use of large quantities of quinine; on the contrary, I consider it as the probable source of the tedious convalescence which *occasionally* is observed after yellow fever, and which renders removal from the tropics necessary. But I would say that by comparison with the specific depression of yellow fever it becomes trivial. We have a choice of two evils before us, either by pushing quinine to its fullest extent, to increase the depression of convalescence, which can be cured by change of climate, &c., or to increase the specific depression of the poison, by allowing the quinine depression to exist along with it; and who that knows the awfully destructive nature of the yellow fever depression would hesitate in choosing the first? It may be supposed from my remarks upon the duration of the poison, that I consider it a disease which, when once established, must go on for a certain number of days, but this is far from being my opinion, for I have frequently seen a most violent attack cut short by thirty or forty grains of quinine administered *early*, and perhaps repeated in an hour. Now, the possibility of such an occurrence as this seems to contradict my remarks upon the danger of leaving off quinine too early; but there is a vast difference between cutting short a disease and only suspending its action, and the danger of the after depression of quinine is not to be apprehended in the former. If a patient is seen *very early*, and we determine upon attempting to cut short the disease, it is better to give thirty grains of quinine, and twenty grains of calomel immediately, and another similar dose conjoined with five grains of James's powder an hour afterwards. This should be followed in two hours by an ounce and a half of castor oil. It is extremely probable diarrhoea will then be established, the pain in the head and back will have subsided, the congestion have been removed, the bowels well opened, and all the functions perfectly restored to health. This is cutting short the disease, and we need not fear the depression which follows the quinine in such a case; but it is no easy matter to determine exactly whether the disease is stopped or suspended; and we must watch the case closely for at least twenty-four hours, and if the symptoms are not completely removed, we have lost time, and injured our patient by permitting the secondary effect of the quinine to become established, so that an attempt to cut short the disease is not without a certain degree of risk; at the same time, if tried *early*, it very frequently succeeds. It must therefore remain a question for the physician to decide whether the symptoms are sufficiently recent to admit of their cause being rooted out of the system, and my own experience limits the attempt to five or six hours. We must not allow an idiosyncrasy to interfere with the full use of quinine."

(From the "Medical Times and Gazette," July 23, 1853.)

#### ON COLIC.

Dr. Todd thus speaks of the treatment of Colic:—

"And now let me conclude with a few remarks on the subject of treatment. Whether the case be one of simple colic, or gouty colic, or colic resulting from lead poisoning, you must endeavour to get the bowels to act freely. What you want is, to create a free channel through the intestine; and this you may effect by purging, and by the administration of enemata. The general plan of treatment which I commonly pursue with most cases of this kind in the

hospital, is very much that which was suggested, some years ago, by Dr. Wilson, of the Middlesex Hospital. We commence by putting the patient in a warm bath, and, while he is there, a warm-water enema is administered; when the first enema is returned, a second quantity of warm water is forced up, so as to distend the colon; this is done several times in succession. Frequently a cure is effected by these means without any further treatment; but it is often necessary, in order to empty the bowels fully, to give a purgative. And that which answers best in these cases, is a combination of compound extract of colocynth and croton oil. A drachm of the former, and from one to three drops of the latter, are divided into twelve pills, and one pill is given every three hours until the bowels act. The stomach bears these small and frequently-repeated doses of the oil better than a full dose administered at once, and the operation of the medicine is more effectual. With respect to antiphlogistics,—the abstraction of a little blood sometimes does good in colic; but, as a general rule, you will find, that bleeding only prolongs the convalescence of your patient. Leeches, also, are occasionally beneficial, in cases where there is abdominal tenderness; but the majority will not require them. You will find great benefit from the careful use of opium, in the more obstinate and complicated cases. You may give it simply to relieve pain, when that is excessive; or, where there is great exhaustion, and the patient needs repose, you may give it freely to produce sleep; and, in administering it with this view, you will not find that your ultimate object will be retarded. On the contrary, the exhibition of opium often gives tone and power to the muscular coat of the bowel, and promotes the favourable action of purgatives. Moreover, opium is a valuable preservative against abdominal inflammations. Where you keep up a certain opiate influence, your patient will be less liable to peritonitis or to enteritis. Opium also regulates and moderates the action of purgatives; and this is worth your always keeping in mind, for, in the use of purgatives, in cases of intestinal obstruction, it is often true, that, 'the more haste, the worst speed.'

"The value of opium as an adjunct to other parts of the treatment is well illustrated in the first case which I related to you. There was so much pain and sickness, that we, at first, relied wholly upon opiates and enemata; and it was not for some days that purgatives were given. Without opium in this case, the patient would have but little chance, such was the exhaustion under which he suffered. After the opium, we found that purgatives acted well; and you may sometimes even combine opium with them, as with calomel and colocynth, or croton-oil and colocynth. For another reason I would caution you not to proceed too fast with purgatives in colic, or to trust to them exclusively,—namely, because possibly the diagnosis may not be quite certain, and you may find that your treatment is doing harm, and increasing the patient's distress. Enemata are perfectly safe, and may be given in all doubtful cases as a preliminary step, for, by this treatment, you are not likely to do harm, and you may often succeed in relieving the patient without having recourse to any other mode of treatment."

#### ON MUSCULAR ACTION.

Mr. Skey enters into some interesting calculations, and details, in the course of his lectures delivered at the College of Surgeons, various experiments to prove that the muscles exert a "controlling power," which is thus explained:—

"It will be admitted by all authorities, that the contractile power of muscular fibre is far greater than the ordinary and daily duties of the individual muscles appear to require, although it may be difficult to gauge this power with precision. Reverting to the biceps, I think we may reasonably infer, that the power exercised by Nature in raising any given weight may be less than that employed by art, but cannot be greater. It is highly improbable that the forces resorted to in the experiment with the pul-



ley, are employed to the best advantage, or that they can exactly represent the muscles themselves. We may infer, therefore, that the two muscles—the biceps and brachialis anticus—in supporting a weight of 56 lbs. in the hand, act with a force of from 5 to 6 cwt.; and that their action, when exerted on the unweighted hand, is equal to 20 lbs. only. This is a large range of action, and demands, on all occasions in which these muscles are called into play, an exact adaptation of the requisite force, neither more nor less. But muscles, under disease, are liable to false applications of their power. These actions may become sudden, uncontrolled, and violent, as in the case of the fractured patella, or the ruptured tendo-Achillis. Let us suppose the larger power of the biceps to be applied, by the accident of spasm, or other deviation from health, to the lesser purpose,—what would be the result? Surely, fractured bone or lacerated tendon or muscle; for the bony organisation of the forearm is hardly competent to contend against a force of a quarter of a ton suddenly brought to bear upon it. In order to remove this liability, Nature has placed all such muscles under the influence of a controlling and regulating power, which we shall find in the antagonist muscles. I have always had faith in such a power; indeed, I have always taught it; but I have not till comparatively recently analysed it in detail. I think there can be no doubt of the existence of this power—a power which is called into action as the antagonist of every muscle in the body, which, like the biceps, possesses a large range of action, that will act with a force of 20 lbs., or a quarter of a ton. It is only such muscles that either require or possess antagonism. If the primary and sole function of a muscle be invariably large, it cannot act injuriously; and such muscles we find to be deprived of antagonistic power.”

July 30th.

REMOVAL OF THE SEQUESTERUM OF THE ENTIRE SHAFT OF THE LEFT TIBIA.—ANCHYLOSIS OF THE ANKLE-JOINT.

Mr. John Adams communicates the following case:—

“The history of the following case and its progress are somewhat remarkable. I therefore send it for insertion in your Journal. It is the only instance of the sort that I have met with; and it shows that, under the most discouraging circumstances, the attempt to save a limb may be attended with success:

“A youth, 11 years of age, was brought to me in April, 1852, from a school in Kent, in consequence of severe inflammation in and about the ankle-joint. The disease was attributed to a sprain of the ankle; but the account hardly justified the opinion that it arose from accident. The youth was delicate; and I had, some time before, endeavoured to dissuade his mother from sending him to school.

“When I first saw him, there were signs of suppuration in and about the ankle-joint; and, on moving the foot, distinct crepitation was felt, proving that the articular cartilages were ulcerated. The disease was attended with the highest constitutional disturbance. The treatment consisted in the use of ordinary constitutional remedies; and the ankle-joint was enveloped in successive layers of wet lint, so as to keep the parts at rest, and also to maintain a constant moisture about the part.

“The history may be summed up very briefly. The disease about the ankle-joint diminished; but it was evidently extended progressively up the shaft of the bone, until the whole tibia was involved, as far as the junction of the shaft with the superior epiphysis. The disease continued, with some diminution in the constitutional disturbance; and hopes, therefore, were afforded that the limb might possibly be saved at the expense of the tibia, which seemed likely to become necrosed. Necrosis of the tibia occurred; and there was no doubt that the whole shaft of the bone was involved, as a probe, passed in various directions through small openings in the skin, came in contact with dead bone. There was still considerable swelling about the ankle-joint; but the natural mobility

of the foot was diminished; indeed, I might say, that it had become, to a certain extent, fixed; and, as the fixity increased from day to day, so did the constitutional irritation abate. I was still further strengthened in the hope of saving the limb. The sequestrum of the shaft could be distinctly felt; it became gradually surrounded at the lower part, towards the ankle, with new bone; while, at the upper part, its surface was more exposed. There were altogether five apertures leading to the sequestrum, in various parts of the leg; from some of these (the lower), small spiculae of bone were from time to time removed. Seeing that the whole shaft of the tibia had died, and that the ankle-joint had become ankylosed, I advised that time should be given to permit the complete consolidation of the ankle-joint, and the formation of new bone around the sequestrum. There was also another important reason for delay; namely, to give an opportunity for the patient to gain strength by sea-air, etc.

“I waited, therefore, fourteen months; and, as everything appeared favourable for the operation, with the assistance of Mr. Coulson, who had been consulted previously on the case, I removed the sequestrum.

“The operation consisted in laying bare the dead bone a little below the middle of the leg; in cutting it through with Hey’s saw and cutting pliers; in gouging away the new bone, so as more readily to bring away the dead piece; and then drawing the lower fragment upwards, and raising the upper fragment from its bed, thus removing, without any splintering, the two pieces which constituted the entire shaft of the tibia.

“It was found here, as I believe is very frequently the case, that the sequestrum was unequally covered by new bone; that, whereas it was almost completely encased below, at the upper part it was only partially covered with new bone.

“The progress of the case justifies the most sanguine expectation as to the result.

“A few observations may be permitted on this case. The peculiarity of it, by which it is distinguished from other cases on record, is, that the disease having begun in the ankle-joint led most fortunately to ankylosis, and thus a great source of constitutional irritation was removed; without this truly fortunate occurrence, I cannot see how it was possible to save the limb. The progress of the case in the shaft of the bone requires no special comment. I cannot but believe that, in all such cases, it is most desirable to give sufficient time for the formation of a firm, bony case, before the operation of removing the sequestrum is undertaken. The difficulty of the operation is certainly enhanced by delay; but I think the security of the limb is promoted. Much must, however, be decided by the peculiarities of each case; and it is a point of the highest importance, that the patient’s strength should be brought to the highest standard possible before any operation is undertaken.”

(From the “Association Medical Journal,” July 29, 1853.)

INVERSION OF THE UTERUS AFTER PARTURITION, FATAL IN SIXTEEN WEEKS; WITH REMARKS.

Dr. Mackenzie reports this case:—

“Francis Griffiths, aged 26, married three years, of short stature, but well proportioned, was admitted into the Paddington Infirmary, December 15th, 1852. She was suffering from anæmia in an intense degree. From her history it appeared that it had followed a confinement, which had taken place rather more than two months previous to her admission. This had been attended by an unusual amount of hæmorrhage, which had frequently recurred subsequently; and her husband being out of work, she had since been in a very destitute state, and obliged to undergo much physical fatigue. On admission the hæmorrhage had ceased; and, as she neither complained of any uterine symptoms, nor stated anything which led to a suspicion that any particular lesion had occurred during labour, no immediate examination of the uterus was made.



She was ordered to be kept perfectly quiet, in the recumbent position, and to have a light nutritive diet; and the mineral acids were prescribed, with occasional mild aperients. For three weeks she continued progressively to improve, scarcely any hæmorrhage occurring during this period. She gained strength and colour; and the only alteration made in the treatment consisted in the addition to each dose of the mineral acids of ten minims, increased to fifteen, of the muriated tincture of iron.

"Her favourable progress continued until January 4th, 1853, when menstruation began. This commenced normally, without pain, and without being excessive; but, in anticipation of its becoming profuse, she was ordered to take gallic acid in five-grain doses every four hours. Everything went on favourably until the 6th, when a profuse and unexpected loss of blood took place.

"In my absence she was seen by Mr. Norway, who, finding her blanched and nearly pulseless, ordered her stimulants, and directed the dose of gallic acid to be increased from five to ten grains. In the course of the day, she had somewhat rallied; and, on visiting her, I directed the same treatment to be continued, with some unimportant additions. The next day, the hæmorrhage had considerably lessened. On the 19th it returned, and several large coagula passed. After this, it again lessened, and on the 22nd she was removed to the lying-in ward, where an examination of the uterus was made.

"On introducing the finger into the vagina, a somewhat elongated pyriform tumour was found to occupy the upper part of this organ. It was about the size of an egg, was firm, and somewhat elastic to the touch, and its surface had a fine velvety character. On tracing it upwards, it became somewhat narrower, and was at length felt to be embraced by the uterus, which completely encircled it. Inferiorly, its transverse diameter might be about an inch and a half; superiorly it was somewhat less. It was smaller in its antero-posterior than in its transverse diameter, and in length might be about two inches. On pressing it with the pulp of the finger, the patient stated that she felt no particular pain; and, as far as could be judged from repeated trials, the tumour was not very sensible to this kind of pressure. On introducing a speculum very cautiously, the surface of the tumour was found to be covered with a layer of coagulated blood, which gave it a dark purplish appearance. On wiping this away, a convex body was brought into view, of a pale red or salmon colour, and, on touching it with the blunt end of a probe, pain was distinctly felt; whilst, from the several points of the tumour touched, fine capillary streams of blood poured forth. There could thus be no doubt that the tumour was an inverted uterus; and, on inquiring more particularly into the history of the case, the following particulars were elicited:

"The patient had been married nearly three years, and had given birth to two children. The first was born on the 11th of February, 1851, about ten months after marriage; the second, on the 11th of October, 1852. The first labour was long and difficult; and the child, though born alive, died two days afterwards. The placenta was retained, and had had to be separated manually from the uterus. She, however, did well, and recovered without any unfavourable symptom. Menstruation returned in due course, and she neither experienced any uterine pain nor leucorrhœa subsequently to this labour. In the beginning of January, 1852, she again became pregnant, and went the full period of gestation without any unfavourable symptom. She was confined on the 11th of December, 1852. The labour was easy and expeditious, as far as the birth of the child was concerned. With regard to the placenta, the gentleman who attended her informs me that, in this labour, it was not adherent, and that it came away at the usual time, by simply pulling moderately, and without any force, upon the cord. After its removal he made an examination of the uterus, and felt something protruding into the vagina, which he suspected to be an inverted uterus. He accordingly made

several attempts to replace it, and after a time was led to believe that he had succeeded in doing so. These attempts, however, the patient appears to have considered to have been made for the purpose of removing the placenta, for she stated that it was adherent; that, half an hour after the birth of the child, an attempt was made to remove it, which failed; and that it was not brought away until an hour and a half after the child had been born. Soon after its supposed removal, she stated that she experienced, in the uterus, intense pain, of a burning character, which was attended with profuse hæmorrhage. The pain was so severe, that it occasioned her to be delirious; and, although it was somewhat allayed by the remedies employed, it nevertheless continued for three days, with occasional intermissions, in a very severe form. The day after her confinement she was visited by her medical attendant and another practitioner; and the latter attempted, she stated, some manipulations, but failed to give any relief. Matters thus continued for five days longer, when another consultation was held upon her case, and a third medical man attempted, but unsuccessfully, the reduction of the uterus. From this time she continued to suffer more or less from uterine hæmorrhage for some weeks, and her stomach became so irritable that she could scarcely retain any food. Under the treatment adopted, however, she eventually improved; and, as previously stated, on her admission into the infirmary the hæmorrhage had ceased.

"From the 22nd to the 27th of January there was scarcely any return of hæmorrhage. The bowels had been regulated by castor oil; but, on account of the irritability of stomach, and the expressed wish of the patient, no other medicine was given. Her diet was light and nutritive, and she was allowed 6oz. of port wine daily.

"On the night of the 26th she was seized with faintness, and profuse hæmorrhage again took place. This was attributed by the nurse to her having fretted about her child, who had been attacked with whooping-cough the preceding day. Gallic acid was again ordered in ten-grain doses every four hours; and pledgets of lint soaked in alum water, were applied to the uterus. As, however, it became evident that these hæmorrhages could not be prevented, and as it was equally certain that she would sink under their continuance, I determined to take steps for the removal of the inverted portion of the uterus.

"On the 28th the hæmorrhage had almost entirely ceased, and she was visited by Mr. Marshall, to whom I had communicated my intention of removing the inverted portion of the uterus by the electric cautery. He thought favourably of the operation, and I accordingly gave directions for the preparation of the necessary apparatus. In the meantime the gallic acid was ordered to be continued, as well as the application of the solution of alum to the fundus uteri. The propriety of attempting the forcible reduction of the uterus under chloroform was considered on this and other occasions; but it was abandoned, on the grounds, 1, that attempts had already been made at an earlier and consequently more favourable period, and had failed; 2, that the attempt had almost always been unsuccessful when made at such a late period after the accident; and 3, that, if it were attempted without success, considerable injury might be done the patient in her then exhausted condition. I was not then aware that reduction had been effected under chloroform at an equally late period, or the attempt would certainly have been made.

"January 29th.—No particular hæmorrhage had occurred; but a large quantity of serous fluid was passing from the vagina; the countenance was extremely exsanguine, and the bowels were flatulent and confined. The patient was directed to take twenty drops of oleum terebinthinæ every four hours, in addition to the gallic acid.

"30th.—She was still suffering from a profuse serous discharge, and was excessively weak and anæmic. The face was swollen and cedematous, especially under the eyes, and she felt a disinclination to take food. The tur-



pentine was not given, on account of her excessive objection to it. She was ordered to have four ounces of brandy daily, in addition to six ounces of port wine, three eggs, beef-tea, and arrow-root. The gallic acid was continued; and, if restless or sleepless at night, she was to take ten drops of laudanum every half-hour, until sleep or quietude were obtained.

"31st.—She had passed a comfortable night, and felt somewhat better, although no opiate was given. There had been scarcely any hæmorrhage; and the serous discharge from the vagina had very much lessened. Twenty drops of dilute nitro-muriatic acid were now ordered to be taken in water with each dose of the gallic acid.

1 February 1st.—No hæmorrhage had yet returned; but a serous fluid still passed from the vagina. She was extremely prostrate and exsanguine; and her stomach was so irritable that she could with difficulty retain the gallic acid pills. They were accordingly discontinued, and she was directed to take the dilute nitro-muriatic acid alone in water, with an opiate at night if restless.

"3rd.—There had been no return of hæmorrhage; and the colourless discharge was now very slight; but the expression of the patient was one of extreme prostration, and her breathing was laboured and at times difficult. Her stomach was now so irritable, that she took food with reluctance. She was ordered to continue the dilute nitro-muriatic acid in water, and to take with each dose ten minims of tincture of opium. The symptoms of exhaustion continued to increase throughout the day, and she died at half-past eleven, p.m."

#### CONTENTS OF THE MEDICAL JOURNALS.

**Lancet.**—(No. V. Vol. II. July 30, 1853.)—LECTURES on Remittent-Ophthalmia, or those Diseases of the Eye of Children commonly designated "Strumous Ophthalmia." Delivered at the Royal Westminster Ophthalmic Hospital. By Henry Hancock, Esq., F.R.C.S., Surgeon to the Hospital, and to the Charing-cross Hospital, &c. Case of Aneurism of External Iliac cured by Galvano-puncture. By Edmund U. Eyre, Esq., Surgeon H.E.I.C.S. Case of an Opium-Eater and Vegetarian becoming Bedridden; Recovery upon taking Animal Food. By S. L. Gill, Esq. Report of an Operation for Removal of a Tumour from a Child's Neck. By T. A. Bottomley, Esq., M.R.C.S., L.S.A., Huddersfield.—HOSPITAL REPORTS.—King's College Hospital: Pneumonia; Death; Autopsy. St. Mary's Hospital: Symptoms of Paralysis and Hyperæsthesia connected with the Absorption of Lead into the System.—REVIEWS AND NOTICES OF BOOKS.—The Medical Committee of Charing-cross Hospital Medical School, with the Defects of that Institution. By Dr. Edward Smith. Habit Physiologically Considered. A Lecture delivered at the Bristol Literary and Philosophical Institution. By J. A. Symonds, M.D.—LEADING ARTICLES.—The Small-Pox and Vaccination Report: Shameful Neglect of Vaccination in England. The Frequency of Criminal Abortion: Serious Defect in the Law relating to this Subject. Increasing Success of the New Medical College.—THE ANALYTICAL SANITARY COMMISSION.—Records of the Results of Microscopical and Chemical Analyses of the Solids and Fluids Consumed by all Classes of the Public. Tobacco and its Adulterations: General History of the Plant; Peculiarities of Structure of the Tobacco-leaf, (*with Illustrations*); Composition and Properties; Nicotina; Analyses of Tobacco smoke; Tobacco, Raw, Unmanufactured, and Manufactured.

**Medical Times and Gazette.**—(No. CLXI. July 30, 1853.)—ORIGINAL LECTURES.—A Course of Lectures on Organic Chemistry. Delivered in the Laboratory of the Royal Institution of Great Britain. By Dr. A. W. Hofmann, F.R.S. Lecture XI.—ORIGINAL COMMUNICATIONS.—Army Medical Reports. No. III.—Case of Amputation of the Thigh; Subsequent Ligature of the Femoral and then of the External Iliac, on Account of Secondary Hæmorrhage. By John Mitchell, M.D. Removal of the Sequestrum of the Entire Shaft of the Left Tibia—Anchylolysis of the Ankle-Joint. By John Adams, Esq., F.R.C.S. Cases of Affections of the Nervous System, of Organic and Inorganic Origin; with Clinical and Pathological Observations. By Dr. J. W. Ogle.—HOSPITAL REPORTS.—St. Bartholomew's Hospital: Lithotomy; Remo-

val of Two Calculi, one of them presenting Many Sides (*with an Engraving*); Amputation of the Leg on Account of Obstinate Ulceration Eight Years after a Compound Fracture. Guy's Hospital: Operation for Hernia by the Small Subcutaneous Incision; Strangulated Congenital Hernia. St. Thomas's Hospital: Gunshot Wound of the Forearm; Compound Fracture of the Thigh, with Laceration of the Kidney; Operations. The Royal Free Hospital: Treatment of Ulcers on the Leg by Incisions and Plastic Operations (*with an Engraving*).—Leeds General Infirmary: Case of Large Cyst in the Labium Pudendi; Analogous to Hydrocele of the Spermatic Cord (*with an Engraving*).—EDITORIAL ARTICLES.—Vaccination Extension Bill. The "Edinburgh Review" and the Quarantine Question. Charing-cross Hospital.—Mémorial of Dr. George Rae. Parliamentary Intelligence. Report on the Vaccination Extension Bill.—REVIEWS.—Researches on the Primary Stages of Histogenesis and Histolysis. By Dr. R. D. Lyons. Remarks on the Operation of Bronchotomy. By W. Martin, Esq. Elements of Experimental and Natural Philosophy. By Jabez Hogg, Surgeon. Table-Turning and Table-Talking. Confessions of an English Opium-Eater.—PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals.—PROVINCIAL CORRESPONDENCE.—Scotland: Doings in the North.—REPORTS OF SOCIETIES.—Royal Medical and Chirurgical Society.

**Association Medical Journal.**—(No. XXX. July 29, 1853.)—LEADING ARTICLES.—Irregular Distribution of the Fees of Parochial Medical Officers. The Medical Society of London, and the Science of Physiology. Proposed Society for the Suppression of Fraudulent and Obscene Advertisements. The History of the Royal Medical Society of Edinburgh teaches a Lesson to our Association.—ORIGINAL COMMUNICATIONS.—Inversion of the Uterus after Parturition, Fatal in Sixteen Weeks: with Remarks. By F. W. Mackenzie, M.D. Statistical Account of Obstetric Cases in Private Country Practice. By R. U. West, Esq. Case of Imperforate Anus, with Absence of the Rectum. By Henry Dayman, Esq. Hints on the Climate of Australia. By W. J. Sterland, Esq. Masturbation in a Female apparently without an Uterus: with Remarks. By Edward Waddington, Esq.—BIBLIOGRAPHICAL NOTICES.—Tilt: Diseases of Women, and Ovarian Inflammation. Hannover and Goodsir: Construction and Use of the Microscope.—REPORTS OF SOCIETIES.—Epidemiological Society: Report of the Small Pox and Vaccination Committee. Medico-Chirurgical Society of Edinburgh: Anchylolysis of Elbow-joint remedied by Excision. By James Syme, Esq. Anatomical Preparations. By John Goodsir, Esq. Statistics of Death among the Assured. By Robert Christison, M.D., and James Begbie, M.D.

**Dublin Medical Press.**—(No. DCCLX. Vol. XXX. July 27, 1853.)—PROCEEDINGS OF SOCIETIES.—Royal Medical and Chirurgical Society: On Small-pox and Vaccination. By J. F. Marson, Resident-Surgeon to the Small-pox and Vaccination Hospital, London. New York Pathological Society: Appearances of the Brain in Purpura. Sacculated Bladder. Case of very rapidly-developed Carcinoma of Liver.—SELECTIONS FROM MEDICAL JOURNALS.—Hypnotic Therapeutics, illustrated by Cases. Diffused Popliteal Aneurism cured by Compression. Tetanic Symptoms from the use of Iodide of Potassium. Traumatic Tetanus treated with Sulphuric Ether.—REVIEWS AND NOTICES OF BOOKS.—The Pathology of the Bronchio-Pulmonary Mucous Membrane. By C. Black, M.D., Fellow of the Royal College of Surgeons of England.—LEADING ARTICLES.—Leading Article. Medical Life in London. The Association of Medical Officers of Asylums and Hospitals for the Insane. Midwifery Reform. Medical Reform.

#### BIBLIOGRAPHY.

NEW WORKS IN MEDICINE AND THE COLLATERAL SCIENCES, PUBLISHED FROM THE 30TH OF JUNE TO THE 14TH OF JULY.

A Treatise on Diseases of the Heart. By P. B. Bellingham. 8vo. (Dublin), pp. 240, cloth, 6s.

Lectures on Clinical Medicine. Nos. 1 to 8 (Edinburgh), in 1 vol. 16s.

The Pathology of the Bronchio-Pulmonary Mucous Membrane. By C. Black. Part 1 (Edinburgh), 8vo. sewed, 3s. 6d.



## Hospital Reports.

### ST. BARTHOLOMEW'S HOSPITAL.

*Large Growth of Medullary Cancer in the Back of a Child.—Excision.—Recovery.—Return of the Disease.—Re-Excision.—Recovery.*

(Under the care of Mr. STANLEY.)

Mary Ann Payne, aged 8, a fair-complexioned and delicate-looking child, was admitted in April, 1852, on account of a soft swelling, the size of a fist, situated on the back, between the shoulder-blades, rather more to the right than left side. She had known of its existence for about two months, and its increase had been unattended by pain, excepting when, as in lying on the back, it was accidentally pressed. She was very thin, and stated, that she had lost flesh since its appearance. It was attached both to the deep parts and to the skin; but the latter was but very little inflamed. The sensation of fluctuation was so distinctly conveyed on pressure, that the diagnosis of a chronic abscess was confidently pronounced, and Mr. Stanley accordingly had it punctured with a small bistoury; nothing, however, but blood escaped. The wound soon healed, and a linseed-meal poultice was kept applied. A week after the first puncture, at the suggestion of Mr. Paget, who saw the case, in consultation with Mr. Stanley, a second and much more free opening was made, in the conviction that there must be a collection of fluid of some kind, and most probably pus. As before, however, nothing but a small quantity of blood escaped. After this last incision, the tumour increased very greatly in size, and Mr. Stanley accordingly determined no longer to defer its examination, and, if found necessary, its removal.

On May 15, the girl being under the influence of chloroform, an incision was made through the middle of the tumour, when it was found to consist of a growth of very soft medullary cancer, in the middle of which was a collection of about an ounce of dark, grumous blood, probably the result of the previous puncture. Mr. Stanley accordingly proceeded to dissect away the entire mass, the base of which was found to extend very deeply among the muscles of the part, and in effecting its removal, the angles of the ribs were exposed. On account of the extreme vascularity of the growth, the hæmorrhage throughout the operation was very profuse. Numerous ligatures having been applied, a pledget of lint was introduced into the wound, and supported by a moist compress. The structure of the growth, which was much broken down in the operation, presented a good example of soft cancer, being chiefly remarkable for its very congested condition: in many parts, small yellow masses, resembling crude tubercle, were seen (fatty degeneration of cancer). The large wound healed well, the girl regained her flesh and colour, and left the hospital in July, in very much better health than she was at the time of admission.

She remained at home in good health for about seven months before the disease re-appeared, when there formed beneath the cicatrix two small distinct masses. After their appearance, she rapidly lost flesh, and was admitted again, under Mr. Stanley, in the latter end of March, 1853, at that time looking very ill. The swellings were not larger than pigeons' eggs, immediately beneath the skin, and quite moveable. They had occasioned no pain. Mr. Stanley performed a second operation of excision, and the wounds again healed favourably. The child was discharged on May 2nd, and has been seen several times since. She remains thus far quite well.

We must remark, that this case affords a very instructive illustration of the constitutional influence exerted by malignant growths, and appears to confirm strongly a general observation respecting cancer, that the peculiar cachexia of that disease is not so much dependent on a pre-existing state of the system, as directly induced by the presence of the tumour. The child, previously in good health, began

The Retrospect of Medicine; being a Half-Yearly Journal, containing a Retrospective View of every Discovery and Practical Improvement in the Medical Sciences. Edited by W. Braithwaite, Esq. Vol. 27. (Jan. to June, 1853.) 12mo. pp. 406, cloth, 6s.

Destructive Art of Healing; or, Facts for Families. By Samuel Dickson. 8vo, sewed, 1s.

Annals of Anatomy and Physiology. Conducted by John Goodsir. No. 3, royal 8vo. (Edinburgh), sewed, 3s. 6d.

Chemistry of the Four Seasons—Spring, Summer, Autumn, and Winter: an Essay. By Thomas Griffiths. New edition, 12mo. pp. 440, cloth, 4s. 6d.

Researches into the Effects of Cold Water upon the Healthy Body. 8vo. (Ipswich), cloth, reduced to 2s. 6d.

On the Treatment of Incurable Diseases. 8vo. (Ipswich), cloth, reduced to 2s. 6d.

The Health Guide: a Popular Handbook of Medicine and Surgery for the Use of Families, Emigrants, and others. By Butler Lane, M.D. Post 8vo. pp. 554, cloth, 10s. 6d.

Letters on Table-Moving, on the Recent Miracle at Trmutola, and on the Influence of Animal Motion upon Attraction. By A. B. 12mo. pp. 22, sewed, 6d.

Principles of Geology; or, the Modern Changes of the Earth and its Inhabitants. By Sir Charles Lyell. 9th edition, enlarged. 8vo. pp. 820, cloth, 18s.

A Concise Practical Treatise on Neuralgia; its various Forms, Pathology, and Treatment. By Edwin Morris. 8vo. pp. 50, cloth, 3s.

The Half-Yearly Abstract of Medical Sciences. By W. H. Ranking. Vol. 17, Jan. to June, 1853. Post 8vo. cloth, 6s. 6d.

Outlines of a New System of Physiognomy. By J. W. Redfield. 12mo. illustrated by numerous Engravings, pp. 136, sewed, 1s.

A Dictionary of Arts, Manufactures, and Mines, containing a Clear Exposition of their Principles and Practice. By Andrew Ure. 4th edition, corrected and greatly enlarged. 2 vols. 8vo. pp. 2087, with 1600 Engravings on wood, cloth, £3.

The Decline of Life in Health and Disease; being an Attempt to Investigate the Causes of Longevity. By Bernard Van Oven. 8vo. pp. 316, cloth, 10s. 6d.

Vestiges of the Natural History of Creation. 10th edit. with extensive additions and emendations, and illustrated by numerous engravings on wood, 8vo. pp. 380, cloth, 12s. 6d.

Practical Observations on Aural Surgery, and the Nature and Treatment of Diseases of the Ear. By William R. Wilde. 8vo. pp. 520, with illustrations, cloth, 12s. 6d.

#### AMERICAN LITERATURE.

A Treatise on Apoplexy. By Dr. J. C. Peters.

A Discussion on the Automatic Powers of the Brain; being a Defence against the Rev. Charles Beecher's Attack on the Philosophy of Mysterious Agents. By E. C. Rogers. 12mo. pp. 64.

**QUARANTINE.**—The Commissioners of Customs have issued orders to the collectors of the several ports to transmit without delay a return of the deaths in all vessels that performed quarantine during the past five years; the names and dates of the vessels that arrived under quarantine at each port; the countries whence such vessels came; the crew and passengers of each vessel; the number of deaths that occurred during the voyage; the length of the quarantine, and the health of the crew and passengers during quarantine.

**BURIAL-GROUND BILL.**—Sir W. Molesworth moved that the Burial Bill before the House be read a second time that day three months, as Lord Palmerston had prepared a more comprehensive Bill, and one more suited to the wants of the metropolis. On a subsequent day the noble lord brought forward his measure, which is now progressing through the house.



to emaciate when the disease first appeared, and gained health remarkably as soon as it had been extirpated by operation. The same occurred on its re-appearance; and again, subsequent to its second removal, she has regained flesh and colour, and is now apparently in perfect health. It must be borne in mind, that this depraving influence was exerted by the simple act of growth, and was quite independent of either ulceration or pain, neither of which had attended it.

*Cartilaginous Tumour within the Upper Part of the Fibula.*  
—*Excision of the Upper Third of the Shaft of the Bone.*  
—*Recovery.*

(Under the care of Mr. Lloyd.)

Cartilaginous tumours, although infinitely more common between the periosteum and bone, do, as is well known, occasionally form within the medullary cavity itself. When this occurs in the long bones, it appears to be almost always in or near the middle of the shaft. Mr. Paget, in his "Lectures on Surgical Pathology," has the following remark:—"It is extremely rare, I think, for a cartilaginous tumour to grow within the articular end, or the medullary tissue near it, of a large long bone." There is, in St. Bartholomew's Hospital Museum, a specimen in which it occurred in the lower end of the fibula, in a patient under the care of Mr. Langston Parker. The cartilaginous portion of the tumour was, however, mixed up with the structure characteristic of fibro-plastic growths. Another example of a cartilaginous tumour within the upper end of the fibula, may be found in the Hunterian Museum; in this case it has undergone ossification. The following one, in which the tumour was a circumscribed mass of unossified cartilage, and situated, if not in, very close to, the upper articular extremity of the fibula, is probably without its exact parallel on record.

Ann B., a very robust little girl, aged 6, was admitted under the care of Mr. Lloyd, on account of a deep-seated hard swelling in the right leg, which had formed painlessly and without any known cause. It was only a few months since her mother had first observed it, but it was at that time nearly as large as at the date of admission. There was a very visible bulging of the upper and outer part of the leg, and on handling it, great enlargement of the upper fourth of the fibula was discovered. The swelling was of extreme hardness, and not in the least tender; it was greatest above, and gradually tapered off below, and although not possessing an overhanging margin like most exostoses, yet its surface was distinctly marked into large nodules. The question of diagnosis seemed to regard osteo-sarcoma, exostosis, and enchondroma, and as the entire absence of pain or tenderness, its extreme hardness, and the good health of the patient, seemed to be opposed to the other two, the general opinion, though adopted with much hesitation, appeared to be, that it would prove a flat-based exostosis, extending around the shaft of the bone. With the view of allowing the superjacent muscles and other structures to decrease in size, Mr. Lloyd had the patient kept quiet in bed for three weeks before undertaking the proposed operation. This measure was quite successful, for, although the child's general health had in no way suffered, yet, disuse had so wasted the muscles of the calf, that the boundaries of the tumour were very much more superficial and easily ascertained than before. The operation, during which the patient was under the full influence of chloroform, consisted in making a longitudinal incision over the tumour, from the head of the bone downwards, and then dissecting aside the integument and muscles, so as to expose the enlargement. This done, the latter was found to involve the entire shaft of the bone, the whole of which it was, therefore, necessary to remove. Mr. Lloyd, accordingly, having further freed the tumour from its connexions with the surrounding structures, cut through the shaft of the fibula, with bone-forceps, immediately below its articular head, and again just at the commencement of its lower third, including between these points the whole enlargement, which was

now quite separated. Several small arteries required ligation, after which the wound was covered with a piece of wet lint, and left open to heal by granulation. The tumour had, in one or two parts, had its surface cut into during the operation, and at these parts there was nothing to distinguish it from an exostosis covered with a layer of cartilage; on further examination, however, its lower two-thirds were found to be enased in solid-bone. A longitudinal section having been made, its true nature was at once apparent. The walls of the fibula had been expanded out into a mere shell, in some parts of such extreme thinness, that it had been cut through without being recognised; and within this was lodged an irregularly egg-shaped mass of dense glistening cartilage, the size of a large plum. This growth cut crisply, and its surface was of the bluish-white, semi-transparent appearance, exactly resembling the articular cartilage of a joint.

The patient did remarkably well after the operation, progressing, in fact, without a single bad symptom. She is still an inmate of the Hospital, the wound being, however, all but healed.

#### GUY'S HOSPITAL.

*Chronic Discharge of Purulent Matter from the Ear after Fever.—Sudden Inflammation of the Meninges.—Abscess.*  
—*Death.—Autopsy.*

(Under the care of Dr. GULL.)

Henry D—, aged twenty-five years, was admitted into Job ward, June 12, 1853, under the care of Dr. Gull. The patient has generally enjoyed good health. About six years before admission he had an attack of fever, when his head was particularly affected; he recovered from this in about three weeks, and continued well until the present seizure. He had, however, been deaf of one ear, and had discharge from the same organ ever since his recovery from the fever. About a week before being brought to the hospital, the man was very anxious for a few days, and passed two or three restless nights; he was then seized with severe headaches, especially over the forehead, and continued to suffer considerably to the time of his admission.

The following memoranda were made on a first examination:—

The patient is a thin, pale-faced man, with a very small head and contracted brow; he complains of intense pain in the latter region, and also of inability to sleep at night. Dr. Gull ordered him to be cupped at the nape of the neck to twelve ounces, to have effervescent draughts every four hours, and a purgative of rhubarb and calomel.

On the next day the pain still continued; the bowels had, however, been freely relieved. Tongue furred, rather dry; pulse 80; abdomen very much shrunken. A blister was now applied to the nape, and a drachm of mercurial ointment ordered to be rubbed in night and morning.

On the second day the pain in the head had not abated; upon closing the eyes the patient felt very giddy; he did not sleep at night; pupils natural; conjunctivæ not injected; pulse 76, soft and compressible; tongue dry and furred, brown along the centre; bowels relieved.

Third day.—The pain is as severe as before; the patient throws his head far back, burying it in the pillow; he is comatose, but occasionally starts up with a threatening exclamation; replies are obtained from him with difficulty. Respiration 28 in a minute; now and then there is a long-drawn sigh; pulse varying from 58 to 80, according as the patient is or is not roused; skin cool and moist; hands cold; bowels not relieved. Dr. Gull ordered ten leeches to be placed behind the ears, the head to be shaved, and one grain and a half of calomel, and two of hyoscinamus to be taken every sixth hour.

Fourth day.—The patient is more comatose than yesterday, and less inclined to answer questions; he complains of extreme pain in the head, but does not



threaten those around him, as he did before. Bowels not relieved; tongue dry, furred, and brown in the centre; skin cool, respiration more regular in rhythm, 30 in a minute, still interrupted by sighs.—Three p.m. The man is still complaining of pain in the head; he turns from side to side in bed, frequently putting his hand to his forehead, and is more dull than yesterday. He seems to be suffering much, and is impatient of being disturbed. The right pupil is dilated, and the left natural; but they are both slightly acted on by the stimulus of light. Bowels not relieved for two days; the abdomen is collapsed, and the abdominal aorta is felt to pulsate strongly. Urine, for the first time passed involuntarily in bed; gums beginning to be affected, and there is mercurial fœtor. A turpentine injection was ordered to be administered immediately.

In the evening the patient was more restless, moving about his right hand, and throwing it from side to side; the left was quite still, unless the right were held, when he would move the left. He lies with his head thrown to the right side; the pupil of the right eye is very much larger than that of the left, the iris presenting now but a narrow ring, and not quickly answering the stimulus of light. The bowels were open once previous to giving the enema, and have acted again once since. The motions and urine are passed involuntarily in the bed; the urine does not contain albumen, but abounds in phosphates.

Fifth day.—Soon after the last report, the patient was moved out of bed, being very much purged; and after he had been replaced into it, the purging continued, and the urine and motions passed involuntarily. He lay comatose, and died at four a.m. on the sixth day.

*Post-mortem examination ten hours after death.*—On removing the calvarium, the dura mater was found injected; the cerebral mass was then carefully removed, and the appearances are thus described:—In the convolutions of the middle lobe of the right hemisphere, a large abscess was discovered, large enough to contain about two ounces of fluid. By the superior and posterior part of the petrous portion of the temporal bone was a large opening (the size of the external meatus of the ear), which led into the tympanum, and contained a quantity of cheesy matter. The bone was carious, and the dura mater over it perforated, and of an ashy colour. The adjacent convolutions were partly adherent, and formed the outer wall of the abscess. The latter extended *inwards* as far as the descending cornua of the lateral ventricle on the right side (here the brain tissue was softened, yellow and ecchymosed, and the choroid plexus slightly discoloured) *backwards* to the middle of the posterior lobe, and *forwards* under the optic thalamus and towards the crus. On separating the middle lobe from the right crus and optic tract, the abscess was found to be pressing downwards upon the superior edge of the latter end of the crus. It appeared as if the abscess would in a short time have opened in two directions: the one *inwards* through the outer wall of the right lateral ventricle; the other *downwards* towards the posterior fissure. The pia mater between the convolutions of the surface was examined, but no tubercles were found.

**IMPORTANT TO UNION MEDICAL OFFICERS.**—At the New Bailey, Manchester, Mr. Hilton, overseer of Roxton-cum-Glazebrook, was fined, under the 8th and 9th Vict. c. 126 (one of the General Lunacy Acts), £5 with costs, for having got rid of a lunatic by delivering him to the Salford police, who brought him to the Manchester Workhouse, whence he was transferred as insane to the Prestwich Lunatic Asylum. The act, which authorises a fine of £10, equally affects medical officers of unions and parishes, relieving officers, and overseers, who shall omit for more than three days, after having obtained knowledge of any chargeable pauper who is deemed a lunatic, to give notice of that fact to the nearest justice of the peace; and also upon any constable, overseer, or relieving officer, who shall omit to apprehend such wandering lunatic.

## An Epitome of Toxicology.

DESIGNED FOR THE BUSY PRACTITIONER  
AND ANALYTICAL CHEMIST.

(COMPILED FROM THE LATEST AUTHORITIES, EXPRESSLY  
FOR THIS WORK.)

(Continued from page 10.)

ALPHABETICAL LIST OF VARIOUS SUBSTANCES, WITH  
THE CHANGES THEY UNDERGO AND THE FORMS THEY  
ASSUME IN THE LIVING BODY. (CONTINUED.)

Substances.	Transformations, &c.
Bromine .....	Unites with the hydrogen and bases, and other constituents of the organic fluids and tissues, setting oxygen free; coagulates the blood, &c. Its effects greatly resemble those of iodine, and the changes it undergoes probably do the same. It is eliminated under the form of hydrobromate or bromide, and bromate.
Cactus opuntia, (colouring principle) .....	} Eliminated unchanged.
Camphor .....	Part suffers decomposition; the rest eliminated unchanged.
Capivi (odorous principle) .....	} Eliminated slightly altered.
Caraway (oil) .....	Eliminated slightly altered.
Carbazotic Acid .....	Eliminated in a state of combination.
Cassia fistula (colouring matter) .....	} Eliminated unchanged.
Chelidonium Major (colouring matter) .....	} Eliminated unchanged.
Carbonate of potassa, bicarbonate of do., carbonate of soda, bicarbonate of do. ....	According to the quantity present, either wholly or partly decomposed by the acids of the alimentary canal; reappears in the excretions, either wholly or only partly unchanged. According to Sir G. Blane, soda is appropriated by the organism before it reaches the kidneys, whereas potassa is separated from the circulation by these organs, for the purpose of elimination. (a)
Cassia (odorous principle) .....	} Eliminated unchanged.
Castoreum (odorous principle) .....	} Reappears in the excretions, slightly altered.
Chlorate of potassa. ....	According to the chemico-physiologists, this salt gives oxygen to the system. (b) It is eliminated for the most part unchanged; but no experiments have shown that the <i>whole</i> of the chlorate administered is thrown out of the system as such.
Chloride of Barium. ....	According to the experiments of Sir B. Brodie, Orfila, and Gmelin, the ac-

(a) This opinion is confirmed by Brande and others. (*Vide* "Quar Journ. Med. Science, vi. 205.)

(b) The experiments of Dr. O'Shaughnessy show that a solution of chlorate of potassa *does* exercise a chemical action on the blood, converting "dark blood" into "scarlet blood in eight minutes" after injection. On the other hand, the salt was found unchanged in the urine in about twenty minutes. ("Lancet," 1831-2, i. 369.) The experiments of Wohler and Stehberger are against the argument of its chemical action on the blood, etc., but are not conclusive; for, although they recognised it in the urine of patients who had taken it, they do not refer to the proportion which the quantity eliminated bore to the quantity administered. Dr. Stevens asserts that chlorate of potassa not only imparts "a beautiful arterial colour" to the venous blood, but "reddens the gums" even "faster than mercury." (Stevens, "On the Blood.") May not its chemico-physiological action be hence inferred.



	tion of this salt is analogous to that of arsenic, but milder. It is eliminated unchanged.		
Chloride of zinc ...	Reacts chemically on the organic tissues, forming separate albuminates with its elements, which probably redissolve in the albuminous fluids of the system.		enormous discharge of saliva occurred to the extent of several pints. (Professor Barton.) In two cases of half-pence being swallowed by children, and retained for months, no injurious effects were felt. (Garrod.) Portal, quoted by Orfila, relates a case wherein copper-filings, mixed with crumb of bread, proved poisonous. In these cases oxidation of the copper must have occurred in the system. The oxides and salts of copper are all poisonous. In the system they undergo similar changes, and form similar combinations to the other metallic salts. The sulphate of copper forms two combinations by contact with the albuminous fluids—the one a compound of albumin with the acid, the other an albuminate of the base. Copper has been detected in several of the solids of the body, and in the blood. This will negative the assertion of Drouard and others, that the preparations of copper are not absorbed. (d)
Cinchona (astringent matter)...	Reappears in the urine in combination.		
Cinnamon (odorous principle) }	Eliminated unchanged.		
Cistus laurifolius (colouring matter)..... }	Eliminated unchanged.		
Citrate of potassa...	Acid suffers decomposition; eliminated as a carbonate. (c)		
Cloves (odorous principle)..... }	Eliminated mostly unchanged.		
Colouring principles .....	Many of these reappear in the excretions and secretions unchanged; others are wholly or partially decomposed in their passage through the body. Several have been detected, both unchanged and combined, in the blood, milk, urine, saliva, &c.		
Copper.....	Metallic copper, under ordinary circumstances, suffers no change in the alimentary canal. Even finely-powdered copper, administered to dogs, was found by Drouard to exert no deleterious action. Others have stated that copper-filings operate by stool, urine, and saliva. In the case of a child swallowing a copper coin, it is related that an	Creasote .....	Coagulates the blood, and other albuminous fluids, white of egg, &c.; combines with and decomposes the epidermis, epithelium, and other albuminous tissues; hence its action as an antiseptic. It is decomposed in the organism. (To be continued.)

(c) This conversion of citrate of potassa into carbonate of potassa in the organism appears to be uninfluenced by the presence of citric acid in excess, however great. Thus, lemon-juice, which contains potassa only in the proportion of 0.846 grs. to the fluid ounce (Garrod), renders the urine alkaline, if taken in sufficient quantity.

(d) Lebkuchner detected copper in the blood of the carotid artery of a poisoned cat, and Wibner in the liver of animals. Tiedeman, Gmelin and others, have also detected it in the blood and solids. The quantity absorbed is, doubtless, very small, and hence it is not mentioned by chemical writers as having been detected in the urine. The urine of a cat, to which we exhibited half a grain of the cupro-sulphate of ammonia for above three weeks, exhibited slight traces of copper on examination.

## THE ANNUAL CIRCULAR OF THE MEDICAL DIRECTORIES.

The Editors of these works beg to express their best thanks to those members of the Profession who have so promptly replied to their Circular. On Thursday, Friday, and Saturday last more than fifteen thousand circulars were posted to every known qualified practitioner in Great Britain, and already thousands have been returned, accompanied, in numerous instances, by expressions of approval of the Editors' exertions, of congratulation on their success, of sympathy at their having had to suffer the annoyance of an unfair rivalry, and, withal, crowned by such a liberal Subscription as to call forth their grateful acknowledgments.

Those Gentlemen who have not returned the Circular, are requested to do so without delay, as, without such assistance, the successful compilation of the Directories would be frustrated.

On the First of January next will be published, most carefully revised, and with many new features, which will add greatly to the utility of the Works,

**THE LONDON AND PROVINCIAL MEDICAL DIRECTORY.** Price to Subscribers, 6s.; Non-Subscribers, 7s. 6d.

**THE MEDICAL DIRECTORY FOR IRELAND.** Price to Subscribers, 4s.; Non-Subscribers, 5s.

**THE MEDICAL DIRECTORY FOR SCOTLAND.** Price to Subscribers, 4s.; Non-Subscribers, 5s.

OBSERVE, that the above are the only Medical Directories, published by Mr. John Churchill, Princes-st., Soho, one of which (the London and Provincial) has been the Index to the Profession for the last eight years, and has received the warmest commendations both from the medical and general press. The utmost pains are taken in the compilation of these works, which are found in all Public Offices, Scientific Institutions, &c., and are constantly referred to in the Courts of Law. Office, 128, Strand, where all communications are to be addressed. C. J. Harris, Secretary.





PORTRAIT OF DR. JOSEPH MOORE.

### Biographical Notices.

#### JOSEPH MOORE, M.D.

If Dr. Moore is not so popularly known as many other metropolitan physicians, it is greatly owing to a reluctance to adopt the usual means for securing publicity, and, probably, also in some measure to the fact that he has never felt the incitement of the *res angustæ domi*—in most cases the spur to ambition. His career, however, though unmarked by bustle and pretension, has been signalised by certain events which reflect credit upon his professional character, and deserve an honourable notice.

Originally intended to enter the navy, under the auspices of the late Sir Joseph Yorke, at the last moment he was transferred as an articled pupil, or apprentice, to a country general practitioner. A year or two having elapsed, Dr. Wilson, (a) Physician to the late Duke of Kent, on passing through the town, inquired into his proceedings. Dr. Moore told him that his master was parish doctor, and that he was bleeding and physicking all the

old women and children of the district. "What books are you reading?" "I have read almost all the books in the two libraries of the town, for my master's consists of only two parts of Dr. Parr's "Medical Dictionary" and the numbers of the "Medical and Surgical Journal."

Very soon after this time, an overture to cancel his indentures, with the offer of £105, was made to and accepted by his master (with whose family Dr. Moore has since continued on terms of friendship), and he was sent to the University of Glasgow. The first introductory lecture opened up such a wide field for investigation, that he fancied it would be beyond his powers to labour in it with success, and he retired to his room, dispirited, and almost in despair. He was also overwhelmed with chagrin at the thought of having lost two or three most precious years in a country town. He, however, took courage, and laboured abundantly, and, at the expiration of three years graduated with some little distinction; the regulations as to age not being then in force. He afterwards matriculated at Edinburgh, and attended Hamilton on "Midwifery," and other lecturers, especially Dr. Barelay. The next season

(a) Physician to the Plymouth Naval Hospital. Dr. Moore's family have resided in Plymouth 300 or 400 years.



he came to London, and looked about to ascertain the school in which the best information was to be found. Sir A. Cooper he thought a mechanical surgeon; Mr. Abernethy a philosopher, and a man of superior stamp, whose prelections were worth hearing and retaining. He fixed, therefore, at St. Bartholomew's, becoming senior-dresser, or house-surgeon, to Sir Ludford Harvey, an appointment which opened up to him a fine field for surgical practice. He pursued this department almost exclusively, fancying that he had already given sufficient attention to medicine, having been clinical clerk, &c., in the Infirmary at Glasgow. For anatomy he entered as perpetual pupil to Mr. (afterwards Sir) Charles Bell, with whom he pursued assiduously this branch of science, occasionally taking charge of the dissecting-room for his friend Mr. John Shaw in his absence. From St. Bartholomew's he proceeded to Paris, and attended Capuron and Dupuytren; but for dissections he entered with his friend, Dr. Thomas Addison, at La Pitié. His chief pleasure, however, in Paris, was his intimacy with Dr. Gall, whose lectures he assiduously attended, having previously frequented those of Dr. Spurzheim, in London. Indeed, one of his colleagues at the hospital and himself got together Dr. Spurzheim's first class among students, and he continued to be Spurzheim's friend until his death.

Returning to London, he was thus accosted by Mr. Abernethy: "Ugh! you are a doctor! very much too clever for a doctor. Practise surgery!" Dr. Moore's intention always had been to lecture on and practise midwifery, preferring the promptitude necessary in that department to attendance upon lingering obscure maladies, and knowing, also, that no hospital would, in those days, encourage him as an aspirant to the surgery. Abernethy's suggestion, more than once repeated, happening to coincide with the opinion of Sir C. Bell, and his friend, Mr. John Shaw, having informed him that he would resign the surgery of the Northern Dispensary in his favour, induced him, on the Friday subsequent to a Tuesday's agreement with Mr. Shaw, to present himself to the College of Surgeons for examination. He gained his diploma but lost the election, and, execrating the principle of canvassing the public, determined never again to submit to, what he felt to be, a degradation. Although not eligible for admission to the College of Physicians, he was vexed at having been admitted to the College of Surgeons, and he, subsequently, resigned the membership. Preserving his bias for midwifery, he then commenced practice, and having a large private circle of friends, he speedily obtained considerable success.

It cannot but be a pleasing reflection to Dr. Moore, that, without patronage, and merely through his own exertions, he achieved a successful career. It has been his fortune to conciliate most of those with whom he has been associated, and by whom he has been consulted. It is pleasing to us to be able to state, that the proofs of that esteem have often been manifested by presents of plate and other valuable articles. He has, unexpectedly, received legacies from patients, who probably imagined they had not sufficiently remunerated him in their lifetime; two of these were of £50, two of £500, and one of £5,000; but the most gratifying proof of gratitude was a legacy of £5 5s. from an old and faithful servant, for whom he had prescribed gratuitously. These are circumstances of no public interest, but tend to show how far industry, kindness, and courtesy will meet with a flattering recompense, and that he who endeavours to maintain the honour of the profession, by not evincing rapacity for fees, or adopting any sinister line of conduct, is sure to have his reward.

In days of yore, when disquisitions were held on the subject of medical reform, Dr. Moore was an active associate with Mr. Lawrance and others, but always urged the one-faculty system, from the belief that it would conduce to the harmony and good feeling which ought to prevail among well-educated men, if all the members of the profession entered by one portal. He also thought that this ar-

range would procure for the profession a higher public respectability than its present heterogenous character commands. It was with the hope of endeavouring to take a step in this direction, that he espoused and advocated, in the "Lancet" and elsewhere, the Provident Dispensary system, which, he believes, would greatly advance the status of the members of the profession in public opinion, and render them less dependent upon the present supporters of dispensaries.

As a phrenologist, Dr. Moore has opposed Dr. Elliotson's mesmeric doctrines, and glories in having been the prime mover in the onslaught upon Mesmerism in the Medical and Chirurgical Society, as well as publicly in other places, by which he exposed himself to the ire of that irritable individual. He feels the more indignant from believing that, by the attempt to embody mesmerism with phrenology, this latter study has been thrown back at least fifty years in public estimation. However this may be, we are sure that Dr. Moore has ever supported whatever in his opinion tends to exalt the scientific and influential position of the medical profession, and that he feels sorrow when any individual derogates from that character by exciting ridicule or contempt towards its members.

Soon after his return from France he received a visit from Mr. Abernethy, who placed himself with his back to the wall, and plied him with questions for nearly two hours respecting phrenology, cranioscopy, and the various mysteries of the science. Some days subsequently, Mr. Shaw observed to him, "What have you been saying to Abernethy; he has been lecturing to us at the College about cranioscopy, and says he got his information from you?" Shortly after Dr. Moore received Mr. Abernethy's pamphlet from himself, and was pleased to find that, although expressing some doubts, he did not oppose the principles. The anatomical excellence of phrenologists he always admitted.

From the earliest period of his professional career, Dr. Moore has been reluctant to obtrude himself upon public notice, especially as an author, entertaining the dread, common to many sensitive minds, that much more than that with which he might be acquainted was already well known; but in the active exercise of his profession, few have been more earnest; and he at present enjoys the confidence of a considerable number of general practitioners, particularly in the department of instrumental midwifery. He has a considerable accumulation of medical facts in his possession, but his occupations, coupled with his natural indisposition to publish, have precluded their arrangement. We may be allowed to express a hope, however, that at some future period they may be permitted to challenge criticism. His only admitted publication is a short paper on Measles, in Vol. xxi. "Med. Chirur. Transactions;" the only case of recurrence, except those of Dr. Baillie, then known. Dr. Moore simply aspires to the character of an honourable practitioner, zealous to enhance the reputation of the medical body. As consulting physician to Queen Charlotte's Hospital, opportunities are afforded, as well as in consultation, for exercising both characteristics. A question of some notoriety has lately been brought ostensibly before the profession, that of payment to medical referees to assurance-offices, and we are happy to state that, as chairman of the Clerical, Medical, and General Assurance Office, he has for years past espoused and practised the principle within due limits, so that it may be exercised for the benefit of the public as well as of the profession.

Dr. Moore resides at 10, Savile-row, where he has resided for many years. He is a man of agreeable manners and considerable vivacity of mind, apparently in the possession of good health and much bodily activity, which we trust he may long enjoy.

---

NAPOLÉON III.—It has been stated that a distinguished physician in Paris was one of the principal actors in the late conspiracy against the Emperor.



## Original Communications.

### ON THE VALUE OF HYDROCYANIC ACID AS A REMEDIAL AGENT.

(Concluded from page 15.)

BY WILLIAM J. COX, ESQ., M.R.C.S., ETC.

#### D.—Diseases of the Alimentary Canal.

1. *Gastro-enteritis mucosa*.—In the course of this distressing malady of childhood (often the basis of the worst forms of infantile remittent fever), vomiting is frequently a most troublesome symptom. In my experience in these cases, hydrocyanic acid is the most effectual of all agents in subduing the extreme intolerance of ingesta.

2. *Gastritis (sub-acute)*.—In the treatment of this very common and afflicting disorder, the foundation of numberless cases of so-called dyspepsia, hydrocyanic acid is a most important remedy. After the burning pain at the epigastrium, dryness of the fauces, excessive tenderness, and other more urgent symptoms, present in the more severe instances, have been relieved by leeches, counter-irritants, &c., we shall always find the acid of singular efficacy in soothing, as if by a powerful charm, the irritable stomach, and removing the peculiar and distressing sense of vacuity and prostration. When the symptoms are altogether, and from the onset, of a milder character, the acid may be prescribed with advantage at once, in combination with the lighter tonics (cascarilla, calumba, &c.), and carbonate of soda. Of course the propriety of exhibiting the alkali will depend on the character of the symptoms. One caution, however, should be had in remembrance when prescribing hydrocyanic acid in this, and, indeed, in all disorders of the stomach, which is, that the tendency to asthenia and syncope being strongly marked in such complaints (from the close contiguity of the solar plexus?), we must not administer so powerful a sedative at injudicious times, or in doses so large as to add force to the said proclivity.

3. *Pyrosis*.—I have seen several inveterate cases of pyrosis, which had persisted for years, and defied all other treatment, cured, as if by magic, in a short time, by full doses of citrate of iron three times a day, and a dose of hydrocyanic acid (two drops of Scheele's), in cold water, immediately after a meal, or when the patient was aware an attack was impending. No remedy, in the majority of cases, will be found more successful; opium is generally useless.

4. *Dyspepsia*.—The almost infinite and varied phases of indigestion will, generally, be largely benefited by the combination of hydrocyanic acid with the other remedies employed. Of course, I do not mean to say that it will cure, or even advantage, every case. But, wherever the prominent and urgent symptoms are chiefly dependent on irritation, it will, like the preparations of iron in anæmia, slowly, but surely, effect great good. I shall not further enlarge on the use of this agent in the treatment of gastric complaints, this part of the subject having been already so ably handled by Dr. Elliotson and others.

5. *Cholera (English)*.—It is now well known that sulphuric acid is a most valuable remedy in this and allied disorders. Its efficacy in *serous* diarrhoea, rice-water purging, and malignant epidemic cholera, I long since enlarged on. In the treatment of simple summer cholera (bilious or mucous diarrhoea) it will be found advantageous to combine hydrocyanic with the sulphuric acid, when the latter is given. (a)

6. *Cholera (Asiatic, convalescence from)*.—I have found hydrocyanic acid very useful, given in effervescent draughts, during the convalescent period. It should not, however, be given at all until the collapse is over and reaction established. It may even be pernicious during

the prostratic stage, and is useless at all events. Very great irritability of the stomach is apt to remain for some time after the more alarming symptoms have subsided, and this, I have generally found, subdued and relieved by the combination above-mentioned, sooner than by any other remedial measures. I must once more, in this place, protest against the administration of opium in any case of Asiatic cholera. That drug, so invaluable in other cases, is here powerless to relieve, and potent for evil. It frequently leads to death by coma. There is no fear that the use of hydrocyanic acid will ever be attended with so disastrous a result.

7. *Dysentery*.—Hydrocyanic acid will often be found useful, in combination with other remedies, to combat the obstinate vomiting which sometimes supervenes in the course of chronic dysentery. I have recently had a case under treatment, in which the sickness would not yield to any other remedy.

8. *Carcinoma* (of pylorus, pancreas, colon, &c.)—In these horrible cases, the constant and daily administration of hydrocyanic acid will often be absolutely required, in order to enable the stomach to retain anything at all.

Catarrhus Vesicæ, and chronic irritability of the bladder, so often the consequence of severe gonorrhœa, stricture, and thickening of the coats of the urinary viscus, is much relieved by hydrocyanic acid, given in combination with decoction of pareira or buchu. It is also serviceable in such cases, used as an injection, greatly soothing the distressing irritability. It rapidly abates the spasm and strangury. I have prescribed it with much temporary benefit in a case of enlarged prostate, where the bladder ultimately became disorganised.

I find, on reference, that I accidentally omitted, when treating of the application of hydrocyanic acid to maladies of the nervous system, to record its great power over obstinate hiccough. Cases do occasionally occur where this curious spasmodic affection of the diaphragm becomes quite of a formidable character. Such cases generally occur amongst the hysterical and spasm-prone. The hydrocyanic acid must here be exhibited perseveringly, and at regular intervals. The dose should be as large as is consistent with safety. I have found it advantageous to precede its administration with a powerful emetic.

It is not my intention to dwell on the value of hydrocyanic acid as a remedial agent of external application. Dr. Copland, in his invaluable "Dictionary," and many other writers of equal eminence, have borne ample testimony to its extraordinary efficacy. I may, however, be allowed to say, that I have seen more than one case of *prurigo*, the torment of which had driven the unhappy patient nearly into a state of insanity, rapidly ameliorated by a lotion of hydrocyanic acid in rose-water. The severe irritation also of *impetigo* is greatly relieved by a similar application. Of course, no outward application alone will suffice to cure these formidable and obstinate diseases.

Hydrocyanic acid, then, is a powerful nervine, sedative, and anti-spasmodic. It possesses many of the useful properties of opium, without the narcotic, congestive, and constipating effects of that drug.

In conclusion, I beg to say, that nothing but ample and cautious experience of the useful properties of this agent, and a firm conviction that its *more frequent* and extended use in the daily practice of physic would be attended with vast advantage to the community, and productive of great satisfaction to my professional brethren, could have emboldened me thus to trespass at such length upon your columns.

Kensall Town, Middlesex, July, 1853.

### ON MAMMARY ABSCESS DURING LACTATION.

BY JOHN COCKLE, M.D.

Mammary abscess occurs, with varying degrees of frequency, during any period of the process of lactation. It may be immediately consequent upon the first secretion of

(a) The sulphuric acid, however, should not be given until the motions become of a rice-water character.



milk, or may develop itself at any subsequent period up to the time of weaning, or even as soon as the process is completed. Nor should we be surprised at this result, when we reflect upon the important function of the mammary gland, the various injurious influences of a physical nature it may be subjected to during its period of functional activity, and the peculiar relation it stands in with regard to emotive manifestations. But, independently of its frequency, mammary abscess recommends itself to our attention by its occasional seriousness and obstinacy. From the successive invasion, by disease, of contiguous or remote portions of the gland, it may be rendered, in a great degree, unfitted for the future exercise of its function, while the constitutional powers become impaired from the constant irritation produced, and from the long-continued and abundant discharge of matter from numerous sinuous and unhealthy passages.

Inflammation, terminating in abscess, may attack either the proper substance of the gland, or the fibro-cellular tissue connecting its lobules, or, surrounding it in its totality, producing peculiarities in its progress and results which correspond to the anatomical arrangement of the parts involved; hence it becomes of practical importance to recognise such varieties, from the advantages thus afforded both to prognosis and treatment.

So far as I know, Velpeau first methodically insisted upon this necessity of diagnosis and the inflammatory affections of the female breast, and I have more than once seen him direct attention to the subject in the salles of La Charité. These suppurative inflammations may, therefore, be practically divided into those occurring in the supra-mammary cellular tissue, the infra-mammary cellular tissue, the interlobular cellular tissue, and, lastly, of the proper lactiferous ducts and terminal lobules. It is not contended that inflammation and its results are always thus limited to a certain locality or tract of tissue, without compromising the remaining structures, but only that they are so frequently so as fully to justify the subdivision in question.

I shall restrict myself to the brief mention of some peculiarities of the superficial suppurative inflammation, to the catarrhal or suppurative inflammation of the lactiferous ducts, and their cellular frame-work, omitting all notice of the infra-mammary abscess, as being exceedingly rare, and, unless from accidental extension of disease from above downwards, more frequently connected with thoracic, visceral, or osteal disease, &c.

Before even the symptoms of the superficial abscess develop themselves, a certain amount of simple distension of the milk ducts may be usually detected, and the inflammatory affection of the over-lying cellular tissue thus seems intimately connected with such distension and irritation in the gland itself. After a time, in addition to constitutional reaction, of greater or less severity, a circumscribed, superficial swelling is observed, often accompanied with excessive cutaneous tenderness, and obvious redness of the surface, corresponding to the tenderness and swelling. The pain, as the disease progresses, increases in severity, and is frequently more paroxysmal than continuous, radiating far and wide from the seat of disease. Indeed, this affection, both antecedent and subsequent to suppuration, is occasionally blended with so much of genuine neuralgia as to render considerable caution requisite, in order to avoid being betrayed into an unwarrantable activity of treatment.

There also exists a great tendency in these affections to successive formations of matter, owing either to successive attacks of inflammation, or to the varying period in which matter is formed in different portions of tissue in which inflammatory exudation has occurred. If left to burst spontaneously, the region of the areola of the nipple is the site usually selected by Nature for the discharge of the matter. This may happen through one or several apertures. When abscesses form in succession, they may communicate together or remain limited to the site of their production. The disposition to abscess in the cellu-

lar tissue remains as long as the proper substance of the gland continues actively engaged.

In the early stage of inflammation of the lactiferous ducts and the connecting tissue, the gland becomes gorged in portions of greater or less extent, and a dull aching sensation is first complained of, the tenderness on pressure is less superficial, and there is scarcely any visible surface redness; but, in proportion as the ducts become distended, by swollen lining membrane and altered secretion of milk, producing complete obturation of the tubes, the enlargement of the gland becomes more obvious, the tenderness increases, and, if constitutional irritation has not set in earlier, it seldom fails at this period to manifest itself with greater or less severity. The time required for the matter to reach the surface varies greatly, being dependent upon the portion of gland affected, and is directly as the distance from the surface. However, before the abscess bursts externally, pus, mixed with milk, occasionally escapes from the nipple. This fact is readily ascertained with the microscope, as Donne has long since shown, and this means of examination should invariably be resorted to where there is any obscurity of diagnosis as to the situation of the abscess, whether involving the ducts, or being limited to the superficial cellular tissue. The secretion of pus into the milk ducts should always be suspected, when, with tenderness and engorgement of one gland, the milk appears, in its naked-eye characters, of a different colour to that of the opposite side. This point is of especial importance with reference to the question of weaning the child, as, if once pus is detected in the milk, of course all further suckling from that gland should be at once abandoned, while, in superficial abscess, the withholding the child from the affected gland would not, *ceteris paribus*, be absolutely necessary, and the prognosis, of course, would be much more favourable.

With regard to the causes of mammary abscess, they have been variously enumerated. Among the principal are, external injury, cold, undue and prolonged distension of the breast, pressure of the dress, mental excitement, &c.; but, in addition to these, there is another cause, which I believe has not received a sufficient share of attention—I allude to the condition of the nipple, which, having become fretted and tender, either from exposure to the air when moist, or rendered preternaturally sensitive by the act of suckling, transmits directly, by continuity of surface, irritation along the lactiferous ducts, or along the cellular tissue, which is also continuous with that separating the lobules of the gland. Irritation and distension of the secreting portions of the gland and milk ducts may be occasioned indirectly, from the emotion of fear excited by the application of the child to inflamed and ulcerated nipples, such emotion causing spasm of the ducts, thus directly preventing the free passage of the milk, as well as changing its chemical constitution, and rendering it more irritating to the ducts. From the over-distension thus occasioned in isolated portions of the gland, in addition to the irritation of the ducts, irregular traction is exerted upon the fibro-cellular framework, and thus irritation and inflammation of this tissue is produced.

The possibility of such spasm of the lactiferous ducts is confirmed by the observations of Kolliker, who states that both the nipple and areola possess numerous smooth muscular fibres, more obvious during the period of suckling; and Henle has previously stated (*"Jahres bericht,"* 1850), that he has also detected muscular fibre deeper in the substance of the gland. So far as relates to the treatment of these affections, the plan usually recommended by systematic writers, has been to apply leeches in considerable number to the integuments immediately covering the gland, or in its neighbourhood, but, I must confess, so far as my opportunities of observation permit me to judge, this mode of treatment is not, generally, either the best or speediest, for inducing either resolution of the inflamed structures, or alleviation of pain; and I further believe it to be very doubtful, whether, when inflammation has once set in, either in the lactiferous ducts, or the cellular tissue



connecting them, that the resolution of such inflammation is commonly induced by any amount of local bleeding. In the majority of cases, methodical pressure over the surface of the gland by strapping, as recommended by Velpeau, with perfect rest in the horizontal posture, moderate purging, if required, by saline medicine, tartar emetic, and opiates to calm the nervous disturbance, will be found more efficient in preventing the formation of matter, or, at least, in limiting its diffusion. Should the strapping occasion distress, tepid applications must be substituted, the above-named treatment being continued.

It is, in some cases, a point of great practical importance to ascertain whether the irritation of the gland be attributable to an inflamed condition of the nipple, and, in that event, to resort to immediate measures for the relief of such condition, by an artificial shield for the child to suckle through, and, during the interval of suckling, to keep the nipple constantly covered and protected by the closed metallic guard.

When suppuration has occurred, it will commonly be advisable to allow Nature to give exit to the matter herself, unless there be some urgent reason for adopting a contrary practice, as, in many instances, where an artificial opening has been made, other abscesses have followed in such rapid succession, as to justify the suspicion that they stood in some causal relation with such opening, and to imperfect elaboration of the contained matter. But in either case, as soon as the abscess is emptied, strapping should, if possible, be reapplied, to hasten the resolution of the remaining indurated portion of the tissues.

Such induration usually remains a considerable period after all active signs of mischief have subsided. But from the known tendency of the exudation matter to contraction, and thereby to compromise the junction of the gland, we should be unremitting in our exertions to obtain as early and as complete a resolution as possible of the afflicted portions. This would, *a fortiori*, be the more desirable the nearer the woman approaches the critical period of life, as then, and particularly under the influence of impaired health, such induration might undergo malignant or other degenerations.

When such a condition of the health exists no resolvent will be found equal to residence by the sea-side and gentle friction of the breast with tepid sea-water, with the addition, if required, of some chalybeate tonic, as the syrup of iodide of iron.

## Correspondence.

To the Editor of the "Medical Circular."

Sir,—In the last number of the "Medical Circular," at page 52, it is stated that "Dr. Conquest has made himself well known by his exploits in tapping for hydrocephalus," and that "this operation has not been so extensively adopted as might have been expected."

I am surprised at finding you countenancing such practical errors as that recommended by Dr. Conquest. If you wish to discover how tapping for hydrocephalus is a *practical error*, I would beg to refer you to the number of the "Edinburgh Medical and Surgical Journal" for 1850, which contains a paper, by me, on the subject.

I am, sir, your obedient servant,

FRANCIS BATTERSBY.

16, North Cumberland-street, Dublin.

[We should be glad if our correspondent would forward to us a paper containing his proofs and arguments against the "practical errors" adverted to in his note. At present we can only say that Mr. Battersby condemns an operation which Dr. Conquest continues to practise, which Lizars approves, and Fergusson does not reject. Our Journal is open to a scientific examination of the value of the operation.—ED. MEDICAL CIRCULAR.]

## Medical Notes and Queries.

### QUERY.

USE OF LEFT HAND.—I have a little boy, four-and-a-half years old, who continually employs his left hand in preference to his right. This peculiarity was first perceived when he was about ten months old; and, although every effort has been made, until kindness, persuasion, and even harsh measures have been exhausted, the disposition to use the left hand, in preference to the right, still continues. I even believe the little fellow tries to avoid the habit, but appears to sink into it unconsciously. It is often amusing to see him change his knife or spoon from the right to the left hand, at meals, and, then, observing the eyes of his mamma or governess on him, blush deeply, and recommence employing them in the usual way. Neither the members of the faculty, nor the medical works I have consulted, have afforded me any rational explanation of the matter. Can any of your enlightened readers do so, and, still more, can any of them suggest a cure.

PATER INFELIX.

Westminster, July 20, 1853.

### REPLY.

UNG. HYD. NIT.—SIR,—If "L. S. A." will prepare the ung. hyd. nit. with fresh butter, in place of lard, he will have the good-looking ointment he wishes for.—In haste, yours respectfully,

E. J. P.

Wood-street, Upper Clapton, July 19, 1853.

### REPLY.

HABITUAL COSTIVENESS, WITH HÆMORRHOIDS.—R. Tin. Nucis Vom. gtt. j; aquæ Camp. ℥ viij. Misce. Fiat mistura. Take one tablespoonful every evening, an hour before the last meal. Avoid all stimulant, narcotic, alcoholic drinks; gluttony, late hours, crowded rooms, &c.; use open air, moderate exercise.

GF. V. V., M.D.

July 29, 1853.

### REPLY.

MR. EDITOR.—SIR,—If "Nil Desperandum" will furnish particulars relating to the habitual costiveness of which he complains, I shall be happy to communicate on the subject.

SPES.

July 28, 1853.

## Medical Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

DR. COPLAND, PRESIDENT.

*On Small-Pox and Vaccination: Analytical Examination of all the Cases admitted, during Sixteen Years, at the Small-Pox and Vaccination Hospital, London; with a View to Illustrate the Pathology of Small-Pox, and the Protective Influence of Vaccination, in degrees varying according as the Vaccination has been perfectly or imperfectly Performed.* By J. F. MARSON, Resident Surgeon to the Small-Pox and Vaccination Hospital, London.

Communicated by DR. CHOWNE.

(Continued from page 56.)

Dr. COPLAND remarked that it would be interesting if any member could give an account of the causes and effects of the small-pox epidemic in Jamaica, where it had been most destructive.

Mr. STREETER would throw out one suggestion, and that was, the necessity of attending to the health of the skin before vaccination was performed. He believed that the exhausted state of the skin in tropical climates was one cause of the imperfect vaccination which obtained in them. With respect to the unsatisfactory state of vaccination in the country districts, he might mention that, about thirty years ago, in the practice with which he was connected, out of more than a hundred children who had been vaccinated not one-half returned to show the arm and the effects of the operation. He might observe here, that he had only seen one fatal case of small-pox after vaccination, and this



was on the fifth day. He alluded to one source of danger in cases of small-pox—namely, a profuse flow of the catamenia which occasionally occurred in the secondary fever.

Dr. WEBSTER considered the paper just read as of great value, whether in respect of the numerous facts it contained or the deductions enunciated by the author. Besides which, the various tables compiled would enable others further to investigate the question, and so disabuse the public regarding some fallacies recently disseminated. He (Dr. Webster) entirely concurred with the opinion stated, respecting the great fatality of small-pox among young people, compared with those in more advanced life. For instance, during 1847, when upwards of 4200 persons died by variola throughout England and Wales, more than three-fourths were under five years of age—the sexes being equally divided, while very few had passed their forty-fifth year. Again, the fact mentioned by Mr. Marson, that death very rarely occurred in cases where the individual had been properly vaccinated in three or four places at the same time, was likewise most important, and showed if the system was once properly imbued with true vaccine virus, little danger of subsequent small-pox need be apprehended. In his (Dr. Webster's) opinion, many of the deaths reported from variola, after cow-pox, occurred where the party never had been correctly vaccinated, especially throughout rural districts and country towns; in which localities numbers even remain altogether unprotected, owing to the prejudices frequently prevailing in ignorant minds against vaccination, who obstinately object, it is reported, to the operation, "as an impious attempt to arrest the will of the Almighty." The Society's time being very limited, as announced from the chair, prevented any allusion to several points adverted to by the author; nevertheless before sitting down, Dr. Webster remarked, that the statements now brought forward more than ever confirmed the protective efficacy of cow-pox, when vaccination was carefully and judiciously performed.

Dr. CHOWNE, having been a frequent visitor at the Small-Pox Hospital, could corroborate many of the statements made in the paper. He thought that the fact mentioned in the paper, of the number of persons affected with small-pox after vaccination in the country was most important. It could not go forth with too much energy and force. The failure of vaccination in country districts was most lamentable, but it was not the fault of the practitioners—it was the fault of the Boards of Guardians, of the Government, by whom no efficient arrangements for vaccination were made, and consequently thousands lost their lives.

Dr. COPELAND having inquired if the author of the paper had any remarks to offer—

Mr. MARSON said that of course much of his paper, being tabular, could not be heard before the society. He wished, however, just briefly to allude to Table IV., in which the number of cicatrices, and whether they were good or bad cicatrices, was dwelt upon. The difference observed was remarkable. Thus amongst the persons who had only been vaccinated in one place, and the cicatrix was imperfect, twenty per cent. took the small-pox, whereas, when there were four cicatrices, and these were good, the number who took small-pox after vaccination was only one per cent. The medical public had relied upon the circumstance of Jenner having at one time vaccinated in only one place, but he (Mr. Marson) knew that Jenner did not confine himself to one, for he had seen a patient whom Jenner had vaccinated in 1806, and the person had four cicatrices.

*Erysipelas of the Head and Face after Contusion and Laceration of the Scalp—Hæmorrhage from the Principal Branches of the Right Carotid Artery—Ligature of the Vessel—Recovery.*

By EVAN THOMAS, Esq., M.R.C.S.,

Resident-Surgeon to the Workhouse in Manchester; Associate of King's College, London.

The hæmorrhage came from a wound in the temple,

made for the evacuation of matter. Pressure proving unavailing, the common carotid artery was tied in the usual way, above the anterior belly of the homo-hyoid muscle. Some inflammatory symptoms occurred referrible to the chest, but the patient recovered in the course of from two to three months.

*False Aneurism of the Posterior Tibial Artery (from a Wound in the Operation of Dividing the Posterior Tibial Tendon in the Operation for Club-foot), Successfully Treated by Injections of Perchloride of Iron into the Spurious Aneurismal Sac.*

By WILLIAM ADAMS, F.R.C.S.

Assistant-Surgeon to the Royal Orthopædic Hospital.

The injection of perchloride of iron caused coagulation of the blood in the spurious aneurismal sac, produced by division of the posterior tibial artery in a child aged four weeks. The firm clot squeezed out the serum, which was seen oozing from the surface of the wound. The instrument used for injection was a glass syringe, with a long and slender tube, which was made to penetrate the clot, and convey the perchloride to the fluid blood below.

## Parliamentary Intelligence.

HOUSE OF COMMONS.—TUESDAY, AUGUST 2.

Mr. EWART.—ROYAL COLLEGE OF PHYSICIANS.—On the motion of Mr. Ewart the following returns were ordered:—Account of the money received by the Royal College of Physicians from persons admitted as licentiates, from the 31st day of December, 1832, to the first day of January, 1853, for each year of the above period.

Of the manner in which the money received as above has been appropriated.

Detailed account of all the money received by the College for the three years ending the 31st day of December, 1852.

Detailed account of the expenditure of the College for the three years ending the 31st day of December, 1852.

Statement of any incumbrances upon the property of the College, specifying the amounts and the periods when they were effected; the rate of interest paid on borrowed money; also whether the building in Pall-mall is freehold, or on lease on Crown land; if on lease, what is the ground-rent?

Returns showing the total number of fellows, distinguishing the number residing in London or within seven miles; also similar returns relating to candidates, inceptor-candidates, licentiates, and licentiates extra urbem.

Of the number of persons admitted as fellows in each year, from 1834 to 1852 inclusive, distinguishing those admitted under different by-laws, and the number rejected; also distinguishing, in the case of those admitted or rejected respectively, the number who are graduates; and further specifying the numbers of graduates from the different universities.

Of the number of persons who applied to be admitted as licentiates from 1834 to 1852 inclusive, distinguishing, 1, the number who were rejected on examination; 2, those who were not admitted to examination; and 3, those who passed; further distinguishing the number in each of the above three classes who were graduates, together with the number of graduates from the different universities.

Return similar to the above, referring to licentiates extra-urbem.

Returns of the number of persons admitted as licentiates and extra-licentiates who had passed the age of forty years, distinguishing the number who were graduates, together with the number of graduates from the different universities.

And of the number of persons who have, since the 31st day of December, 1834, been admonished by the censors to desist from practising in London or within seven miles, distinguishing the number who were graduates, and of what universities, and those who were extra-licentiates;



also, a return of the number of persons who, having been so admonished, have subsequently presented themselves at the College for examination as licentiates, distinguishing the number who were admitted and rejected. (In continuation of returns made to Mr. Warburton's Committee on Medical Education in 1834 (No. 602); and to the House of Commons in 1826.)

## REPORT ON THE VACCINATION EXTENSION BILL.

*Presented to the Council of the Epidemiological Society by the Small-Pox and Vaccination Committee.*

The Report which the Small-Pox and Vaccination Committee presented to the Council on the 26th of March, was drawn up by them, as then stated, in consequence of a Bill for the Extension of Vaccination having been laid before Parliament by Lord Lyttelton.

It contained a review of the present state of vaccination in this and foreign countries, and concluded with an unanimous expression of opinion on the part of the Committee in favour of a compulsory enactment, and with suggestions for the improvement of the "Vaccination Extension Bill."

The Report having been adopted by the Council, copies of it were forwarded, at their desire, to the Secretary of State for the Home Department, and to Lord Lyttelton, and it has since been printed and published by order of the House of Commons.

The Bill, having passed through all its stages in the House of Lords, is now waiting a second reading before the House of Commons; and, as in its progress it has undergone many alterations avowedly in consequence of the Report emanating from this Committee, the Committee consider that it has become their duty to examine how far these changes are in conformity with the suggestions made, and to what extent the Bill in its present shape is likely to be successful in attaining the end proposed by its author,—the more general diffusion of vaccination.

To attain this great object, two things appear to the Committee to be alike indispensable: a compulsory enactment; and the encouragement and stimulation of those employed to administer it.

They consider that the argument in favour of compulsory vaccination was satisfactorily established when it was shown that the proportionate mortality from small-pox in England and Wales, where the practice is entirely voluntary, is considerably more than double what it is in any European country in which the practice is compulsory, *and ten times as great as it is in many of them*; and the Committee only revert to this point for the sake of recording their satisfaction at finding that the National Vaccine Board, in their Report just presented to Parliament, are equally anxious that vaccination should be made compulsory, and renew the expression of their "conviction, that if England is to be freed from small-pox, the interposition of the Legislature alone, by wise and comprehensive measures, can disarm the pestilence of its terrors, and realise the fond hopes and prayers of the friends of humanity."

The Committee, however, are quite as firmly convinced that any measure of compulsion will fall far short of what may reasonably be expected of it, unless encouragement be given at the same time to administrative zeal and energy. They showed in their former Report how much had been effected, and might be effected, by these alone; and they gave a most striking illustration of their importance, by contrasting two provinces of the same kingdom (Belgium),—subject, of course, to the same compulsory laws,—in one of which the vaccinations in proportion to the births were nearly twice as numerous as in the other.

These, then, being the essential or fundamental conditions to be kept in view in any measure for the extension of vaccination, the Committee have examined the amended Bill of Lord Lyttelton with reference to them, and beg to observe:—

1. *In Reference to Compulsion.*—That the clause for this purpose (VIII.) is simple and direct, and likely to a large extent to be efficacious for its object; but that it would have been more so had the suggestion of the Committee been adopted, and had it been made the duty of some special officer in every union or district to proceed against persons not complying with its terms.

2. *In Reference to Encouragement.*—That, not only does the Bill hold out no encouragement to stimulate the zeal and activity of those upon whom it will mainly devolve to carry it into execution, but that by imposing upon them additional duties, while at the same time, it expressly provides that they shall receive no remuneration for these duties, it makes it their present interest to oppose the Bill in its passage through the Legislature, and will disincline them, should it eventually become the law of the land, from rendering that active and spirited co-operation, which the Committee have pointed out as essential for the attainment of the object sought.

It would need no laboured argument to show, that on the Medical men employed as public vaccinators throughout the kingdom, it will depend, in a great measure, whether the act shall be successful in its operation or not. If they be interested in its success, the universal vaccination of the people of this kingdom is not far distant: if, on the other hand, they be indifferent and apathetic, still more if they be hostile, this or any other measure will fail, to a great extent, to secure its end; and the real alternative before the Legislature is this—whether they will permit some thousands of deaths from small-pox to take place yearly, or whether, by a wise and just expenditure of the public funds, they will evince their earnestness to eradicate this scourge, so disgraceful to the empire and to the age in which we live.

In their former Report the Committee exhibited some of the evils resulting from the present system of medical remuneration, as regards the practice of vaccination. They showed that the average sum paid for each successful case, in England and Wales, was less than eighteen-pence—a sum so inadequate, that in many districts it was the custom to delay vaccination until a sufficient number of cases had accumulated to make it worth the while of the medical practitioner to perform the operation. This serious evil will, to a great extent, be prevented by the enactment, that all vaccinations shall take place within a given time after birth, but additional trouble will be thus so far imposed upon the vaccinator, and this, of itself, should constitute a ground for increase of remuneration.

Another great evil of so low a scale of payment, has been found to be, that the vaccinator having performed the operation, has in many instances, considered his task as accomplished, and has taken but little pains to insure the inspection of the person vaccinated. Yet, such inspection is alike necessary for ascertaining that the vaccination has taken proper effect; and for keeping up the supply of lymph. It should be one of the first duties of the Legislature so as to provide for the remuneration of the vaccinator as to enable him to afford the requisite time, and to make it worth his while to follow each case to its own home (provided it be not brought to the station), so that, in no instance should there be any doubt as to the success of the operation, nor any opportunity lost of maintaining a proper stock of good healthy lymph.

But if the payment hitherto given has been found insufficient to secure the two attendances thus pointed out as absolutely indispensable, still less can it be expected that the additional duties imposed by the Act will be efficiently discharged unless additional remuneration be afforded. By the 3rd clause, the vaccinator will have, besides keeping the books and registers, with which he is already furnished, to give two certificates *in every case*,—one to the parents, the other to be sent to the registrar; and, by the 4th clause, he will be required to examine into the state of health of persons submitted to him for the operation, and to certify thereupon if they be not then fit for it; and this examination and certificate (which are as much pro-



fessional acts, and involve as much trouble and judgment as vaccination itself) may have to be renewed an indefinite number of times. It is only those who have had such duties to perform who cannot understand the time they require, and the trouble they give; the labour they imply ought not to be unrewarded, and the Committee are quite at a loss to understand why a fee should be given to the Registrar for each certificate he may give, or entry he may make, and yet withhold from the medical man for the far more important duties which he has to perform.

Independently of the mischief which has arisen from the insufficient remuneration to the public vaccinators, there are other evils, resulting from the mode in which that remuneration is given. Under the present system, payment is made by the Boards of Guardians,—half from the Consolidated Fund, and half out of the Poors-rate.

One serious evil was shown, in the Report, to be, that some Boards, from a mistaken notion of economy, and desire to keep down the rates, actually discourage the efforts of the public vaccinators, and remonstrate with them if the number of vaccinations be large.

Another, to which the Committee did not then advert, appears to be this:—The poor-law Medical Relief, and public vaccination, being administered by the same Board, and paid for out of the same funds, private practitioners, who would willingly be vaccinators under a national system, but who do not desire to be considered as in the employment of the Boards of Guardians, have abstained from taking the office, and thus the number of public vaccinators has been unduly limited.

The first of these evils would be entirely, and the second partially, obviated, if the payment for vaccinations were made altogether out of the Consolidated Fund.

The most effectual remedy, indeed, for all the evils which have been pointed out, would be, to disconnect public vaccination from the Poor-law administration, and to place it under the superintendence of competent persons, (as in other countries) whose sole duties should be the organising and carrying out a system for the entire vaccination of the people. But if the Legislature should be unwilling, at the present moment, to make this fundamental and, as the Committee believe, most essential and ultimately, indispensable change, it will yet be a great improvement on the present system, that the rate of remuneration should forthwith be increased, and that payment should be made out of the Consolidated Fund.

To give effect to these suggestions, it will be necessary that a short clause be introduced between clause II. and III., requiring the parents or guardians to return with the child on the eight day after the operation, that the arm may be inspected and the certificate of successful vaccination given; that the 5th clause be omitted altogether, and that a clause be added fixing a minimum fee for the operation, and regulating the manner in which the fee shall be paid.

There are some other points to which the Committee have to advert. They find that clause 2 of the bill is still so worded as to interfere with the rights of the private practitioner,—an obligation being thereby imposed by the Legislature on every qualified medical practitioner to vaccinate any child which may be brought to him. Such is, undoubtedly, the effect of the clause, though the Committee know that this is far from the intention of the author and promoters of the Bill; and they suggest, that the object of the clause will be attained, and every objection obviated, if all the words from the end of the 34th line be omitted, and the following substituted, “for the purpose of being vaccinated (unless he shall have been previously vaccinated by some other qualified medical practitioner, and the vaccination duly certified), and the said medical officer, or practitioner, so appointed shall, and he is hereby required thereupon, or as soon after as it may conveniently and properly be done, to vaccinate the said child.

The Committee regret to observe, that no provision is made for the vaccination of children immigrating into this country; for the case of the removal of a child from

the district in which he is borne to some other district previous to the time till which vaccination may be deferred; for the exemption of children and persons who have had small-pox; nor for securing more frequent periodical returns of the numbers vaccinated to the central authorities.

(Signed) R. D. GRAINGER, Chairman.  
J. F. MARSON. C. A. AIKIN.  
THOMAS HUNT. W. B. KESTIVEN.  
W. A. LEWIS, M.B. E. C. SEATON, M.D., Hon. Sec.

## Our Note Book.

ON THE COMPOSITION OF HUMAN MILK IN HEALTH AND DISEASE. BY MM. VERNONIS AND A. BECQUEREL.

Looking at the contradictory reports of various analyses of milk, MM. Vernois and A. Becquerel have entered into an elaborate investigation of the entire subject. They have especially chosen 89 uniform and complete analyses to deduce certain deductions from. The following is their account of the composition of this fluid:—

	In Health.	In Acute Disease.	In Chronic Disease.
Water ... ..	889.08	884.91	885.50
Solid parts ... ..	110.92	115.09	114.50
Sugar ... ..	43.64	33.10	43.37
Caseum and extractive	39.24	50.40	37.66
Butter ... ..	26.66	29.86	32.57
Salts (by incineration)	1.38	1.73	1.50
Density ... ..	1032.67	1031.20	1031.47

There are more solid parts in the milk of nurses aged from 15 to 20, than in those of from 35 to 40. The quantity of butter is notably increased during the colostrual period. Gestation does not induce alteration in the composition of the milk at first, but at a later period it increases the proportion of solid parts. Menstruation diminishes the density, the weight of the water and of the sugar. It increases the weight of the solid portions, especially the caseum. Insufficient aliment renders the milk too watery, the effect falling especially on the butter and caseum. An excess of butter or caseum always accompanies an ill state of health of the nursing. There are certain women whose milk, independently of any special cause, always contains an excess of butter or caseum. In both acute and chronic disease the water diminishes and the solid parts increase; but there the analogy between these two classes ceases. In acute disease, the sugar considerably diminishes, while the three other elements are increased, the caseum alone nearly repairing what is lost by the sugar. In chronic disease, the butter and salts are increased, the sugar remains stationary, and the caseum diminishes. Thus, in acute diseases, we have loss on a respiratory element, and excess in a nutritive element; and in the chronic, loss on the nutritive element, and increase of the respiratory element. In phthisis, without diarrhoea or emaciation, there is little sensible modification; but these being present, there is considerable diminution in the weight of butter. In syphilis the density is extraordinarily raised; the butter diminishes, and the salts disproportionately increase.—*Gazette Médicale*, 1853, No. 5.

### UTERUS.

M. Faure believes that vaginal injections of water have never been properly estimated, the practitioner regarding the ingredients they hold in solution as the only active agent. After long trying the usual heroic remedies in affections of the cervix uteri, he has now discovered that cold water is a far more powerful therapeutical agent, both as regards the rapidity of the cure and the less tendency to relapse. If the patients prefer it, the injection may at first be tepid. Two or three irrigations of twenty minutes daily may in some cases suffice, while in others a more prolonged or oftner-repeated application is required. A small pump, on the principle of the garden-syringe, is employed, the orifice by which the water escapes being two centimetres



in diameter. The woman can manage it herself, while in the sitting posture, passing the pipe well into the vagina, and propelling the fluid, with considerable force, against the engorged parts.—*Arch. Gen.*, i. 551.

#### UTERUS : ULCERS OF OS.

M. Aran observes that ulcerations of the cervix uteri, being almost always considered as the result of a chronic inflammation, they are combatted by antiphlogistics and caustics. Although in a great number of cases these means will succeed, in others the ulcerations continue open for months. They may, in fact, arise from different occasional causes, one of the most frequent of which is friction of the cervix against the vagina when inclined forwards, and especially backwards. It is in such cases that Recamier recommends the daily interposition, between the cervix and vagina, of small pledgets of charpie powdered with starch. It is a good plan, but it is inferior to that now adopted by M. Aran, which consists in carefully smearing the cervix every third or fourth day with collodion, under the protection of which the ulcers soon heal.—*Bull. de Thérap.*, xliv. 34.

#### WARTS.

Dr. Peez, of Wiesbaden, confirms the statement made by several German practitioners, of the rapid curative agency which attends the internal use of carbonate of magnesia in cases of warts.—*British and Foreign Med. and Chir. Review*.

### Obituary.

July 18.—M. IBBERSON IZOD, Esq., suddenly, at the Isle of Wight, aged 25.

Lately.—PATRICK CLEARY, Esq., of malignant typhus fever, at Roscrea, Ireland.

Lately.—ARTHUR PHILLOTT, Esq., M.R.C.S. Eng. 1835, L.S.A. 1834 (a<sup>d</sup> 4, Wimpole-street), at Lee, Kent.

### Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners on the 22nd ult.:—Robert Brown, Wintershields, Cumberland; William Lee Dawson, Cloughran, co. Dublin; William Henry Jones, London; John Macloghlin, Liverpool; Edward O'Neill, Mitchellstown, co. Cork; John Segar, Ainsdale, near Southport, Lancashire; George Moulas Slaughter, Farningham, Kent; Evan Pierce Williams, Denbigh, North Wales; Isaac Mennell Williams, York; Thomas Windsor, Piccadilly, Manchester; Christopher Young, Yarm, Yorkshire. The following gentlemen were admitted Members on the 25th ult.:—John Barnett, Moneymore, co. Derry; William Collins, Kingston, co. Dublin; George Craven, New Worthley, Yorkshire; Chamney Graves Irwin, Raphoe, co. Donegal; Robert McKibbin, Ballymacarret, near Belfast; Archibald Nicolls, Killmakenny, co. Leitrim; William Brown Pepler, Tinhead, Devizes; Henry Tyrwhit Smith, Melton Mowbray.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise on Thursday, July 21, 1853:—Reginald Bayley, Walters, Winchester; Alderman Thomas Houghton, Waters; George Skrimshine.

LICENTIATES IN MIDWIFERY.—The new midwifery board at the College of Surgeons has now been in operation for one year. We are informed that ninety-five candidates have presented themselves for examination. Of this number ninety-two have passed the examination, and three have been rejected. The whole of those who have passed the examination are members of the College.

SICKNESS AND MORTALITY IN THE ENGLISH ARMY.—A very elaborate report, the joint work of Dr. Balfour and Lieutenant-Colonel Tullock, and embracing the periods between 1838 and 1841, has just been presented to the Imperial Parliament by command of her Majesty. The report, which occupies four volumes, is replete with interesting and deeply important subjects and statistics. In speaking of the health of the troops, it states that, under any circumstances, a soldier's life is not conducive to health. The annual mortality in the cavalry in the ten years mentioned has been 136·10 per 1000, or about 17·10 per 1000 more than in a town population at the same period of life. The standard of health in all armies is under that of civil population, but in the British army is not so great. In continuation, the report says, "In considering the health of the infantry of the line, we must keep in mind the long foreign service they undergo, and can feel little surprise that the annual mortality is 179·10 per 1080, which is about 43·10 higher than in the cavalry. This greater mortality in infantry is said to take place in the French and other Continental armies. It is worthy of remark that the annual mortality in the foot-guards exceeds that of the infantry of the line by 25·10 per 1000. This excess may fairly be attributed to diseases of the lungs caused by defective barrack accommodation, much night duty, and dissipation consequent on London residence chiefly. This was found to be true in the cases of the 20th Foot and the Rifles, when quartered in London in 1838 and 1839; and it was observed that the guards, when removed from London, suffered less annually than the line corps. In speaking of the sick returns, it states that between January and June more fever prevails than in the other half of the year, and that diarrhoea and dysentery are very general between July and October. In alluding to corporal punishment, it broadly asserts that within the last few years the opinions of officers in command have been greatly changed, and that the lash is only inflicted for very grave offences. The report, as a whole, reflects the highest credit upon Colonel Tullock and Dr. Balfour.

ANOTHER DEATH FROM THE USE OF QUACK MEDICINES.—ALLEGED DEATH FROM TAKING THE AMERICAN SUGAR-COATED PILLS.—On Wednesday Mr. Hereford, the city coroner, held an inquest at the Bridge Inn, Mill-street, Manchester, on the body of John Hughes, late of Cotton-street, Alumn-street, labourer, aged 37, leaving a wife and five children. The first witness examined, the wife of the deceased, stated that her husband had been afflicted with asthma for many years, and on Saturday he came home from his work and said he was worse. He had no complaint of the bowels, and nothing was the matter with him but the asthma. A young man came in in the course of the evening and recommended him to take some sugar-coated pills, and he went and bought some for him at a shop in Corporation-street. Her husband took four on Saturday night and four on Sunday night, between six and seven o'clock. Between twelve and one o'clock on Sunday night he began to vomit and was purged, which continued for an hour and a half. Afterwards he became worse, and he died about ten o'clock on Monday morning.—Mr. John Leigh, surgeon, the next witness, said he had made a *post-mortem* examination of the body. The brain was healthy. The lungs were healthy, except as regarded the air cells, which were in an abnormal condition. This state of disease was perfectly incurable, but was not likely to have caused death immediately. All the viscera in the abdomen were sound and healthy, except the stomach and bowels. In the stomach there was a quantity of dark fluid, which was accounted for by his wife, who said that she had given him some gruel and port wine shortly before death. There were two or three inflamed patches in the stomach, and the mucous membrane of the larger and smaller intestines were softened, and on them also there were extensive inflamed patches. The parts ramifying over the bowels were also excessively congested. He attributed deceased's death to the exhaustion produced by the excessive vomiting and purging. *If the pills were ape-*



*rient pills, the large dose which appeared to have been taken would, at a season like this, suffice to produce dysentery. It was very improper to advertise, or place medicines in the hands of incompetent persons, to be administered without reference to the state of the patient, under any circumstances.*—Mr. Edward Jepson said, he was employed by William and Son to vend these pills. He had nothing to do whatever in making them. They were made in Edinburgh. The directions produced were given with each box of pills. They are an aperient medicine, warranted purely vegetable. From two to three pills were generally recommended as a primary dose.—The jury returned a verdict of “*Died from excessive vomiting and purging, caused by taking the American sugar-coated pills.*”—*Manchester Courier.*

## Notices to Correspondents.

*To the Editor of the “Medical Circular.”*

SIR,—I apprehend your correspondent “Amicus” has mistaken the argument for closing the Crystal Palace on Sundays. I can hardly believe that anybody could support the argument as he satirically puts it; but it appears to me that the opponents to the opening of the Crystal Palace object to the presumptive desecration of the Sabbath, on the ground that the aggregation of a large number of the public to view the works of art within the building on the Sundays, will lead to the opening of public-houses, and a large amount of drunkenness and immorality that might otherwise be avoided. Having stated this argument, which, I believe, to be the true one, I must also put in my rejoinder, for I cannot consider that it is one that ought to be acted on. In deciding upon a question of this kind, we have nothing to do with collateral issues, for, in such a case, we could as easily find reasons against the building of churches. I have been much surprised lately to find a large number of new churches erected in different parts of the suburbs, where there does not appear to be half a dozen houses to supply an audience. They may abound in different situations, on the banks of the Thames, and elsewhere. Now, sir, these churches will lead to the building of houses, &c., and we might thus argue, where there are new churches there will be new neighbourhoods—where there are new neighbourhoods there will be ale-houses, and where there are ale-houses there will be drunkenness; ergo, it is wrong to build new churches; and, so on, against the erection of railway stations, manufactories, and other public improvements. The opening of the Crystal Palace must be tried on its own merits, and on these alone.

I am, sir,

A. B. C.

Westminster, July 22, 1853.

T. B. L.—We believe so.

“\* \* \*” Declined, with thanks.

NEMO.—We are unable to answer your question, and it is unsuited to our column of “Notes and Queries.”

A STUDENT.—Mr. Belfour’s letter is vague, and, perhaps, intended to be so. The recognition will be continued, if the authorities of the hospital make the alterations required by the College, which, we believe, that they are now busily engaged in doing. We understand that a large sum of money is collected for this purpose. To withdraw a recognition without notice would be unhandsome on the part of the College, and, possibly, fraudulent towards the students. We cannot sympathise with the minor irritations in which this quarrel appears to have originated.

L.S.A.—Your instrument is defective; any surgical instrument-maker will supply you with a suitable one at a moderate price.

CHIRURGUS (Dublin).—Not as an apothecary, but for work and labour done, or on contract.

G. B.—The antimon. potassæ tartras has been employed to arrest mercurial ptyalism. It should be given in solution, in small doses, and frequently sipped.

MR. BROWNE.—The appointment rests with the Board. We believe it to be honorary.

D. T.—The hospital contains the proper number of beds, and is recognised by the College. Full particulars may be ascertained by referring to the “Medical Directory.”

M.R.C.S. (Eng.)—An assistant must have served three years in that capacity before he can be made surgeon. During one year of the three he must have been employed at sea.

A SUBSCRIBER.—The individual referred to is a “quack,” and ought to be punished. The publication of your letter would do no immediate good.

MR. WELLS.—Communication received.

OMEGA.—The Hospital Reports cannot be published unless authenticated.

QUERIST.—We fear that Lord Palmerston will, for a second time, disappoint the expectations of some too eager gentlemen who have been teasing him to bring in a Bill for medical reform. At this late period of the Session there would not be time to pass any Bill, but it is not impossible that something will be attempted next Session. It promises, however, to be a very busy one, and unless strenuous efforts are made by the friends of medical reform, it is very doubtful that much will be done.

M.D.—A person in a state of intoxication might die by exposure to cold of a temperature that would not be fatal to a healthy person enjoying the entire use of his faculties.

DR. —.—The delay has been unavoidable.

JUVENIS.—You may obtain the required information by consulting the Army and Navy Lists.

A REPORTER.—We should be glad of your name and address.

ESCLAPIUS.—The man is an imposter—a mere begging letter-writer. His name is not in the Directory.

SODALIS.—A report of the circumstance has reached us, but we shall refrain from noticing the affair for the present. A most infamous act is attempted, but we trust that the design will be frustrated without the necessity of our drawing public notice to the matter. If we should feel it our duty to reveal the scandalous machinations of the “party,” they will repent their audacity.

JUNIUS.—Your paper is not sufficiently professional to justify publication.

M.R.C.S. & L.A.C.—1st, No. 2nd, The Board of Guardians; but it will be useless to apply until the Bill is passed.

MR. W. T.—There is no Act of Parliament, so far as we know, to regulate the matter.

AMICUS.—If you will oblige us with your address, we will communicate with you when the opportunity offers to avail ourselves of your favour. At present we have more portraits in hand than we can conveniently dispose of.

MR. GAY.—Your communication has been received, but we are unable to find room for it in the present number. It shall appear in our next publication.

MR. HENRY HARRIS (Redruth).—We are unacquainted with the reasons which induced Lord St. Leonards to depart from the practice in the instance alluded to, but, we presume, that they were of a personal nature. Perhaps some of our correspondents, who may read this notice, may be able to acquaint you with the sentence pronounced upon Dr. Banks, of Louth, for assault with intent, &c., as we do not bear it in our recollection. We thank you for the kind expressions in your letter relative to the other matters adverted to.

MR. NATHANIEL DAVIDSON.—Will you kindly repeat the suggestions to which you refer? We have no recollection of them.

MR. J. H. HOUGHTON (Dudley).—Your hint will have our best consideration, though we question whether the principle is yet sufficiently recognised to enable us to adopt it with effect.

## ADVERTISEMENTS.

### New Truss for Hernia.—F. Walters

begs to call attention to his NEW TRUSS, with improved water-pad. The advantage of water is, extreme softness and the certainty of the pressure being always in the proper place. This truss has received the approbation of the most eminent surgeons, many of whom pronounce it the most perfect ever yet produced. F. W. can, therefore, confidently recommend it to all those requiring such assistance. Manufactured only by F. Walters, of whom can be had the new double-action Cycloidal Enema Syringe; also Walters’s celebrated Railway Convenience for Ladies and Gentlemen.—F. Walters, 16, Moorgate, City.

### Professional Protection—Medical

PRACTITIONERS, SOLICITORS, and others, secured a provision in the event of permanent sickness, or disability from following their ordinary occupation, by payment of a trifling annual premium to the LAW, PROPERTY, ASSURANCE AND TRUST SOCIETY.

HEALTHY AND DISEASED LIVES ASSURED ON ADVANTAGEOUS TERMS.

WILLIAM NEISON, Actuary and Secretary,

30, Essex-street, Strand, London.

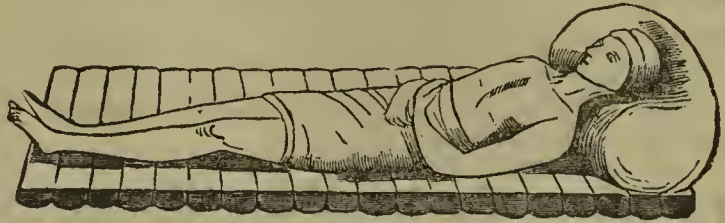
Agents wanted.



## ADVERTISEMENTS.

### MR. HOOPER'S IMPROVED INVALID WATER OR AIR CUSHIONS, AND MATTRESSES OR BEDS.

Being made of prepared India-rubber, without the admixture of cloth materials, Leakage is avoided.  
See the "LANCET," Jan. 25, 1851.



**CUSHIONS FOR BED-SORES.**—Whether threatened with Sloughing, or in which Sloughing has taken place, Fractures, Dislocated Joints, Ulcerated Cartilages, Coldness of the Stomach, Pain in the Bowels, Spasms, Lassitude, Typhoid and other Fevers, Gouty and Rheumatic Affections, Cancer, Ovarian Dropsy, Coldness of the Stomach and Feet, Consumptive and all Bed-ridden Patients. They are simply placed on an ordinary mattress, and covered with two or three blankets and a sheet as an ordinary bed.

For further reports of their utility, see Mr. Cæsar Hawkins's Letter in the "Lancet," Oct. 27, 1849; Dr. Hake's Letter in the "Provincial Medical and Surgical Journal," Nov. 1, 1850; Dr. Thorn's Letter, "Medical Times," March 20, 1851; also the "Institute," February 8th, and the "Lancet," Jan. 25th, and Feb. 15th, 1851.

**Argyll Baths, 10, Argyll-place,**  
REGENT-STREET,  
AND AT 5, NEW BROAD-STREET, CITY.

TERMS:

**WARM BATHS—ONE SHILLING EACH.**

Reserved Rooms, including the Ladies' Department, One-and-Six-pence each; Twenty-one Transferable Tickets, One Guinea.

Vapour, Sulphur, and Harrogate Baths, 3s. 6d. each—8 for 21s.

Hot Air, Mercurial, and other dry Fumigating Baths, 5s. each—6 for 21s.

Portable Warm Baths sent out within ten miles of London. Single Bath (with hot linen, &c.), within one mile of Argyll-place, 5s.; every additional mile, 1s. extra.

An idea may be formed of the capacity of these Establishments when it is stated that upon their erection and completion upwards of £30,000 has been expended, and that at each place one hundred Baths can be given in an hour.

**NO ACT OF PARLIAMENT REQUIRED TO SETTLE  
THE BOTTLED-BEER QUESTION.**

**Earle Brothers & Co. beg to inform**

the Public that they have made arrangements to sell Bass's or Allsopp's Pale Ale and other Pale Ales of the first quality, genuine Dublin Stout, in Bottles manufactured expressly for them, containing the full IMPERIAL QUART and PINT MEASURE, at the following prices:—



	s.	d.
Bass's or Allsopp's best Pale Ales,		
at per Dozen Imperial Quarts	8	0
Ditto ditto Pints	4	6
Genuine Dublin Stout, warranted of the first quality—		
per Dozen Imperial Quarts	7	0
Ditto ditto Pints	4	0



EARLE BROTHERS & Co., guarantee their Ales and Stout to be of the finest quality, and earnestly invite the Public to avail themselves of the great saving they will make by honouring this firm with their patronage.

EARLE BROTHERS & Co. call the attention of the Public to the important fact, that they are offering

Three Gallons—that is One Dozen and a Half of the present mis-called Quarts and Pints—for a Lower Price than the public is now paying for Two Gallons, or One Dozen of precisely the same article, identical in quality, and brewed by the same eminent firms.

The advantage to the Public is one-third more for the same price.

The Public has loudly complained of the short measure it has been the practice of the dealers in Bottled Beer to give.

EARLE BROTHERS and Co. offer the Public a complete remedy, and respectfully beg the Public to avail themselves of it.

TERMS, CASH.

	s.	d.
Bottles charged per dozen Quarts	3	0
Ditto ditto Pints	2	6

Full credit given for the Bottles when returned.

EARLE BROTHERS AND Co.,

Wine and Beer Merchants,

DUNCANNON STREET, TRAFALGAR SQUARE, LONDON.

**W. Twinberrow begs to draw the**  
attention of the Medical Profession to his

**EXTRACT OF INDIAN HEMP,**

Prepared expressly for him at Calcutta, its peculiarly sedative properties being so beneficial where opiates are inadmissible; also to his

**LIQUOR TARAXACI AND MEDICINAL EXTRACTS,**

Prepared from the fresh plant (*Hyoscyamus Niger*, *Conium Maculatum*, *Atropa Belladonna*, *Cotyledon Umbilicus*, &c.), all of which contain the properties of the fresh juices unimpaired in their manufacture.

W. T. has just received a supply of Indian Bael (*Egle Marmelos*), now being so much recommended for Dysentery and Diarrhoea.  
2, Edwards-street, Portman-square.

**TO PHYSICIANS, SURGEONS, AND DRUGGISTS.**

**BROWN'S CANTHARIDINE BLISTERING TISSUE,**

*Prepared from pure Cantharidine.*

**An Elegant Preparation, Vesicating**

in much less time than the Emp. Lyttae. P.L., easily applied and removed, and will not produce stranguary or troublesome after-sores. It has received the sanction and commendation of the most eminent practitioners in the kingdom.—In Tin Cases, containing twelve square feet, 6s. 6d.; and small Cases of six feet, 3s. 6d. each.

**BROWN'S TISSUE DRESSING,**

An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the "New York Journal of Medicine," March 1st, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharidis are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the medical profession.

"Accompanying this article is a very simple and neat dressing."

From the "Medical Examiner and Record of Medical Science," for May, 1850, published in Philadelphia.

"We have received from Mr. George D. Phelps of New York, specimens of Brown's Cantharidine Blistering Plaster and Dressing, with which our readers are doubtless familiar as a new and exceedingly neat preparation, easy of application and certain in their effects. We have given them a fair trial, and find they fully answer our expectations."

"Army Medical Department, January 16th, 1847.

"The Principal Medical Officer of the General Hospital, Port Pitt, Chatham, reports that Mr. Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of stranguary.

ANDREW SMITH, M.D.

"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist."

Prepared by THOMAS B. BROWN, PHARMACEUTICAL CHEMIST, 42, ADMIRAL-TERRACE, VAUXHALL-BRIDGE-ROAD, LONDON; and sold by the Sole Consignee, Mr. William Bailey, Wolverhampton, and all Wholesale and Retail Druggists and Medicine Agents throughout the British Empire.



## ADVERTISEMENTS.

### Medical.—Opening for a Small

PRACTICE.—A SMALL, VERY RESPECTABLE HOUSE and SHOP, lately erected, in a good situation near the Hackney-road. A lease may be had from the freeholder. Rent exceedingly low. Under £20 required to be expended in house fixtures. Apply to S. STRAKER, 162, Fleet-street, London.

### Horne, Thornthwaite, and Wood,

OPTICIANS and PHILOSOPHICAL INSTRUMENT MAKERS, 123 and 121, NEWGATE STREET, LONDON.

ELECTRO-GALVANIC MACHINES, £3 3s., £5 5s., £8 8s. and upwards.

ACHROMATIC MEDICAL MICROSCOPES, £5 5s., £7 10s., and upwards.

URINOMETERS, 4s. 6d., 10s. 6d., 15s., and upwards.

PATENT PANTOSCOPIC and other SPECTACLES, accurately adjusted to the condition of the Eye by Smee's Optometer.

### Comforts for Invalids.—Messrs

CHAPMAN and ALDERMAN, of No. 8 Denmark street, Soho, London, beg most respectfully to inform their medical friends that they have now completed their mechanical arrangements for their Graduating Spinal, Fracture, and General Invalid Couches, Chairs, Carriages, &c. &c. The Illustrations will show that they can be made to wind into any position whatever, according to the requirements of the patient. No. 1 is the same as was supplied, by the recommendation of Sir D. Brodie, Bart., to the late Sir R. Peel, Bart., when he met with his fatal accident. Price twenty-eight guineas.—No. 2, in a Prone Position.—No. 3, as an Easy Chair, the arms being made to throw back, to enable the patient to get on and off easy.—No. 4, a Self-adjusting Spinal Chair. Price fifteen guineas.—No. 5, a Spinal Carriage, with a Shifting Couch. Price thirty guineas.—No. 6, without a Hood. Price twenty guineas.—No. 7, a Bath Chair. Price twenty-five guineas.—No. 8, without a Hood. Price fifteen guineas.—No. 9, a Self-propelling French Merlin Chair. Price fifteen guineas.—No. 10, their newly-invented Equilibrium Carrying-Chair, which answers as an Easy Chair in the room, as well as for carrying the invalid up and down stairs, the Poles being made to hook on and off. Price eight guineas.

Hospitals and Public Institutions supplied.



The above can be had on Hire.

### A New Era in Medical Electricity

is opened by PULVERMACHER'S PATENT PORTABLE HYDRO-ELECTRIC CHAIN BATTERIES.



One Hundred and Twenty Plates permanently connected and arranged, so as to be at all moments ready for instantaneous use, communicating shocks through eight to ten persons—ALWAYS IN THE SAME DIRECTION, and primary VOLTAISM, not secondary currents, as in the old Coil Machines—producing powerful contractions, decomposing distilled water, &c., &c. WEIGHT ABOUT EIGHT OUNCES, and CAN BE CARRIED IN A POCKET-BOOK.

At present a medical man may, at a reasonable expense, carry with him in his daily practice an inexhaustible source of primary Galvanism always ready for instantaneous use wherever a cup of vinegar can be procured, and producing all the effects that he can desire—a circumstance, the importance of which can scarcely be overrated, whether we look to cases of sudden emergency (swoons, fits, catalepsia, asphyxia, uterine hæmorrhage, &c.), or to the frequent opportunities and the facilities thereby afforded of applying ONE OF THE MOST POWERFUL AND UNIVERSAL THERAPEUTIC AGENTS, which has hitherto been kept back only through the difficulties attendant upon its use.



WEAKER CHAINS are constructed on the same principle, to be worn on the body under the garments, communicating a MILD but CONTINUOUS current to the system, which has been found of the most eminent benefit in many various forms of CHRONIC Diseases, where a mild but lasting stimulus of the functions of the nerves is indicated, and to assist the effect of specific remedies, THE ACTION OF THE CHAINS BEING MADE LOCAL OR GENERAL, AT WILL.

The Invention has been demonstrated with great success before

THE ROYAL COLLEGE OF PHYSICIANS,

THE ROYAL COLLEGE OF SURGEONS,

THE ROYAL PHARMACEUTICAL SOCIETY,

THE ROYAL BRITISH ASSOCIATION,

THE ACADEMIE DE MEDICINE (voted thanks to the Inventor).

THE ACADEMIE DES SCIENCES AT PARIS,

And is already in extensive use in nearly all the Hospitals in London, Edinburgh, Paris, and Vienna.

Extract of a Letter from that distinguished Physician of Guy's Hospital, Dr. GOLDING BIRD, M.D., F.R.S., F.R.C.P., &c., &c. (Published with his kind permission):

"We have in this ingenious Invention that which has long been a desideratum, viz., an apparatus of the smallest possible bulk, capable of evolving a CONTINUOUS uninterrupted current of Electricity, of moderate tension, and always in one direction. . . . I can scarcely recommend Dr. Pulvermacher's Invention too strongly to the notice of my medical brethren."

A FULL DESCRIPTION OF THIS IMPORTANT DISCOVERY, WITH SPECIFIED DIRECTIONS FOR THE USE, Testimonials from high Scientific Authorities, &c., may be had (by post for two stamps), AND THE CHAINS MAY BE FREELY TESTED, at Mr. CH. MEINIG's head depots, 103, Leadenhall-street, and 71, Regent-street, London (at Paris, 45, Rue Richer, and 12, Boulevard des Italiens), and from all C. MEINIG's Agents in town, country, and the colonies.

### Shower and all Domestic Baths.—

Purchasers of these valuable and important family requisites, should immediately inspect DEANE, DRAY and Co's extensive Stock, warranted the best manufactured, both for finish and durability. Deane, Dray, and Co's RECUMBENT SHOWER-BATH, forms at the same time an excellent Sponging-bath, and may also be used as a Hip-bath, thus affording to all the members of a family the various applications of the bath. Shower-baths of improved construction; hip, plunging, sponging, vapour, and other baths, of various sizes, and patterns. An illustrated pamphlet on baths and bathing may be had on application, or free by post.

Established A.D. 1700.

Deane, Dray, and C. (opening to the Monument), London-bridge.

The Publisher of the "MEDICAL CIRCULAR," in answer to several enquiries from the country, begs to state that the following are the terms for inserting Advertisements:—

Eight lines and under . . . . .	£0 6 0
Every additional line . . . . .	0 0 6
Whole Column . . . . .	2 15 0
Whole Page . . . . .	5 5 0

London: Printed by WILLIAM TROUNCE, at his Office, No. 9, Cursitor-street, Chancery-lane, in the Parish of St. Andrew, Holborn, in the County of Middlesex; and published by CHARLES JAMES HARRIS, at No. 123, Strand, in the City of Westminster.—August 3, 1853.



# THE MEDICAL CIRCULAR

## AND General Medical Advertiser.

No. 32, NEW SERIES. }  
No. 58.

WEDNESDAY, AUGUST 10, 1853.

{THREEPENCE  
STAMPED, 4d.

### TABLE OF CONTENTS.

Leading Articles:	Page	The Anatomy of Quackery (No. XXVI)— Dr. Brodum's Restorative Nervous Cordial, &c.	Page
The Vaccination Bill ... ..	99	Biographical Notices ... ..	109
The End of the Session ... ..	99	Original Communications ... ..	110
To the Members of the Committee of the Medical Benevolent College ... ..	99	Correspondence ... ..	111
To the Medical Committee of the Charing-cross Hospital ... ..	101	Medical Notes and Queries ... ..	112
Mirror of Periodical Literature ... ..	101	Medical Societies ... ..	113
Contents of the Medical Journals ... ..	104	Parliamentary Intelligence ... ..	114
Books received for Review ... ..	105	Our Note Book ... ..	115
Bibliography ... ..	105	Obituary ... ..	116
Deaf-Dumbness ... ..	106	Medical News ... ..	116
		Notices to Correspondents ... ..	118

**NOTICE.**—The Annual Circular of the Medical Directories has now been posted to every known qualified practitioner in England, Ireland, and Scotland, preparatory to a new Edition of these important Works. Any gentleman, who from change of residence, has not received a copy, or any new practitioner, is requested to intimate the same to the Editors, 128, Strand (removed from 4, Adam-street, Adelphi).

These Directories are the only recognised Works of reference in every Law Court and Public Office in the United Kingdom.

We shall esteem it a favour to be supplied with—

1. The names of Medical Men which do not appear in the current Editions of the Directories.
2. The names of any who have changed their residence.
3. The names of any who are incorrectly described.
4. The names of persons practising without qualifications.

Suggestions for the improvement of these Works will meet with every attention, and be duly acknowledged in the "Medical Circular" of the week following their receipt.

On the First of January next will be published, most carefully revised, and with many new features, which will add greatly to the utility of the Works,

**THE LONDON AND PROVINCIAL MEDICAL DIRECTORY.** Price to Subscribers, 6s.; Non-Subscribers, 7s. 6d.

**THE MEDICAL DIRECTORY FOR IRELAND.** Price to Subscribers, 4s.; Non-Subscribers, 5s.

**THE MEDICAL DIRECTORY FOR SCOTLAND.** Price to Subscribers, 4s.; Non-Subscribers, 5s.

OBSERVE, that the above are the only Medical Directories, published by Mr. John Churchill, Princes-st., Soho, one of which (the London and Provincial) has been the Index to the Profession for the last eight years, and has received the warmest commendations both from the medical and general press. The utmost pains are taken in the compilation of these works, which are found in all Public Offices, Scientific Institutions, &c., and are constantly referred to in the Courts of Law. Office, 128, Strand, where all communications are to be addressed. C. J. Harris, Secretary.

#### DR. LITTLE ON DEFORMITIES.

In 8vo., with 160 Engravings and Diagrams, price 15s. cloth,

### On the Nature and Treatment of

DEFORMITIES of the HUMAN FRAME; being a Course of Lectures delivered at the Royal Orthopædic Hospital in 1843; with numerous Notes and Additions to the Present Time. By W. J. LITTLE, M.D., Physician to the London Hospital, Founder of the Royal Orthopædic Hospital, &c.

#### CONTENTS:

- I. Deformities in general.
- II. Deformities from Wounds and Diseases of Joints, Accidents, Rheumatism, &c.
- III. Deformities from Spasm, Paralysis, Burns, Habitual Retention in One Position.
- IV. Deformities from Rickets, Weakness, and Curvatures of Bones.
- V. Congenital Distortions, Club-Foot, Club-Hand, &c.
- VI. Congenital Malformations, Monstrosities.
- VII. Distortions of the Spine.

Appendix:—On Relapsed and Neglected Cases. Index.

"We cordially recommend it to our readers as a sound and judicious practical treatise."—*Medical Circular*.

"Dr. Little has brought together from all sources the existing knowledge of the profession regarding the nature and treatment of deformities; and he has also contrived not a little information from the stores of his own abundant and enlightened experience."—*Association Medical Journal*.

London: Longman, Brown, Green, and Longmans.

### Now Ready, Dr. Bushnan's New

Work, forming the New Volume of "Readings in Popular Literature," BURTON AND ITS BITTER BEEF, with Remarks on the Use and Abuse of Spirituous Liquors. By J. STEVENSON BUSHNAN, M.D., Author of "Miss Martineau and her Master," "Homœopathy and the Homœopaths," &c., &c.

London: Wm. S. Orr and Co., 2, Amen-corner.

### Guide to Filey.—Just Published.

Neatly printed in crown 8vo., ultramarine cover, illustrated with Six Lithographic Views, price 1s. (sent by post on receipt of 18 postage stamps), OBSERVATIONS ON FILEY AS A WATERING PLACE, or a GUIDE FOR VISITORS. By EDWARD WM. PRITCHARD, M.D., M.R.C.S.E., Corresponding Member of the King's College Medical Society, London, and late Surgeon in the Royal Navy. Applications to be addressed to E. W. P., Hummanby, Scarborough, Yorkshire.

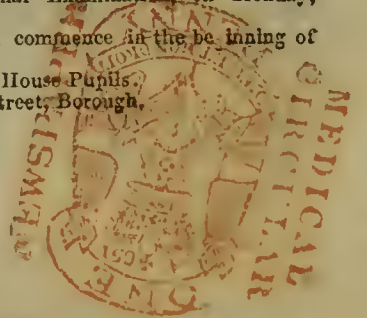
### Dr. Barron will resume his Courses

of MEDICAL and SURGICAL TUITION adapted to Gentlemen preparing for Professional Examination on Monday, September 19th.

The regular Winter Course will commence in the beginning of October.

One or two Gentlemen received as House Pupils.

15, St. Thomas'-street, Borough.





## Dr. Simpson's Refutation of

HOMŒOPATHY.  
Third Edition, price 7s. 6d.  
OPINIONS OF THE PRESS.

"The most philosophic exposure of homœopathy in the English, or indeed in any other language, and consequently best adapted for furnishing materials to combat the specious reasoning occasionally put forward by its professors or its dupes."—*Dublin Quarterly Journal*.

"A complete and masterly exposure of the homœopathic delusion."—*Dublin Medical Press*.

"We rise from the perusal of Dr. Simpson's work with feelings of profound admiration for the ability displayed by the learned author in the performance of his task. . . . A fearless and uncompromising, yet temperate and judicious exposure of the miserable follies and frauds of homœopathy. . . . That any person of sane mind could resist Dr. Simpson's luminous reasoning, appears to us to be a matter scarcely within the limits of possibility."—*Medical Times and Gazette*.

"The untenable nature of the homœopathic dogma, the blasphemous character of some of the subsidiary tenets, and the impossibility of the infinitesimal quantities, are elaborately and thoroughly exposed. In every instance, the confuted opinions are fully stated in the exact words of authorized homœopathic writers. . . . This volume is one which it is impossible to peruse without profit and satisfaction. It is more than a refutation of homœopathy. The general character of medical imposture is illustrated throughout its pages."—*Association Medical Journal*.

"The keen-sighted author has thoroughly sifted the pretensions of the new school of practitioners. . . . It is really a logical argument, accompanied by the most potent of instrumentalities—facts, to prove that homœopathic medicines and no medicines are essentially the same thing. His knife is so sharp that he slices off the heads of medical pretenders before they begin to feel the edge. Should the work be re-published here it would have a run."—*Boston Medical and Surgical Journal*.

Sutherland and Knox, Edinburgh; Simpkin, Marshall, and Co., London.

## Allsopp's Pale Ale, in Imperial

QUARTS AND PINTS.—Baron Leibig says:—"The specimens of your Pale Ale sent to me afforded me another opportunity of confirming its valuable qualities. I am myself an admirer of this beverage, and my own experience enables me to recommend it, in accordance with the opinion of the most eminent English physicians, as a very agreeable and efficient tonic, and as a general beverage, both for the invalid and the robust."—*Giessen, May 6*."

Influenced by so eminent an authority, I have resolved to sell Allsopp's Ales exclusively, at 5½, PALL-MALL. I guarantee it first, genuine, as from Burton-on-Trent; secondly, in the finest condition; and thirdly, to be bottled in quarts and pints of IMPERIAL MEASURE ONLY.

	Per Dozen.
Allsopp's Pale Ale, in Imperial Quarts.....	8s. 0d.
Allsopp's Pale Ale, in Imperial Pints.....	5s. 0d.
Allsopp's Pale Ale, in Imperial Half-pints.....	3s. 0d.
Allsopp's Mild Ale, in Imperial Quarts.....	8s. 6d.
Allsopp's Mild Ale, in Imperial Pints.....	5s. 6d.
Allsopp's Strong (the Old Burton) Ale, in Imperial Quarts.....	10s. 6d.
Allsopp's Strong (the Old Burton) Ale, in Imperial Pints.....	6s. 6d.
Allsopp's Pale Ale, 18-gallon Cask.....	30s.
Allsopp's Mild Ale, 18-gallon Cask.....	33s.
Allsopp's Strong (the Old Burton) Ale, 18-gallon Cask....	45s.

HARRINGTON PARKER, Beer Merchant, 5½, Pall-mall.

## Westminster Hospital Medical

SCHOOL.—The Session 1853-4 will commence on Monday, October 3rd, with an Introductory Address by Mr. Guthrie, F.R.S., at 4 p.m.

### LECTURES.

PHYSIOLOGY—Mr. Hillman.  
ANATOMY—Mr. Holthouse.  
SURGERY—Mr. Holt and Mr. Charles G. Guthrie.  
MEDICINE—Dr. Hamilton Roe and Dr. Basham.  
CHEMISTRY—Mr. Harman Lewis, M.A.  
DENTAL SURGERY—Mr. Clendon.  
SUPERINTENDANCE OF DISSECTIONS—Mr. Power.

### SUMMER SESSION.

MATERIA MEDICA—Dr. Basham.  
MIDWIFERY—Dr. F. Bird.  
FORENSIC MEDICINE—Dr. Fincham.  
BOTANY—Dr. Radcliffe.  
NATURAL PHILOSOPHY—Mr. Brooke, F.R.S.

Hospital Practice daily. Clinical Lectures are given every week by Physicians and Surgeons. General Fee for all the Lectures required by the College of Surgeons and the Society of Apothecaries, exclusive of Practical Chemistry, Forty Guineas; for Hospital Practice, Twenty-six Guineas. Clinical Assistants, Clinical Clerks, and Dressers are selected from the best qualified pupils without extra fee. Prizes and Certificates of Honour will be awarded at the commencement of the Summer Session.

Prospectuses and further particulars may be obtained on application to  
F. J. WILSON,  
Secretary to the Hospital.

1853-4.

## The Queen's College, Birmingham.—

THE WINTER SESSION will commence on Tuesday the 4th of October next.

### LECTURES.

ANATOMY OF THE TISSUES AND SURGICAL ANATOMY—Professor Sands Cox, F.R.S., Senior Surgeon to the Queen's Hospital.  
ANATOMY AND PHYSIOLOGY—Professor Langstone Parker, Surgeon to the Queen's Hospital.  
PRACTICAL ANATOMY AND SUPERINTENDANCE OF DISSECTIONS—Mr. David Bolton, M.R.C.S., and Mr. Oliver Pemberton, Surgeon to the General Hospital.  
CHEMISTRY—Professor Shaw.  
MEDICINE—Professor James Johnstone, M.D., Senior Physician to the General Hospital.  
SURGERY—Professor Sands Cox.

### THE SUMMER SESSION.

Will commence on Monday the 1st of May, 1854.

### LECTURES.

MATERIA MEDICA AND THERAPEUTICS—Professor Heslop, M.D., Physician to the Queen's Hospital, and Professor Knowles, F.L.S., Surgeon to the Queen's Hospital.  
MIDWIFERY—Professor Berry, Surgeon to the Magdalen Asylum.  
FORENSIC MEDICINE—Professor John Birt Davies, M.D., Senior Physician to the Queen's Hospital.  
BOTANY—Professor Knowles.  
PRACTICAL CHEMISTRY—Professor Shaw.

Clinical Lectures will be delivered every week at the College, by the Professors.

For further information, application may be made to the several Professors; or to W. S. Cox, Esq., Dean of the Faculty, 24, Temple-row, Birmingham.

The APPOINTMENT of RESIDENT MEDICAL TUTOR is now VACANT. The testimonials of Candidates must be sent to the Dean of the Faculty, on or before Wednesday, the 31st day of August instant. Salary, £120 per annum, with rooms and board.

## King's College, London.—Medical

DEPARTMENT.—The WINTER SESSION, 1853-4, will commence on Monday, October 3rd, 1853, on which day all students are expected to attend the Introductory Lecture, by Dr. Guy, at 2 o'clock.

The following Courses of Lectures will be given:—

ANATOMY—Professor Richard Partridge, F.R.S.  
PHYSIOLOGY AND GENERAL AND MORBID ANATOMY—Professors W. Bowman, F.R.S., and Lionel S. Beale, M.D.  
CHEMISTRY—Professor W. A. Miller, M.D., F.R.S.  
PRINCIPLES AND PRACTICE OF MEDICINE—Professor George Budd, M.D., F.R.S.  
PRINCIPLES AND PRACTICE OF SURGERY—Professor William Fergusson, F.R.S., King's College Hospital.

The Hospital is visited daily.

Clinical Lectures are given every week, both by the physicians and by the surgeons.

The physicians' assistants and clinical clerks, the house surgeons, and dressers, are selected by examination from the students of the Hospital.

There are two laboratories in the College, fitted with every convenience for the attainment of practical chemistry, and for the prosecution of scientific researches.

Dr. Beale has also a laboratory adjoining King's College Hospital, for the prosecution of Pathological Chemistry, Demonstrations of the Urine, &c.

SCHOLARSHIPS.—New Students entering for this session will have the privilege exclusively of contending in October next, for three Warneford Scholarships, of £25 per annum, for three years. The examination commences on the 30th of September next.

One Scholarship of £40, tenable for three years; one of £30, and three of £20 each, tenable for two years, will be filled up in April next, the subjects of the examination being exclusively medical.

Full particulars upon every subject may be obtained from Professor Guy, M.D., dean of the department; or upon application to J. W. Cunningham, Esq., Secretary.

July 22, 1853.

R. W. JELF, D.D., Principal.

## Professional Protection—Medical

PRACTITIONERS, SOLICITORS, and others, secured a provision in the event of permanent sickness, or disability from following their ordinary occupation, by payment of a trifling annual premium to the LAW, PROPERTY, ASSURANCE AND TRUST SOCIETY.

HEALTHY AND DISEASED LIVES ASSURED ON ADVANTAGEOUS TERMS.

WILLIAM NEISON, Actuary and Secretary,  
30, Essex-street, Strand, London.  
Agents wanted.



## The Medical Circular.

WEDNESDAY, AUGUST 10, 1853.

### THE VACCINATION BILL.

It appears, from the Report of the Committee appointed by the Metropolitan Branch of the Provincial Association to wait upon Lord Palmerston, that it is probable the Vaccination Bill will be postponed until next session. This concession was gained at the last hour, even after the measure had passed through committee, and had received various alterations. We congratulate our readers upon the result, and trust that, during the recess, a more rational and just measure may be devised.

### THE END OF THE SESSION.

The day for the ministerial whitebait dinner is appointed, and the prorogation of parliament is close at hand. When the latter event arrives, the hopes of politicians must remain suspended until the advent of another session. The enthusiasm in favour of a Medical Reform Bill, which was at fever-point about Easter, is now in a very undesirable state of collapse, but we may conclude that what the advocates of reform have lost in enthusiasm they have gained in experience. Even within a very few weeks past it was reaffirmed that Lord Palmerston did intend to introduce his measure this session, and what is called the "London Committee" assembled formally, and passed resolutions, promising their support to a Bill which they had never seen. This was an unique example of expedition, and might have deserved credit if it had been supported by any reliable authority. Tired of being wise above evidence, we quoted Lord Palmerston's speech, and pointed out the possibility of a measure being introduced, but gave no encouragement to the notion that it could be carried during the present session. But the performance has been worse than even our expectations, which were never very sanguine.

We do not think that, after repeatedly holding out hopes of introducing a measure for Medical Reform, Lord Palmerston has treated either the gentlemen who waited upon him, or the profession at large, with due courtesy and attention. There has been more coquetry than candour in his dealings on this question. He might, with propriety, have brought his measure forward, and given the profession an opportunity of canvassing its merits during the recess, so that he might have acquired accurate information from the discussions that would assuredly have arisen, and, when parliament met next spring, have been enabled to modify the measure, if amendment should be required, so as to represent the largest number of opinions, and embrace the most extensive professional support. However, he has not done this, and we must be content to wait for future favours.

In addition to our disappointment relative to the pro-

posed Medical Reform measure, we are sorry to find that the Lunacy Bills are also postponed. The delay in passing these measures will probably eventuate in an amendment of some of the provisions.

The Vaccination Bill is likewise in the same predicament, so that this session may be called, so far as medical legislation is concerned, a year of great failures. We hope that Lord Palmerston will redeem his character next session.

### TO THE MEMBERS OF THE COMMITTEE OF THE MEDICAL BENEVOLENT COLLEGE.

"*Concurritur.*"—HORACE.

GENTLEMEN,—It is with the utmost possible reluctance that I obtrude my affairs on your consideration; but, in justice to myself, to you, and to the charity whose cause you have so warmly and so generously espoused, I have no alternative but to lay the following statement before you, in order that you may be put on your guard against the schemes of the individual who might otherwise injure me, compromise you, and damage the best interests of the Benevolent College.

By the time you receive this paper, Mr. Wakley's pseudo-philanthropic proposal of handing over a moiety of the profits of a new edition of the so-called "British Medical Directory" to your valuable institution, will have probably come to your knowledge; and, to those who are not in the secret, it has, *prima facie*, a most generous and captivating look; but those who know the man will ponder over so unusual an act of liberality, and inquire for the motives which could have dictated so extraordinary a proffer of charity. Let it be my task to supply those gentlemen with a key to the mystery. The "Medical Directory" has now been in existence for a period of eight years: with its merits and demerits you are all well acquainted, for you have, with but few exceptions, generously afforded it your support. It has not been brought to its present perfection without enormous labour, and a large and spirited outlay, which I do not hesitate to say, few men in the profession besides myself would have ventured. It has met with universal approval from all duly qualified members of the profession, and the most bitter hatred of quacks and impostors. This approval has been seconded by the warmest encomiums of the medical press, and, most of all, by those of the "Lancet." The everyday correspondence with the profession, incidental to so extensive an undertaking, necessitated some means of more frequent intercommunication. It was seen that this could be most readily obtained by the establishment of a periodical in connexion with the "Medical Directory." Hence the "Medical Circular," at first appearing as a bi-monthly publication, intended to afford facilities for communicating with the profession—to extend the brief biographical notices of members of the profession contained in the "Directory," and embracing other objects, which, if viewed in a proper light, were cal-



culated to advance the interests of existing periodicals and augment their circulation. But the enterprise was not met in this spirit, at least in one quarter, and no sooner did the Journal make its appearance, than the virulence of the "Lancet" was launched against it and against myself, as the proprietor, in terms such as no man of spirit could quietly bear. It is not in my nature to tolerate insult from any man, more especially as I felt I had a power at my command, which, supported by a good cause, was more than equal to that wielded by my adversary.

"Thrice is he armed who hath his quarrel just;"

I did not hesitate, therefore, to defend my interests with a vigour necessitated by the coarseness of the attacks which I had endured; and the lapse of a few months convinced the profession of the justice of my cause, and gave me the victory. But, events showed that I had an adversary who could run away and face about in another direction. The "Medical Circular" was *un fait accompli*—all attempts to put it down were seen to be in vain; then it occurred to my wily opponent to assail the "Medical Directory," but how to oppose a work so firmly established was a question of difficulty. A cry, opportunely, offered itself—the homœopathic doctrines were rampant throughout the country—fierce, but by no means wise denunciations, became a staple commodity in the weekly pages of the "Lancet," and it was boldly declared that the "Medical Directory," which, from the first, had included the names of practitioners of this class, was, for that reason, unworthy of professional support, and the members of the profession were called upon to withhold that support from the existing work, and to bestow it upon one from the pages of which the names of such practitioners were to be rigidly excluded. I quote from the "Lancet," the proprietor of which was to produce this model "Directory:"—

Page 145, Vol. II., 1851:—"If the names of the notorious quacks (the homœopaths) are admitted into the columns of the 'Directory,' the work should be altogether repudiated by all the respectable portion of the profession."

Page 171, Vol. II., 1851:—"Such names, in our opinion, cannot be associated with the regular members of the profession—such an alliance is an unnatural one, and cannot be tolerated."

Upon the strength of these professions, Mr. Wakley brought out a work entitled the "British Medical Directory," which, instead of excluding, absolutely INCLUDED, the names of every one of these "murderers," "quacks," "scoundrels," "impostors," "rogues," and "swindlers!!" (*Sic* "Lancet.") The few of the profession who had been thus *duped*, were loud in their censure, and the more so when it was discovered that the work was a most barefaced copy of the "London and Provincial Medical Directory and the Medical Directory for Scotland," for the publication of which the parties employed by Mr. Wakley were obliged to wait before the "British Medical Directory" could be compiled,

and, consequently, the latter did not appear until the end of February. It is true the glaring piracy gave me the option of an injunction, but was it then (whatever it may be now) worth my while to proceed against a work which it was clear had fallen dead from the press? Besides, who, and how many, of the profession forwarded to Mr. Wakley the information necessary for an independent compilation? Supported as the "Medical Directory" is, by the great mass of the profession, I defy Mr. Wakley or any other man living to compile a directory without infringing my copyright.

Can such proceedings be sanctioned by honourable men? Will you receive pecuniary assistance in aid of your charity obtained by such unscrupulous means? If there must be rivalry, let it be honest, fair, and straightforward; and in that case, I would say, candidly and fearlessly, let the best man win; let the best work carry off the prize. But, gentlemen, do not allow this person to pervert the sacred interests of your College in order that he may be enabled to succeed in his unworthy projects. Look at his assurance-office, and the exposures he has brought upon himself by his attempts to delude the profession into supporting it—and who will profit by the concern *while it lasts*—the public, the profession, or the family? Look at the project just mooted for establishing a Medical School at the Royal Free Hospital; whom is it intended to benefit but his hopeful sons? And in this, his last, but most transparent and contemptible dodge of the "British Medical Directory,"—but no, I will not insult your understanding by supposing that you will not see through the thin veil which clothes his ulterior hopes in that quarter, nor will I believe that you will lend yourselves, for one moment, to benefit a Wakley at my expense, or compromise the Medical Benevolent College by such an association or partnership of interests. All I ask for is, perfect neutrality.

Gentlemen, I am no trickster. I could, as easily as Mr. Wakley, offer you the moiety of my profits—real, not imaginary profits—but I scorn the attempt to win your suffrages by such a puerile proposal. Any donation I may hereafter make to the charity will be *con amore*, and without reference to my individual interests.

I am a sincere friend of the charity, in proof whereof I refer you to the pages of the "Medical Circular," in which it has been constantly supported; and long before the portals of your Benevolent College are thrown open, I shall be in a position, through the medium of its pages, to help you substantially, but I shall never make, nor will you, I hope, ever entertain, the offer of the *imaginary* profits to arise from a piratical publication, *notoriously conducted at a loss*.

I have the honour to be,

Gentlemen,

Your obedient servant,

JAMES YEARSLEY.



[The following declaration of confidence has been sent to the Medical Committee of the Charing-cross Hospital]:—

(COPY.)

“To the Medical Committee of the Charing-cross Hospital.

“DEAR SIRS,—We very much regret the occasion which demands this assurance to you, upon our part, of our unqualified dissent from the expressions used in a pamphlet recently published, having reference to the manner in which we, the lecturers in the school, are treated by the committee. On the contrary, we beg to assure you that we are fully sensible of the honourable conduct and urbanity we have ever experienced from the director and the other members of the committee, and that we entertain for them the highest esteem, both in their official and private capacities.

(Signed)

JOHN STEGGALL, M.D.,

Fifteen Years a Lecturer in the School.

RICHARD ROWLAND, M.D.,

Ten Years a Lecturer in the School.

FRANCIS HIND, F.R.C.S.E.,

Fifteen Years a Lecturer in the School.

W. HUGHES WILLSHIRE, M.D.,

Fourteen Years a Lecturer in the School.

EDWIN CANTON, F.R.C.S.E.,

Thirteen Years Demonstrator and Lecturer in the School.

GEORGE BIRKETT, M.D.,

Three Years a Lecturer in the School.

HARMAN H. LEWIS, A.M., Cantab,

Five Years a Lecturer in the School.

“August 5, 1853.”

## Mirror

OF

## PERIODICAL LITERATURE.

(From the “Dublin Quarterly Journal of Medical Science,” August, 1853.)

ON EXTIRPATION OF THE ENTIRE UPPER JAW, ILLUSTRATED BY A CASE IN WHICH IT WAS REMOVED, TOGETHER WITH THE WHOLE OF THE PALATE BONE, ON ACCOUNT OF A LARGE FIBRO-VASCULAR TUMOUR SPRINGING FROM THE ANTRUM.

Mr. Butcher records this interesting case. He introduces his account of the case with some prefatory matter relative to the history of the operation for removal of the superior maxillary bone, and thus describes the operation:—

“The patient being seated on a chair, with his head resting on the breast of an assistant, I passed a strong, curved bistoury, guarded on my finger, into the mouth, thrusting out the point a little external to the junction of the malar and maxillary bones on the right side, and slit the cheek from this point downwards to about a few lines in front of the angle of the mouth; I then, with a scalpel, continued the incision from the point where the bistoury first appeared, a short way upwards and outwards. The knife was next applied half an inch below the inner canthus of the eye, over the nasal process of the maxilla,

and carried down at the side of the nose, round the ala, and then straight through the upper lip. The flap thus formed was rapidly dissected up from its attachments, and held by an assistant, the orbital edge of the maxilla was cleared from the soft parts, and the attachment of the inferior oblique muscle accomplished; thus it, together with the nasal process and the anterior part of the malar bone, lay fully exposed. At this stage, the flow of blood was so profuse, that it was considered advisable to secure the facial artery at the point where it was divided in the outer incision, and likewise the transverse facial on the same side; the facial artery on the left side was commanded by pressure, where it passes round the jaw in front of the masseter muscle. The cartilage of the ala was next detached from the bone, and the nose drawn over to the left side. The division of the osseous structure was next accomplished, by means of a powerful scissors; the malar bone, at its junction with the maxilla, was first cut through; then the nasal process of the maxilla divided; next, the first incisor tooth being drawn, one blade of the scissors was passed into the nostril on the affected side, the other into the mouth, and the palate plate severed, through its entire extent, from its fellow of the opposite side; the incision passed in a straight line from the gap occasioned by the extraction of the tooth to the posterior edge of the palate plate of the palate bone, where the tumour lay in contact with it. I then, with a strong, curved scissors, cut across the orbital plate, from the orbital margin of the maxillary bone, leaving a small portion of the floor of the orbit perfect, and by a careful stroke of the knife detached the velum pendulum from the palate bone. The maxilla was next grasped with a strong forceps, and forcibly pressed so as to break down its connexions behind, and make the tumour start from its bed, thus the entire mass was depressed, and drawn forwards by the aid of the forceps held in the left hand, while, with the index finger of the right passed in above the tumour, extensive adhesions were torn through, and by a few additional touches of the knife, the entire mass was liberated from its attachments, and taken away. The mouth was next sponged out, and very carefully examined: not a portion of the tumour remained behind. The hæmorrhage after was very inconsiderable, and yielded to the pressure exerted by small pieces of dry sponge thrust against the surface, each being guarded with lint and a string; the former to prevent the granulations shooting into its structure, and the latter to facilitate removal. Additional pieces of lint were introduced, so as to fill the cavity, and prevent the cheek from sinking too much in. The patient was then placed in a recumbent position, nevertheless, syncope supervened, in consequence of the shock, and loss of blood necessarily resulting from so formidable an operation. However, by the application of ammonia to the nose, the admission of fresh air, and the administration of wine, this faintness passed away, and the heart and brain resumed their functions. After this pause I proceeded to dress the wounds, by most carefully adjusting the cut surfaces, and retaining them in apposition by several points of the twisted and interrupted suture: thus was the dressing completed,—neither pledgets, plasters, nor bandages being had recourse to. Immediately afterwards, the patient was removed into a private ward, put to bed, and a warm anodyne administered.”

The patient did well.

Mr. Butcher then recapitulates the different modes in which the operation has been performed by various eminent surgeons, and concludes thus:—

“The practical point deducible from the opinions and experience of these eminent surgeons is, that it is by no means necessary to adhere to any particular line of incisions; a knowledge of anatomy, and the shape of the tumour, in short, the attendant circumstances of the case will modify them, and determine their course and extent.

“In conclusion, there are a few points to which I wish specially to direct attention; and first, with reference to tying the carotid artery, as insisted on and put into prac-



tiee by Lizars in his operations on the jaw. Experience has proved that this proceeding is altogether unnecessary. The bleeding will be but trifling after once the flaps are formed, if the surgeon is not rash in the use of the knife; when detaching the tumour and bone from its posterior connexions, the edge of the instrument should be kept close to the osseous tissue, and then the internal maxillary artery will not be endangered. All soft attachments should, if possible, be torn down with the finger, and the very depression and gentle wrenching of the mass from its bed with the forceps, will tend to lacerate the vessels entering from behind, and still further avert bleeding. It is an important object to prevent, as much as possible, the blood flowing towards the throat in the early period of the operation, hence the advantage of the sitting posture, and of beginning with the division of the cheek bone, before the nasal process of the upper jaw bone itself is attacked. as illustrated in my case.

"In operations performed for the removal of either a portion or the whole of the superior maxillary bone, I do not conceive we can avail ourselves of the use of chloroform. I agree with Mr. Stanley, that there is a serious objection to its administration; for inasmuch as, by its influence in annihilating sensibility, the irritability of the glottis is weakened, if not wholly lost, so there must be danger of a trickling of blood from the mouth into the glottis, without the excitement of a cough to expel it from the windpipe. The amount of this danger may be considered small, but it is sufficient to know that the apprehended evil has once occurred. Severe as the pain of these operations may be, it had better be endured than the risk of suffocation incurred, which must be regarded as a possible occurrence from the filling of the pulmonary air tubes and cells with blood. As to the division of the bone, cases will seldom occur where the chisel and mallet will be required; they cause great jarring, and, if possible, should not be used. So likewise may saws be dispensed with, for well-formed cutting pliers and powerful scissors, if the operator possesses the required strength to use them; and by the adoption of the latter, the section can be completed with such comparative rapidity that the sufferings of the patient are greatly diminished, and the shock abridged, while, at the same time, be it remembered, if the instrument is steadily handled, the bone may be as evenly divided as by any other means, or, practically speaking, sufficiently so to permit healthy repair of the cut edges, a fact very remarkably exemplified in the case of the young man I operated on."

(From the "Lancet," July 30, 1853.)

#### REMITTENT OPHTHALMIA.

Mr. Hancock continues his observations on this interesting subject in this number of the "Lancet." We have already quoted his opinions on the nature of this disease, and we now extract the following on the treatment:—

"I have for some months past ceased to employ local applications to the eyes in remittent ophthalmia, excepting where the cornea has given way and the iris protrudes, in which case touching the protruding iris with the pointed nitrate of silver, and applying the extract of belladonna over the eyebrows, are very useful. From repeated trials of the various remedies recommended, I am convinced that they do more harm than good, as they cause great suffering, without a compensating benefit resulting; and moreover, I have found that children get well more quickly when their employment is omitted. I do not deny that the conjunctiva is congested, nor that there is redness and tumefaction of the Schneiderian or pituitary membrane, nor even that this redness and tumefaction precede the congestion of the conjunctiva; but I do deny that the disease originates either in the conjunctiva, fifth pair of nerves, or pituitary membrane; on the contrary, I believe that these several conditions are merely sympathetic results of mischief

commencing in the organs of digestion, and that to treat the disease by local applications to those parts is to attack effects or symptoms, and to overlook the cause; whilst the difficulty attending the use of these remedies renders them obnoxious to the same objections as those which I have already urged against forced examination of the eyes.

"The treatment should commence with an emetic of tartrate of antimony, given as advised by Mr. M'Kenzie—viz., in minute doses, at frequent intervals, until free vomiting is induced; and this should be done in all cases, however attenuated or however stout the child may appear. It has frequently been remarked to me, 'Surely you would not order that poor child an emetic, it is so attenuated and starved; its stomach requires filling rather than emptying.' My reply has always been, 'It may be true that the child has not much in its stomach, but what it has is evidently offensive and unwholesome, and consequently the sooner it is ejected the better.' What we desire is to relieve the stomach of its offensive contents, and to render its secretions more natural; to correct and restore the secretions of the kidneys, liver, and other glandular structures, and to influence the capillary system generally, so as to improve the condition of the skin and mucous membrane, and to allay the morbid excitement of the nervous system. This is best done by the tartrate of antimony, given as above, and it is very important that attention should be paid to the mode of administering the remedy. The mere inducement of vomiting—the simple evacuation of the contents of the stomach—is not sufficient, unless the medicine, by being absorbed into the blood, is enabled to produce the other results; hence I have not found anything like the same amount of good resulting from the sulphate of zinc, from the ipecacuanha powder, or even from the tartrate of antimony itself, when the latter is given in a sufficiently large dose to cause vomiting at once. The following will be found a very convenient form:—Tartrate of antimony, four grains; syrup, half an ounce; cinnamon water, three ounces; distilled water, eight ounces, as a mixture. For a child under three years of age, two tea-spoonfuls of this medicine should be given every ten minutes until free vomiting is induced; above this age a table-spoonful may be given at the same intervals. It commonly requires four or five doses to produce the full effect—in some instances more, and in a few less. The treatment should be repeated daily, until the intolerance of light begins to subside, which it will mostly do after the first or second day, although in some of the more obstinate cases four or even six days will elapse before the desired result is obtained. When, however, this takes place, the emetics should be discontinued, and a powder of calomel and rhubarb, or mercury-with-chalk, with compound scammony powder, given every night, or every alternate night, until the tongue becomes cleaner, the abdomen softer and flatter, and the alvine secretions more natural; and as this change takes place, improvement of the eyes commonly accompanies it, if attention be paid to the diet at the same time. When the attack has been complicated with eruption, aperients should be continued until such eruption has disappeared.

"When, however, the attack of ophthalmia has been preceded by measles, small-pox, scarlet fever, or any other depressing complaint of that nature, or if the child has been exposed to excessive want, is much attenuated, and covered with a cold clammy perspiration, the greatest caution should be observed in the administration of calomel, even in small doses, and as an aperient, and in no instance should more than one dose of this medicine be given without the patient being seen, as should pyralism take place, such extensive sloughing of the fauces, gums, and even the lips and cheeks, will sometimes ensue as to destroy the child in a very few days, if not hours.

"In cases accompanied with extreme attenuation and cold, clammy state of the skin, it is safer to abstain from calomel altogether, and to substitute the compound scammony powder with taraxacum and henbane; or if mer-



cury should from any reason be especially indicated, to combine it with the sulphate of quinine, but in no instance should the medicine be pushed with the view of producing pytalism. After the bowels have been thoroughly cleansed by aperient medicines, Mr. Lawrence advises the employment of tonic medicines, of which he considers bark the best, and quinine the most advantageous form, entirely agreeing with Mr. M'Kenzie, who says, 'in most cases quinine has acted like a charm, abating commonly in a few days the excessive intolerance of light, and profuse epiphora, promoting the absorption of pustules, and hastening the cicatrization of ulcers of the cornea.' He adds, quinine may be used as soon as the stomach is cleansed by an emetic, and the bowels put to rights by repeated doses of calomel and rhubarb; but when the pulse is very quick, small doses of tartrate of antimony are preferable; or when impetigenous eruption, then a course of purgatives. He also adds, that in pallid and languid subjects steel may be given with advantage, recommending the carbonate or tartrate of iron, tincture of muriate of iron, wine of iron, or the latter combined with dilute sulphuric acid. Dr. Henry Williams considers the sulphate of beerberine much superior to the sulphate of quinine, not only because it is cheaper, but because it is less likely to excite the circulation or affect the nervous system. The dose is two grains night and morning.

"I do not estimate these remedies so highly as Messrs. Lawrence and M'Kenzie appear to do. I have so frequently seen relapses follow their exhibition, that I attribute the intractability which has usually characterized remittent ophthalmia in a great measure to their employment, and the general management as to diet, &c. which naturally accompanies them. The same degree of caution is necessary in the use of tonic medicines in this disease as in remittent fever, and, from what I have observed, I believe they never should be given whilst photophobia exists, or in the common and ordinary forms of the complaint, as it appears to me that their employment is based upon wrong principles, founded upon erroneous notions of the pathology of the disease, and prejudicial by causing relapse, prolonging the duration of the attack, and thus doing considerable mischief. It should be borne in mind that lassitude and weakness are not the causes of remittent ophthalmia any more than they are of remittent fever; they are consequent upon the causes producing the disease, and are just as much effects as the ophthalmia itself.

"In those cases in which there appears to be a want of the due proportion of red globules in the blood, steel may be given when the urgent symptoms of ophthalmia have subsided, but not before. In exhibiting this medicine I am guided principally by the appearance of the tongue, gums, and inside of the lips. When the tongue is tremulous, and, with the gums and inside of the lips, paler than natural, I have found steel useful, but not so when these parts present the opposite character. I do not consider mere pallor of the countenance as any criterion of the utility of this medicine. The preparation which I have found to agree best is the tincture of iron prepared by Mr. Boutell. The remedy upon which I place the greatest reliance to complete the cure is the hydriodate of potass, in doses of from half to one or even two grains thrice daily, according to the age of the patient, and in combination with the tincture of iodine, as advised by Lugol. I do not attribute the benefit resulting from this medicine in any degree to its supposed specific influence over scrofula, but rather to that which it exerts upon the stomach and intestines, exciting appetite and promoting the gastric functions, at the same time stimulating the absorbents to activity, whilst its supposed effect upon the nervous plexuses and great sympathetic nerve, extending to the lenticular ganglion and ophthalmic division of the fifth and sympathetic branches of the eye and orbit, may increase its efficacy in this disease. It should not, however, be employed until after the intolerance of light has

yielded to the emetics and alteratives; but when so administered it will be found a most valuable agent, as, by correcting the original cause of the disease, it holds out the most favourable prospect of destroying the tendency to relapse, which is one of the chief characteristics of this complaint, and so disheartening to all concerned. In those instances where the remittent ophthalmia attacks children of a decidedly strumous habit of body, cod-liver oil may be advantageously substituted for the hydriodate of potass, after this medicine has been given for a week or ten days. It may be given in doses of one drachm twice daily, but always after a meal, as upon an empty stomach it is liable to cause sickness. Where the child is highly nervous and excitable, henbane, in tincture or extract, thrice daily, in doses proportionate to the age of the individual, is very useful, but, like the hydriodate of potass, should always be preceded by emetics and alterative medicines."

(From the "Medical Times and Gazette," Aug. 6, 1853.)

#### MALIGNANT GROWTH FROM THE DURA MATER, FORMING A PULSATING TUMOUR ON THE HEAD.

This case, forming the subject of a lecture by Mr. Lawrence, at St. Bartholomew's Hospital, is highly interesting:—

"E. W., who had been married about two years, but had not borne children, had enjoyed good health till the early part of 1850. In February of this year, she suffered more than usual from headache, to which she had been subject for a long time. She now observed a small swelling on the left side of the frontal bone; it increased, and became painful, with aggravation of the headache. She bore it, however, till April, 1851, when she submitted to an operation for the removal of the swelling. The incisions made for this purpose caused profuse and alarming bleeding, which made it necessary to desist when the removal had been only partially accomplished. She was so weakened by the loss of blood as to be incapable of the least exertion for a fortnight; and six or eight weeks elapsed before she had regained her usual strength. The swelling was soon reproduced; and a second operation was undertaken for its removal, ten weeks after the first attempt. The bone was found to be rough; and the operator concluded that the diploe had been the original seat of the mischief, though previously, from the thinness of the covering, and the strong beating of the surrounding arteries, it had been considered an affection of the vessels, and that there was danger of bursting. The hæmorrhage was considerable, but not dangerous, on this occasion. Although the soft parts had been freely excised, the tumour began to grow again before the wound was healed. She now passed some months in the country, for the recovery of health, and then sought advice at St. George's Hospital, where the nature of the affection was justly appreciated, and operative interference declined, in the belief that the disease was incurable. The tumour now pulsated, but I could not ascertain whether this symptom had been observed previously to the second operation.

"I saw this patient in November, 1852, when there was a swelling on the surface of the skull, occupying the left side of the frontal region, somewhat irregular in figure, about two inches in diameter at the base, and rising more than an inch above the level of the bone. There was a thin cicatrix at its upper part, the rest of the tumour being covered by the scalp, which had a slightly livid tint, so as to suggest the notion, on the first view, that it might be a case of subcutaneous nævus. It pulsated strongly, and was so acutely sensitive, that the patient could not bear either any covering on the head or the slightest touch; I could not, therefore, estimate satisfactorily the exact nature of the pulsation, or the consistence of the growth, which, however, seemed tolerably firm. All the arteries proceeding towards the part, and on each side of it, were unusually large, and beating powerfully. There was great pain in the part, and severe headache, especially at night, not admitting of relief from narcotics, which dis-



agreed seriously. A peculiar and considerable uneasiness was often experienced at the back of the head. It was stated, that the pressure on the swelling had produced some effect on the movements of the left arm; but the part was now too sensitive to admit of this circumstance being verified.

"The patient and her friends, remembering the violent bleeding at the first operation, and observing the strong beating of the swelling, believed the disease was seated in the bloodvessels. They were in constant fear, from the progress of the swelling, and the increasing thinness of its coverings, that it might burst, and thus suddenly destroy life. They wished that some relief should be afforded, at any risk, to the severe pain, which had become almost insupportable. It appeared to me, that, although cure was out of the question, and operation not altogether safe, the disease might be removed, with every probability of temporary benefit, by alleviation of suffering. She readily assented to the proposal of placing herself under my care in the hospital.

"It is here necessary to observe, that there was a deeply-seated tumour in the left hip, behind the joint, of oval form, about three inches in the long diameter, and moveable on the surrounding structures. It had existed two years, and had been always free from pain. It was not mentioned until the question was put, whether there was disease in any other quarter.

"The true nature of the affection was not suspected, either by my colleagues or myself, previously to the operation, which was proposed simply as the only means of relief from intense suffering, and to remove the constant apprehension and anxiety of bursting and bleeding. The dangerous hæmorrhage, which had prevented the completion of the first operation, the pulsation of the swelling, the enlargement and beating of the neighbouring arteries, led to the belief, that it might be a vascular growth; while the co-existence of the tumour in the hip left no doubt of its malignant character.

"In performing the operation, on December 15, 1852, after the administering of chloroform, an incision between three and four inches in length was made along the posterior half of the base of the tumour, keeping clear of the mass by a considerable margin. A most violent bleeding ensued from numerous arteries of the scalp, which could not be tied, from the density of the surrounding structures; and the hæmorrhage could only be partially restrained by pressure. Thus the loss of blood was so great, that the patient seemed likely to sink under it. She soon revived under the free admission of air, the dashing of cold water on the face and chest, and the use of brandy. The operation was completed by an incision in front, not followed by any considerable bleeding, and then rapidly detaching the mass on a level with the bone, in doing which the presence of bony spiculæ in the base was observed. It was now found that the growth passed into the interior, through an opening in the cranium more than half an inch in diameter, at which the pulsation of the brain could be felt. It was necessary to apply a compress of lint with sufficient firmness to stop a general bleeding from the exposed surface; and the patient was removed to bed, where she complained of considerable pain, and was restless. She took a glass of brandy and water, and soon went to sleep. She was afterwards sick, with some return of bleeding, which was easily controlled. Three hours after the operation, she was in a sound, tranquil slumber; when visited in the evening, she was composed, and free from pain.

"The part removed was a vascular production, of tolerable firmness, exhibiting, on microscopical examination, the appearances supposed to characterise medullary cancer. It was covered by a capsule, which might have been partly altered perieranium."

The patient died in a fit, on the 21st February. The following were the *post-mortem* appearances remarked:—

"The friends of the patient allowed the head to be examined, but would not permit the body to be opened, or

any dissection to be made of the swelling at the hip, which had increased in size since the operation, without causing much pain. Mr. Archer, one of the house-surgeons of the hospital, and the dresser who attended the case, performed the examination, of which they have made the following report: There was an irregular opening in the frontal bone, of somewhat oval shape, between one and two inches in its longest diameter. The edges were not bevelled; the bone all round was soft and crumbling; and this change was observed in isolated parts as far as an inch from the central aperture. There were some small portions detached, but not altered in structure. The surface was described by Mr. Archer as honey-combed, and he stated that the change extended further on the inner than on the outer table of the bone. Beyond the part thus altered by the pressure of the morbid growth, the bone was perfectly healthy. A portion of the disease, less than an inch in length, projected about half an inch beyond the level of the cranium. The morbid mass, when fully exposed, was seen to have grown from the dura-mater, to which it was firmly attached by its entire basis. It was of irregular shape, at least two inches in diameter, and about an inch in thickness. It was tolerably firm, of an obscurely fibrous texture, and very vascular. It was lined by the dura-mater, of which the internal surface was entire, excepting a small circular opening, about half an inch in diameter, through which there was a very slight protrusion of the morbid growth. The basis of the latter adhered in the firmest manner to the membrane, which was reduced nearly to the substance of its serous lining. There was a small portion of similar disease, apparently developed in the left pterygo-maxillary fossa, forcing its way through the sphenoid bone into the base of the skull, just in front of the petrous portion of the temporal bone. The patient had occasionally complained of pain at the back of the left eye. The brain was quite healthy. In the left anterior lobe there was a depression, caused by the swelling, the membranes and the cerebral substance not being affected. The left lobe of the cerebellum contained an almost spherical mass of medullary disease, nearly equal in size to the globe of the eye. It was a soft, yellowish substance, partially covered by a dark clot of blood, and it came out entire, not being firmly connected to the surrounding structure. The peculiar pain at the back of the head may probably be explained by the presence of this formation.

"The fracture of the right humerus had been caused by disease of the bone, and had gone on without any attempt at repair. The upper fragment formed an elliptical swelling, the size of a hen's egg, the bone being here converted into a mass of medullary disease, covered by a fibrous investment from the periosteum, in which there were slender portions of bone. The swelling was excavated at its lower end, which presented simply a fractured surface, without change of structure."

#### CONTENTS OF THE MEDICAL JOURNALS.

**Dublin Quarterly Journal of Medical Science,** No. XXXI., August, 1853.)—PART FIRST.—ORIGINAL COMMUNICATIONS.—1. On Dropsy. By Sir Henry Marsh, Bart. 2. On Extirpation of the Upper Jaw. By Mr. Butcher. 3. Cases of Disease of the Liver. By Dr. Lees. 4. On the Cure of Urinary Fistula by Compression. By Mr. Hamilton. 5. Selections from the unpublished Manuscripts of the late Abraham Colles. 6. On Lipoma of the Nose. By Dr. Wilmot. 7. On Diseases of the Heart. By Dr. McDowell. 8. Report on the Epidemic Dysentery of the North of Ireland in 1852.—PART SECOND.—REVIEWS AND BIBLIOGRAPHICAL NOTICES.—1. Ehrmann on Polypi of the Larynx. 2. Lindworm on Typhus Fever in Ireland. 3. Chevers on Vital Statistics and Hygiene. 4. The Climate of the South of Europe and Algiers. 5. Simpson on Homeopathy. 6. Skoda on Auscultation and Percussion. 7. Spurgin's Lectures on Materia Medica. 8. Tilt on Diseases of Women. 9. De Jongh on Cod-liver Oil. 10. Parliamentary Report on Vaccination. 11. Report of the Central Board of Health of Jamaica.—NOTICES



IN LIST OF BOOKS RECEIVED.—Alison on the Larynx, iv.; Faraday's Lectures, iv.; Giraldés on Diseases of the Maxillary Sinus, v.; Turnbull on Consumption, v.; Stevens on Cholera, vi.; Griffith's Chemistry, vi.; Guthrie's Surgery, viii.; Murray's Medical Logic, viii.; Milroy's Report on Cholera in Jamaica, viii.; Max. Simon on Hygiene, viii.—PART THIRD.—MEDICAL MISCELLANY.—Transactions of the College of Physicians of Ireland. Reports of the Dublin Pathological Society. Reports of the Dublin Obstetrical Society. Mr. Chavasse's Case of Placenta Prævia. Dr. Griffin's Case of Amaurosis cured by Strychnia. Dr. Moore on an Alvine Concretion. Dr. Albers on Typhlolithiasis and Typhlostensis. Dr. Tourdes' Case of Laryngeal Polypus.

**Lancet.**—(No. VI. Vol. II. August 6, 1853.)—HOSPITAL REPORTS.—Guy's Hospital: Asthenic Pleuro-Pneumonia. St. Thomas's Hospital: Chronic Vomiting. St. George's Hospital: Medullary Disease of the Soft Parts of the Thigh; Death from Hæmorrhage; Autopsy. Reports of Two Cases of Umbilical Herniæ, with Operation, &c.; Recovery. By S. Taylor Chadwick, M.D. Ed'n., M.R.C.S. Eng. On a Case of Gun-shot Wound. By H. Parker Laurence, Esq., Assist.-Surg., 20th Belooch Battalion. On an Instance of Suicidal Melancholia. By William P. Kirkman, M.D. Staffordshire General Infirmary: Extensive Wound communicating with the Cavity of the Left Knee-joint, and Recovery by Partial Anchylosis.—MEDICAL SOCIETIES.—Royal Medical and Chirurgical Society: Statistical Report of Fatal Cases of Diseases of the Brain occurring during the last Four Years at St. George's Hospital. Additional Experiments on the Excitability of Paralyzed and Healthy Limbs by the Galvanic Current. Epidemiological Society: On Contagion and Infection in Relation to Epidemic Diseases.—FOREIGN DEPARTMENT.—Diabetes Mellitus not Incurable.—REVIEWS AND NOTICES OF BOOKS.—On the Nature and Treatment of Deformities of the Human Frame, with Notes and Additions. By W. J. Little, M.D. Elements of Experimental and Natural Philosophy. For the use of Youth and Schools. Edited by Jabez Hogg, Surgeon.—LEADING ARTICLES.—Influence of Occupation on Health and Disease. The Amended Vaccination Bill. The New Lunacy Bills: Important Admission of Mr. Walpole. Abandonment of the proposed New Charter of the College of Physicians by the Minister. University Tests: Mr. Heywood's Bill.—THE ANALYTICAL SANITARY COMMISSION.—Records of the Results of Microscopical and Chemical Analyses of the Solids and Fluids Consumed by all Classes of the Public. Tobacco, and its Adulterations: Parliamentary Provisions relating to the Adulteration of Tobacco. Substances employed in the Adulteration. Methods of Examination. Difficulties in Analysis. (With Engravings.)—House of Commons: The Dublin Hospitals; Surgeons and Assistant-Surgeons of the Royal Navy; Vaccination Bill.—Military and Naval Intelligence: Promotions, Exchanges, &c.

**Medical Times and Gazette.**—(No. CLXII. August 6, 1853.)—ORIGINAL LECTURES.—Clinical Lecture on Malignant Disease of the Dura Mater. Delivered at St. Bartholomew's Hospital. By Wm. Lawrence, Esq., F.R.S. Histological Anatomy and Microscopical Manipulations. By Dr. Boon Hayes. Lecture XI. (With Engravings.)—ORIGINAL COMMUNICATIONS.—Navy Medical Reports. No. III. On the Relative Prevalence of Phthisis at Malta, among Seamen, the Land Forces, and Natives. By T. Spencer Wells, F.R.C.S. On the Treatment of Contractions and Anchylosis of the Knee and Hip Joints by Forced Rupture. By Dr. Philip Frank. Medicine in Lewchew: Introduction of Vaccination. By Dr. Bettelheim.—HOSPITAL REPORTS.—St. Bartholomew's Hospital: Cases of Lithotomy in which the Operation was Performed by a New Method (Recto-Urethral) (with Engravings.) Guy's Hospital: Resection of the Metatarso-phalangeal Joint of the Great Toe; Recovery (with an Engraving.) The London Hospital: Disorganisation of the Joint of the Great Toe; Treatment by Free Incisions; Recovery. Lincoln Hospital: Case of Lithotripsy.—EDITORIAL ARTICLES.—Unqualified Medical Practitioners. The Medical Benevolent College. The Vaccination Extension Bill.—Parliamentary Intelligence.—REVIEWS.—A Treatise on Diseases of the Heart. By O'B. Bellingham, M.D., F.R.C.S.I. Records of Maculated Typhus, or Ship Fever, with Suggestions of Treatment. By J. B. Upham, M.D. Monographie des Eaux Minérales des Wiesbaden. Par M. Charles Braun, Dr. en Médecine et en Chirurgie.—PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals: Resection of both Superior Maxillary Bones; Phase of Dental Evolution; Chloroform in Delirium Tremens; Observations on the Employment of Inhalation of Ether Im-

pregnated with Quinine in the Treatment of Intermittent Fever.—REPORTS OF SOCIETIES.—Epidemiological Society. Table of Practitioners in Medicine according to the Census of 1841, compared with the Number of Qualified Practitioners in the Medical Directories in 1851.

**Association Medical Journal.**—(No. XXXI. August 5, 1853.)—LEADING ARTICLES.—Lamert *alias* Curtis *versus* Dawson for Libel. Medical Witnesses in Relation to the Different Systems of Criminal Jurisprudence in England and in Scotland. Postponement of the Vaccination Extension Bill. The Swansea Meeting.—ORIGINAL COMMUNICATIONS.—Cases in Ophthalmic Practice. By White Cooper, Esq. Case of Rupture of an Aneurism of the Transverse Portion of the Arch of the Aorta into the Trunk of the Pulmonary Artery. By W. Bird Herapath, M.D.—PERISCOPIC REVIEW.—Microscopical Discovery: The Structure of Tissues; Nerves of the Heart; The Relation of the Appearances in the Urine to Disease of the Kidney; The Relation of Disease of the Lungs to Phlebitis.—ASSOCIATION INTELLIGENCE.—Shropshire Branch: Annual Meeting; Members Present; Election of Officers; Medical Reform; Naval Assistant-Surgeons; The Dinner. South Western Branch: Annual Meeting; President's Address; Next Annual Meeting of the Branch; Officers, &c.; Cases and Communications; Medical Reform Bill. Bath and Bristol Branch: Vaccination Bill; Petition from Members in Bath. Metropolitan Counties Branch: Deputation to Lord Palmerston on the Vaccination Extension Bill. Medical Benevolent Fund.

**Dublin Medical Press.**—(No. DCCLXI. Vol. XXX. August 3, 1853.)—DISEASES OF THE EYE.—On Paralysis of the Common Motor Oculi Nerve. By John Struthers, Fellow of the Royal College of Surgeons, Lecturer on Anatomy, Edinburgh.—SELECTIONS FROM MEDICAL JOURNALS.—Elements for the Definition of Mental Diseases. (From Guislan's Work on Insanity.) Case of Criminal Attempt to cause Abortion.—REVIEWS AND NOTICES OF BOOKS.—Logical Science considered as an Educational Element; an Inaugural Address delivered in the Theatre of the College of Surgeons in Ireland, on Monday, May 23, 1853. By John Murray, A.M., L.L.D., Professor of Logic in the Royal College of Surgeons in Ireland, &c.—CORRESPONDENCE.—The Midwifery Qualification: Letter of "Y. Z."—LEADING ARTICLES.—Leading Article. A Warning to Lady Libellers.—PARLIAMENTARY PROCEEDINGS.—House of Commons: The Accommodation of Naval Assistant-Surgeons. The Vaccination Extension Bill.

#### BOOKS RECEIVED FOR REVIEW.

Practical Observations on Aural Surgery, and the Nature and Treatment of Diseases of the Ear, with Illustrations. By Wm. R. Wilde. London: J. Churchill. Dublin: Fannin and Co.

A Guide to Filey. By Edward W. Pritchard, M.D. Scarborough: Geo. L. Beeforth.

#### BIBLIOGRAPHY.

NEW WORKS IN MEDICINE AND THE COLLATERAL SCIENCES, PUBLISHED FROM THE 14TH TO THE 30TH OF JULY.

Commentaries on the Surgery of the War in Portugal, Spain, France, and the Netherlands, from the Battle of Rolicia in 1808 to that of Waterloo in 1815. Revised to 1853. By G. J. Guthrie. 5th edition, post 8vo. pp. 612, cloth, 14s.

An Essay on the Teeth and Dental Practice. By Thomas Lukyn, 8vo. sewed, 2s. 6d.; cloth, 5s.

IMPORTANT TO LIFE INSURANCE COMPANIES.—In Ireland, the representatives of John Carrol, lately deceased, sued the Medical and Legal Life Insurance Company for a large sum, the amount of deceased's insurance. It appeared that the English and Cambrian Office refused insuring deceased's life, but recommended him to apply to the Medical and Legal Life Assurance Company, in London, who insured his life without consulting the local agent. A verdict for the defendants was returned.—*Irish paper.*



## Deaf-Dumbness.

ON THE MEDICAL AND PHILOSOPHICAL STUDY OF  
DEAF-DUMBNESS.

BY

M. E. HUBERT-VALLEROUX,

Docteur en Médecine de la Faculté de Paris, Membre de la  
Société Médico-Pratique, etc.

TRANSLATED BY JAMES YEARSLEY, M.R.C.S. ENG.,  
Surgeon to the Metropolitan Ear Infirmary, Sackville-street, etc.  
(Continued from page 69.)

### CHAPTER II.

HISTORICAL CONSIDERATIONS ON AURAL MEDICINE.

*Scarcity of Works on Aural Medicine—Causes of this.—Necessity of a General Knowledge of the Practice of Physic to the Profitable Study of any of its Branches.—Services Conferred on Aural Medicine by Itard.*

To our own times we must turn when we look for important inquiries into deaf-dumbness, or for observations methodically conducted to conclusive results. The honour of these, as I have said, redounds to Itard, whose work made its appearance in 1821.

This *hiatus*, so prolonged, both as regarded the doctrines and practice of aural medicine, presents nothing that should surprise us. The attention of practitioners in medicine was naturally, first of all, directed to such diseases as occasion death or great sufferings, and, as these are very numerous, the labours of many generations were necessarily required to observe and form the whole into a body of doctrine, no less than were the efforts of succeeding ages to perfect their methods, and add to the certainty of their means of investigation and of treatment.

If, among the diseases that occasion deafness there be some that are occasionally accompanied with intolerable pain, yet in the great majority this is wanting, while death, in any case, is but a rare occurrence. The intimate structure of the ear has only been known since the labours of the sixteenth century, and it is easy to understand why, without correct anatomical notions, no classification, no remedial measures could be methodically undertaken. The theory of vision had for expounders the Keplers and Newtons; for those who shall expound the theory of hearing we are still destined to wait. Destitute, thus, of a firm footing—a sure foundation on which to proceed—our knowledge of the simple diseases of the ear must still continue imperfect; and so, for a stronger reason, must our knowledge of deafness complicated with dumbness.

In science we cannot hope, till we have made ourselves acquainted with it as a whole, to proceed with any degree of success in its details or specialities. The theory of the subdivision of labour, so fruitful in the arts of industry, is by no means applicable to medicine. In those, the part of the workman may be little more than that of a mere machine, by some addition to which, indeed, he may often be entirely superseded. With the engineer the case is different—he must know the mechanism and structure of the whole machine as well as its parts, the strength and properties of each; he must, in a word, possess a perfect knowledge of the engine he is called upon to construct or repair.

Though the physician cannot form any of the parts of the human body, as the engineer can the parts of his machine, he must, nevertheless, have an acquaintance no less perfect with its intimate organisation, its functions, mode of vitality, and all that constitutes health and disease. The connexion of the various organs with each other is such, that none can suffer without the whole participating, and thus a change observed in one part is often but the visible manifestation of some lesion more or less remote, or sometimes, indeed, of a general disease, or simply of a diathesis. Hence, in medicine, the necessity of an acquaintance with the whole,—a knowledge that may be called encyclopædic; and hence the danger, so often pointed out, of substituting special for general treatment. But when, after having

studied and practised medicine as a whole, the man of talent betakes himself from choice to the special study of some part, then science marches steadily on to conquest, with the Hunters, the Laënnecs, and the Scarpas, and Itard, whom we may here place with those great masters.

How ingenious soever he may be, the discoverer, nevertheless, adds but few truths to the number of those already recorded in science. If a science be advanced, he may supply what is wanting, and leave but little to be gleaned by those who follow; but if, on the contrary, it be only in its infancy, he may do little more than clear up some parts of the chaos, and yet his labours be neither less important nor less difficult than the former.

This last position was precisely that of Itard. Before him, such was the ignorance of physicians in regard to aural medicine, that Mercurialis, in 1601, could devise no better way of extracting a foreign body from the ear than by fastening his patient to a long plank, raising the end on which the head rested, and then allowing it to fall against the ground, till such time as the extraneous substance fell out; and Tulpus, one of the most enlightened surgeons of his time, recommends that cherry-stones, when found in this situation, should be left to germinate, and then be pulled out by their roots. Yet such monstrous things in surgery were allowed to pass without being gainsaid.

It was Itard, then, who did much for aural medicine; as much, perhaps, in clearing away the prejudices with which it was encumbered, as in inventing new modes of practice; but his chief merit rests on his having introduced method into its study, and bringing diseases of the ear within the pale of nosology, where they will now participate in the advancement of general medicine.

### CHAPTER III.

CAUSES OF DEAF-DUMBNESS.

*Distribution of the Deaf and Dumb throughout the World.—Antagonism Between their Number and that of the Blind.—Causes of this Antagonism.—Multiplicity of the Deaf and Dumb in Certain Localities, in Certain Families.—Singular Examples.—Explanation of these Facts.*

When viewed in its whole extent, the deaf and dumb population will be found very unequally distributed over the various parts of the globe, and alternating, generally, with that of the blind; so that, where the number of the former increases, that of the latter diminishes, and *vice versa*. The nearer we approximate to the equator, as in India, Egypt, and Ethiopia, the greater becomes the number of the blind. The same occurs towards the Poles, as seen in the Laplanders, Samoyedes, and Esquimaux, while deafness predominates in temperate countries, more especially in mountainous districts, as in Switzerland, where some cantons may be found, as Berne, with one deaf and dumb in every two hundred and five inhabitants, or one in every hundred and three, as in the district of Schwarzenburg, or even one in every forty-four, as in the *commune* of Weyach.

This same Switzerland presents to the observer, in the basin of the Aar—a space of some kilometres in extent—a remarkable example of the contrast I have just pointed out. The northern part, low and humid, as well as the western part, which, in character, is more or less alpine, can each reckon a great number of deaf and dumb, and but few blind. The southern part, on the other hand, abutting on the Jura, shows a disposition the inverse of this, for there but few deaf and dumb are to be met with, while the blind are numerous. But, it is in the vast plains of Egypt, scorched by a burning sun, and devoid of shelter, where the blind are found in the greatest number. In the polar regions, where eternal snows are seen in place of the sands of the desert, travellers have all observed alike the frequency of blindness. The direct action of the sun, and, especially that of its reflected rays, in the first place, and the dazzling caused by the continual presence of snow, and by frequent *auroræ boreales*, in the second, give a ready explanation of this twofold fact. In the one case as



well as in the other, the diseases which precede and those that follow blindness are the same—amauroses sometimes, and ophthalmia very frequently.

It is not, however, to the too great action of light, but, on the contrary, to its absence, that we must refer the frequency of dumbness in our temperate regions. Mountain gorges and deep valleys, exposed to the north and west, are the places that most abound with this formidable infirmity. In such cheerless tracks as these, where perpetual cold and moisture reign without cessation, variations and sudden changes of temperature constitute but a part of the normal state of their atmosphere. The peculiar construction of the houses known under the name of *chalets*, with their projecting roofs, their few and narrow apertures, the thinness of the walls, which are mostly of boards, and the absence of ventilation, seem to concur in rendering the influence of moisture more intense and deleterious. "Almost all the deaf and dumb that are found in such numbers in Weyach, inhabit," says Dr. Billeter, "a part of the village situate in a low dell, the streets of which are narrow and damp, and where, at certain times of the year, the cellars of every house are, more or less, inundated. This part of the town is shut up in a deep, wooded valley, open only to the rude wind and cold of the north, and enlivened only, for a few short moments, with the rays of the setting sun."

"The eastern counties of England are covered with marshes, and contain," says Du Puget, "a great number of the deaf and dumb, whilst Birmingham, built on a dry and elevated site, reckons only sixteen." And Doctor Schmalz has shown that "the cantons of Zurich and of Vaux, in which there are but few high mountains and not one deep valley, have the fewest deaf and dumb, and the canton of Berne, so varied, the most."(a)

But, besides atmospheric influences, there are others that determine those hygrometric conditions that are so favourable to the development of deaf-dumbness. Schneider, Amstein, Studer, and Schmalz, have pointed out certain geological conditions which, in producing and keeping up a humid state of the soil, equally favour the production of dumbness. Certain tracks formed of impermeable strata especially those of clay and rock salt, keep up in the soil by which they are covered a state of constant humidity, hurtful alike to man and animals. In the department of La Meurthe, where the salt mines are worked with such activity throughout the whole district from Dieuze to Marsal, Moyennic, Vic, Rosières, etc., you may see cretins, the deaf and dumb and persons affected with goitre, in the midst of a vigorous population where all these evils are, so to speak, unknown. Even the animals themselves participate in this morbid state, and I have seen horses in the stud of Rosières become affected with goitre the second year after being placed there. In all these cases it is the lymphatic and mucous systems that are first most deeply implicated.

(To be continued.)

(a) Rapport à la Société des Sciences Naturelles et Médicales de Dresde, d. 1834.

## The Anatomy of Quackery.

### QUACK MEDICINES,

THEIR HISTORY, COMPOSITION, AND QUALITIES.

NO. XXVI.

DR. BRODUM'S RESTORATIVE NERVOUS CORDIAL, AND BOTANIC SYRUP.

(Continued from page 70.)

Success is the fertile parent of rivalry and competition. Scarcely had the subject of our last paper reached the meridian of his career, than the cupidity of others led

them to follow his example. A new department of quackery had been opened, and new fields of wealth developed ready for exploration. The adventurous charlatan could not resist the temptation, and rushed eagerly forward to grasp the prize. The nervous and hypochondriacal soon encountered a race of quacks, who addressed themselves specially to their real or imaginary diseases, and were ready to promise anything and everything to those who would swallow their nostrums and pay them their fees. The race has since multiplied until their name is "legion," and with numerical force, has increased in audacity and crime. (a)

One of the most successful contemporaries of Dr. Solomon, was the notorious Dr. Brodum, (b) a worthy professor of the same school. This man was another of those ignorant and illiterate characters whom impudence and the easy credulity of the public contributed to raise from a menial situation to affluence and grandeur. By birth he was a Welshman, but his position, at the period when our history commences, was that of porter to a "third-class" druggist at Gloucester; and the means by which he acquired wealth were very similar to those we have already described in previous numbers of the "Medical Circular." A gentleman whose word is indisputable, remarks, "I have frequently seen and conversed with him, and have been as frequently lost in astonishment, unable to conjecture how such an illiterate mortal could so successfully impose on so large a portion of the community." His letters, advertisements, &c., like those of Dr. Solomon, were written for him, by a person in his employ. His work, entitled "A Guide to Old Age," was also purchased of a needy author, in the same way as a publisher purchases a MS.; an agreement to ensure "secrecy" being duly "signed, sealed, and delivered."

In Mr. Reynolds's amusing comedy of "Folly as it Flies," the career of the self-styled Dr. Brodum is depicted with a force and truth, and withal with such a just spirit of ridicule, that we cannot do better than avail ourselves of its pages. Our hero is represented under the *nom de guerre* of Dr. Infallible, originally a half-starved journeyman to a half-starved apothecary, in a certain western city. However, time, audacity, and circumstances have contributed to make him a successful empiric in a small way. He succeeds in purchasing an introduction to the house of Sir Herbert Melmoth, a worthy baronet, who, having married a young lady of great beauty and fashion, is reduced, by her extravagance, to the most cruel embarrassment. Now Sir Herbert happens to be the guardian of a certain young lady, also extremely beautiful and accomplished, and, what is still better in the eyes of our hero, she is the happy possessor of a fortune of some £20,000. To this young lady the worthy Dr. Infallible at once determines to pay his addresses, and, taking advantage of her guardian's pecuniary difficulties, and to promote his suit, offers him the loan of £5,000. Unfortunately, however, for the doctor, both suit and loan are summarily rejected by the parties most concerned, and the adventure ends in discomfiture and contempt. (c)

In the dialogue, towards the close of the second scene of the first act, when Dr. Infallible appears on the stage, in all the pomp of successful empiricism, the secrets of quackery begin to "slip out:"

*Doctor Infallible.* [Meeting Mr. Malcour.] Heh! What fine gentleman have we here? Surely I recollect that face. What, Mr. Malcour! My old acquaintance, Mr. Malcour!

(a) The quacks alluded to have been, not inappropriately, termed by the Messrs. Morrison, the "*Obscene M.D.'s*."

(b) We need scarcely tell the reader that this name is an assumed one. The humble nature of his occupation had led to the disuse of his patronymic for many years. In his immediate neighbourhood he was known simply as "Tom at \* \* \*."

(c) In a note appended to the work alluded to, we are assured that the incident related above was no fiction of the dramatist, but actually occurred in the life of our hero.



*Malcour.* Why, it can't be! you the half-starved journeyman to the half-starved apothecary, who used to bring me medicines at Gloucester—you Tom Drudgewell!

*Doctor.* Mum—not Tom Drudgewell now. Ever read the newspapers?

*Malcour.* Certainly.

*Doctor.* Recollect Doctor Infallible?

*Malcour.* To be sure—the fellow's always puffing himself.

*Doctor.* Be quiet—I'm Doctor Infallible.

*Malcour.* You!

*Doctor.* Yes; I'm sole proprietor and ingenious inventor of that *immortal medicine*, called Radix Rheno—to be had at my house, price 22s. and 11s. per bottle, stamp included.—N.B. No cure no pay.—And a lamp over the door, to show the Doctor don't practice in the dark.

*Malcour.* Bravo! And pray—for I forget—what is this Radix Rheno a cure for?

*Doctor.* Everything!—Chiroisis, polypus, ophondria, asthenea, dyspepsia, atrophy, notrophy, and *that worst of disorders*, POVERTY.

*Malcour.* So I see—and that's a complaint I'm acquainted with; but, curse me if ever I heard of the rest.

*Doctor.* Nor I, till I turned quack.

*Malcour.* What the devil! do you invent these disorders?

*Doctor.* No—our medicines invent them. We give the remedy, and that gives the DISEASE.

*Malcour.* Indeed! And don't the town find you out?

*Doctor.* Can't—DEAD MEN TELL NO TALES!

[A portion of the scene between *Doctor Infallible* and *Tom Tick*, the agent of the Doctor's rival for the hand of the fair Georgiana, must not be forgotten:]

*Doctor Infallible.* My success, sir, was based on talent, —GENIUS, application.

*Tom.* No, sir, 'twas puffing, advertising. Didn't I, at your own desire, insert a letter in all the newspapers, dated "Monmouth," though I never was there in all my life, stating, I had been worn to a skeleton with a confirmed ophondria, though I don't know what the disorder means; and that, as a last hope, I flew to your immortal medicine; when, wonderful to tell, and joy to my disconsolate friends, the first glass warmed the viscera, the second braced the nerves, the third enlivened and electrified the whole system? And so far I spoke the truth. To do you justice, Radix Rheno is a delicious dram; and, after half a bottle, I never was so jolly drunk in all my days.

*Doctor.* Dram! eall my Radix Rheno a—fire and fury! —if it were, who do you suppose would take it?

*Tom.* Who? Ask the ladies.

*Doctor.* Psha! all scurrilous alike;—and long, long before I knew you, I made as much noise as any medical man in London.

*Tom.* I can't tell whether you made a noise; but I know *your patients did*. And if by accident your name was seen at the bottom of a prescription, why, 'twas like my name at the bottom of a note—nobody took it; fools, debauchees, and sick spinsters excepted.

The mode in which Dr. Brodum conducted his practice was rather novel at that time, although quite common at the present day among the class of quacks to which he belonged. We will give an example:—A young man, who had ruined his health by the excesses of a London

season, applied to the Doctor for his advice. He was listened to with great gravity and attention, and an occasional shrug of the shoulders, relieved by affectedly taking snuff at every interval. The gentleman's case being heard, an engagement was made to restore him to health on condition that he should pay down twenty-five guineas, and go through a course of the Doctor's medicines, and adhere to the rules laid down in his "Guide to Old Age." These conditions were agreed to, and syrups and cordials purchased and swallowed wholesale, without success. Indeed the patient was sinking rapidly under all the symptoms of confirmed consumption. In this state the young gentleman apprised his friends of the course he had followed, when these waited on the Doctor, imploring his best assistance and advice. The result may be anticipated. To use the words of the person who relates the anecdote, "instead of offering any advice, he answered them, with the utmost *sang froid*, 'your friend has been committing some excess which has caused this relapse; he has not adhered to my advice; besides, he has not taken any of my medicines for this fortnight. It is too late now—I can do nothing for him.'" This poor victim of misplaced confidence shortly afterwards died,—one only of an innumerable multitude who have fallen sacrifices to the insatiable Moloch of quackery. We might adduce other cases of a like character.

After a successful career of many years, and having, as a cotemporary of Dr. Brodum observes, "well feathered his nest," our hero disposed of the entire right of compounding and vending his medicines to a Mr. D. S—n. He then took a handsome house in Duke-street, Adelphi, and announced himself as a "consulting physician," and that his "*incomparable and inestimable* 'GUIDE TO OLD AGE' might be had at his address, together with advice," but that he was "not connected or concerned in any way with any advertised medicines which bore his name." Henceforward Dr. Brodum pretended to direct his attention to *incurable diseases* chiefly; and in the later editions of his "Guide" inserted a list of them. Of the complaints mentioned in this list, it has been remarked that "at least nine-tenths of the community are entirely ignorant of the factitious disorders he has *kindly* obtruded on their notice; nor were they known to the *worthy* Doctor himself, even by name, prior to his turning quack."

Dr. Brodum terminated his career like all others of his class—bloated, miserable, despised. Living, his actions fell like a pest on society; whilst dead, the legacy he left posterity in the shape of his works and nostrums, still fall as a blight on some portions of the community.

Of the "RESTORATIVE NERVOUS CORDIAL" we may remark that, originally, it consisted simply of an infusion of gentian-root in English gin, coloured and flavoured with a little red lavender (compound spirit of lavender). After a time the Doctor added a little bark to this nostrum, and subsequently made other additions. Dr. Paris says, it contains the "tinctures of gentian, calumba, cardamoms, and bark, with compound spirit of lavender and wine of iron." It is tonic, stomachic, and stimulant, but, beyond these, possesses no curative properties.

The "BOTANICAL SYRUP," like the Anti-Impetigines, is said to be a weak solution of corrosive sublimate, coloured and flavoured.

## NOTICE.

A PORTRAIT and BIOGRAPHICAL SKETCH of Dr. GEORGE GWYNNE BIRD, President Elect of the Provincial Medical and Surgical Association for the ensuing year, will appear in our next Number, together with a full Report of the proceedings of the Anniversary Meeting, held at Swansea this day.



## Biographical Notices.

### J. ROSE CORMACK, M.D.

There are editors of various orders—philosophical, political, literary, and mercantile; profound, brilliant, dry, and commonplace; successful, unsuccessful, and so-so; and there are editors whose versatility contrives to embrace the larger number of the foregoing characteristics. We have already given several specimens of the genus editor noticeable in our profession. These are the cream of the dairy, but we have a few yet on hand, not altogether of the richest in their composition, but who, with industrious churning over a slow fire, time, and patience, may turn out something better than skimmed milk. To-day we wish to honour Dr. Cormack, but must confess that, notwithstanding some pains taken in the matter, we hardly know how to do justice to his claims. To continue our figure, we are afraid that the process of churning has, in this instance, proceeded a little too far, and that the heat applied has prematurely curdled the smooth and milky part of our brother editor's humanity. Curds and whey constitute an excellent dish for valetudinarians, and why not, say you, for invalid newspapers? With all our heart.

Dr. Cormack possesses a talent of a peculiar kind—a very master-faculty for success in life—that of persuading people to believe in his ability. We suspect that the secret of this influence consists in the fact that he is a man deeply tinctured with sectarianism—to call it by no other word more comprehensive but also more displeasing—and there is, in our profession, a not inconsiderable number of influential persons who see their own feelings, virtues, and prejudices, reflected in him, and, on that account, espouse him as their representative. The commonplace moralities of a conventional society—sober respectability, gravity of utterance, intolerance of free opinion, self-worship, idolatry of forms, contempt of sentiment and of a sense of beauty and art—and many other similar weaknesses breaking forth in crudity and austerity of manner—characterise this section of the human family. We know not but that our poor sketches—light, free, easy, and inconsiderate of rule, may not give occasional offence to the rigorous taste of some of these precise gentlemen, and, should this be the case, we deferentially kiss the rod, but plead, at the same time, like Themistocles, that they may “strike but hear.”

The truth is, we like a man in the full development of his nature; your strait-laced, artificial, emasculated ascetic will never be classed in the roll of our friends. We venerate religion and honour morality, but we also love everything that is beautiful, smiling, and exultant; we reverence truth, but we can relish a jest, too; we respect seriousness in its own place, but we should ridicule it at a marriage-feast; and we can cordially join in a laugh, but a sneer we abominate. May our good genius help us! When we grow austere and cynical, we promise to withdraw our pen from the “Medical Circular,” and write for “Diogenes,” or the —, but the print shall be nameless. Truth will speak with its own tongue, and needs no prompter.

Dr. Cormack began his career in the famous city somewhat ironically designated by the old rhymers, “Sweet Edinboro’ town.” Matters have mended since the days of Ramsay, or Tannahil, whichever may claim the merit of this fine ditty, and far be it from us to insinuate a sarcasm at the beautiful city of Edinburgh; besides, we feel, for personal reasons, a strong regard towards it, and hold its name in honour. Here, as might be expected from his patronymic, Dr. Cormack was educated, having taken his degree in 1837, and become a Fellow of the Royal College of Physicians in 1841. We have no reason to doubt that his pupilage was distinguished, and he certainly turned to good account the opportunities that were subsequently presented to him for professional advancement. In due

season he became Physician to the Fever Hospital and to the Royal Infirmary.

Succeeding, doubtless, to his satisfaction in scientific circles, he, notwithstanding, failed to ingratiate the fickle goddess in his efforts to secure a fair modicum of worldly advantages. The graces he had not on his side, and Fortune is a jade possessed of too much taste to shower her favours on those who affect to despise the reigning divinities. She will not always yield to perseverance, but, like others of her sex, likes, occasionally, to be wooed with modish manners and courtly airs.

No one will accuse Dr. Cormack of having graduated in a ladies’ college; or, if he matriculated in one, he certainly never took honours. That solemn countenance, and unwrinkled white neckcloth, prove, at the utmost, but an infelicitous attempt to comply with the regulations in dress and decorum enforced in such institutions. There can be no doubt that the arch and beautiful Calvinists even of that sweet city of Edinburgh, took umbrage at the pedantry of the Doctor’s “tie,” and cut him at once with sovereign disdain. Hence Dr. Cormack made no way in practice, and we fear that, unless he learn to relax the tetanic rigidity of his muscles, and doff the ridge of white beneath his chin, he has but small chance of success with the feminine connoisseurs in the fastidious realms of Putney. We beg to assure the Doctor that when the cambric garotte was in fashion, we, like himself, surrounded our chin with one of snowy whiteness and consummate beauty of involution, but it threatened incontinent strangulation and, withal, necessitated such an unnatural primness of demeanour, that we felt joyous as a canary-bird loose from its cage when custom enabled us to discard for ever those hypocritical swaddling-bands. Let the Doctor do likewise—unless, indeed, he feels that they become him, for against such a conviction neither logic nor illustration ought to prevail.

In order to occupy with advantage the time on his hands, Dr. Cormack associated with others to bring out the “Edinburgh Monthly Journal,” quotations from which have frequently appeared in our “Circular.” Of this Journal he was appointed editor, and continued to hold the office from its commencement, in the year 1841, to June 1846. The “Monthly Journal” was a sort of joint-stock concern, and received the support of many of the most illustrious professional names in the Scottish capital. As a mercantile speculation, it neither does now, nor ever did, answer expectation, but it has been the medium of communicating many valuable papers, and stands in the first rank as a scientific periodical. It is, probably, at the present time, more interesting than ever, and, certainly, not less valuable, although it has to compete with younger rivals in the same field. Its present editor is a man of superior ability, with a good deal of that racy sarcastic power which has characterised the periodical literature of Edinburgh in all its branches, and given to it a distinguished position in public estimation.

Edinburgh did not smile upon Dr. Cormack’s efforts, and, without reflecting that it might be more difficult to command success in a large city than in a small one, he came to London to commence another race with Fortune. His courage deserves commendation. This mighty city is a cemetery of many bright hopes and great provincial reputations. It is a huge maelstrom that attracts everything within its vortex, and engulphs it in its bottomless abyss. From a straw to an argosy, all go down together. A few survive its perils, and give us the history of their trials, but these are stout craft, guided by a master-hand at the wheel, and over whose ensign a special Providence seems to have hovered. Success cannot be common, or such it would cease to be. A bare living a man thinks he can get anywhere. He comes to London, to coin his faculties into ingots, and to cause his light to shine before men like a pole-star. Alas! when he arrives there he finds, like the Australian digger, that the “precious metals” are precious indeed, and are more easily expended than earned; and when he lifts up his candle in the hemi-



sphere of metropolitan darkness which he came to enlighten, he finds it very difficult to distinguish its ambitious twinkle amid the splendour of the brilliant constellations by which it is surrounded. We believe that there is more modesty, and more just appreciation of self, because more disappointments, in this leviathan city, than anywhere else in the world. We remember being assured some time since, by a country friend, that a certain young aspirant, who had delivered a successful lecture in a provincial Mechanics' Institute, would, if he could find his way to London, achieve an illustrious reputation. Ah! we advise him to consult Dr. Cormack, or, for that matter, we should have no objection to counsel the youth himself; albeit, we did not come to London to illustrate our genius. How many have we seen go down irrecoverably in that fatal maelstrom!

In Edinburgh, we presume, Dr. Cormack practised as a physician, but, on his settling in London, he took a humbler, and, perhaps, a wiser course, and purchasing the business of Dr. Charles, of Putney, commenced as a general practitioner. At the same time, true to his old propensity to literature, he started the "London Journal of Medicine," a failure, we need not say, for, as our readers know, it resigned its spirit soon after our coming upon the stage of competition. Dr. Cormack does not, perhaps, regard us with very deep feelings of gratitude for the service we rendered in giving him an opportunity to cast off a dead weight that threatened to drag him down to that bottomless pit to which we have already alluded, but this we cannot help, and, satisfied that we have done him an act of kindness and science no injury, we trust that we may be able to provide similar opportunities by which other conductors of periodical literature may be enabled to release themselves from their obligations. Whether we gain gratitude or not for our labours, we shall sedulously persevere in our philanthropic career.

The affairs of the "London Journal of Medicine" were wound up just in time to enable the doctor to negotiate for the editorship of the "Association Medical Journal," which he was successful in obtaining. We can best portray the doctor's management of this paper to the understanding of the readers of the "Monthly," by describing it as a transmogrification of the latter, accomplished by dressing it out in a clean front and new continuations. The form of the Journal is altered, to suit it to its new company, but the articles, long, verbose, and unmercifully tedious, which would have been dealt out to the readers of the "Monthly" in a single *coup*, are, in the "Association Journal," not unfrequently divided into the aforesaid weekly continuations. This Journal ought to perform a similar function to our own, and to give a summary of the literature and science of the profession in its weekly pages. It would then be a useful paper,—now it is a failure. We are willing to allow that, perhaps, on the present plan, Dr. Cormack does the best he can with his material, and, in that case, it is not he but the members of the association that are in fault for the monotonous and defective character of the Journal.

A Journal, however, that is conducted by a society in admitted rivalry to the periodicals owned by private individuals, does not deserve success. This Journal was professedly stated, in the first instance, to sustain the association, which might, otherwise, fall asunder by its own weakness; and now the association is called upon to sustain the feebleness of the Journal, lest that, too, should suffer a well-merited dissolution. The position is false. The association ought not, on any pretence, to descend to the trade of booksellers. It is derogatory, unprofessional, and unwise. Did these gentlemen think that, because they could not control the independence of metropolitan editors, they would have a journal and an editor of their own whom they could control? If this should be so, what an insidious and fatal blow might it not be at liberty of opinion and free expression! We would advise the association to abandon the Journal and publish quarterly

transactions,—to cease to be mereantile and to become scientific.

Dr. Cormack is a corresponding member of the Royal Academy of Surgery at Madrid, and is the author of a prize essay entitled a "Treatise on Creosote." He has also published his graduation thesis on "Air in the Veins," a subject to which he has given considerable attention, and which, at a later period, he illustrated by a paper entitled, "Entrance of Air by the Open Mouths of the Uterine Veins considered as a Cause of Danger and Death after Parturition." His other works are a "History of the Edinburgh Epidemic Fever of 1843-44;" "Contributions to Pathology, Therapeutics, and Forensic Medicine;" "Renal Abscesses in Scarlatina;" "Puerperal Convulsions;" "On Cauliflower Excrescence of the Uterus."

Our learned contemporary is, in person, tall and stout; in his manners sedate, dry, and unengaging, with a cut exceedingly sacerdotal. In other respects we have already sufficiently characterised his peculiarities. That he is an industrious, pushing, and ambitious man, fond of moving in small circles to attain wider objects, is obvious, and that, prejudice apart, his judgment is sound, and his abilities of a superior order, cannot be questioned. Unlike some others of our friends on the press, he does not appear to possess much imagination or sense of humour, without which no man can be a writer of the first class. Many men can, upon occasion, apply the forcing-pump, and bring the current of fancy up to a high level, but the flow, in such cases, is never happy. Unless the fruit be the spontaneous growth of the soil, there is always a smack of crudity and acerbity in its flavour. With respect to a general knowledge of science and the course physiological discoveries are now taking, we believe Dr. Cormack, without being profound, to be sufficiently well informed, and, therefore, suited to conduct a periodical limited to the consideration of these topics. These are, after all, among the most important subjects that can engage editorial attention, and, although we may differ widely from Dr. Cormack on other points, in our opinion, not less essential to the vitality, vigour, and usefulness of the periodical press, we wish him every success in his exertions.

## Original Communications.

### A SPECIFIC FOR THE CRAMP OR SPASMS IN EPIDEMIC CHOLERA.

BY JOHN H. ASKWITH, M.R.C.S. ENG.

I am of opinion, with Dr. Elliotson, that it would be better to call the disease leucorrhœa, or white flux, than cholera, as it appears a distinct disease, occurring more frequently at the same season of the year as bilious cholera, so that the two diseases are often confounded.

Knowing the benefit of sp. of turpentine in hæmatemesis and hæmorrhage from the mucous surface of the bowels, I was induced to try it in cholera in 1849, but, to my surprise, it had no effect in checking the leucorrhœa, or white fluid vomited; but one or two doses completely relieved the patient of the spasms or cramp; and I have also found it a better stimulant than brandy or ammonia in raising the pulse and vital energies, so as to give time for the administration of remedies which are likely to cure the disease.

The pathology of the disease may be said to be a flow or flux of the serum and salines of the blood into the bowels and stomach, which produces all the other symptoms. I do not consider the disease contagious, but produced by a peculiar state of the atmosphere on a particular diathesis, or nervous or debilitated constitution.

My treatment has been calomel and opium in small doses, often repeated—in bad cases, every quarter of an hour. After the first bolus, when the cramp is present, I



have given the turpentine draught,\* which has not failed in nearly eighteen cases to relieve the patients of the spasms. I have given from six to sixteen boluses to one patient, but only in one or two cases had to repeat the draught. These remedies, with saline mixtures, hot water to the feet, a mustard poultice to the stomach, when the vomiting is bad, cold water to drink, &c. Sixteen cases recovered; the two who died were the first in whom I did not persevere with the calomel and opium.

These remarks will agree with Dr. Radcliffe's views on the pathology of spasmodic and convulsive affections, and I trust they will lead us to a more rational treatment of them.

Pendleton, near Manchester.

\* R. Sp. Terebinth, gtt. xxv.  
Th. Opii, gtt. xv.  
Creasote, gtt. i.  
Mist. Amygdalæ, ʒ iss.  
Fit haust.

### Correspondence.

#### MR. GAY AND THE ROYAL FREE HOSPITAL.

*To the Editor of the "Medical Circular."*

SIR,—My attention having been drawn to some statements in a memoir of myself, published in the March number of your Journal, I beg you will do me the favour to correct them in the ensuing number.

I am not, as therein stated, the "principal surgeon" of the Royal Free Hospital, there being two other full surgeons connected with it beside myself, Dr. Marsden being the senior.

In attributing the position (*professional*, I presume,) which the hospital has attained principally to my services, I feel most sincerely that you have overrated them, and, at the same time, overlooked those of the founder and the other medical officers with whom I have had the honour of co-operating during the period of my connection with it.

I hope you will do me the justice, moreover, to admit, that I am not in any way responsible for the opinions contained in that biography, either in reference to myself personally, or to my relation with the Free Hospital, and that I was not, in the slightest degree, made aware of their nature prior to their publication.

I am, sir, your obedient servant,

JOHN GAY.

Finsbury-place, South, August 5, 1853.

[We cannot but think that in the foregoing letter Mr. Gay estimates his qualifications and services too low in comparison with those of his colleagues at the Royal Free Hospital. It appears that Mr. Gay is not the "principal surgeon" at this institution, Dr. Marsden enjoying that distinction, but, although this may be true in the strictly *official* sense, yet, in the sense in which we intended the words to be understood, we should say that he is not simply the "principal surgeon," but he is the *only* surgeon in that renowned infirmary. This is, of course, mere matter of opinion. There can be no doubt, however, that Mr. Gay is a man of first-rate talents as a surgeon—that he has exhibited much originality in his operations, and is an honour to the hospital.

When we wrote our notice of Mr. Gay, we were not aware that the well-known *physician*, Dr. Marsden, was, in the technical sense, *principal surgeon* to the Royal Free Hospital, such an anomaly being utterly inconsistent with the usages of the profession. We were not then aware either—regarding him in the wider sense, as an operative surgeon—that Dr. Marsden had performed a capital operation in his life; and we now assure that gentleman, in order to make reparation for the loss of dignity which he fancies he has sustained through our notice of his colleague, that we shall be proud to publish in our Journal any report of an operation for lithotomy, hernia, amputation of the thigh, ligature of the subclavian, or even cutting

fistula, that he may be pleased to transmit. We cannot take a more generous course to enable him to exhibit his surgical qualifications.

We willingly exonerate Mr. Gay of all responsibility respecting the opinions we have expressed in relation to himself and the hospital; but why should we be asked to do anything so unusual, especially, after so long a period has elapsed since the publication of the memoir? We cannot avoid the suspicion that a detestable plot, inspired by an agency yet unseen, is in formation, and that our notice is merely a plea for effecting the intended object. But we will not believe it; we cannot allow a thought of such baseness to rest in our minds. It would be surprising if a body of governors could be found who would lend themselves to so dark and cowardly a project. Such a plot, if it exist, would have very different results from any that are anticipated.—ED. MEDICAL CIRCULAR.]

#### THE POOR-LAW SURGEONS IN SCOTLAND.

*To the Editor of the "Medical Circular."*

SIR,—I, and I am sure others of my professional brethren in these remote quarters, feel grateful to you for the interest you have taken in behalf of the poor-law surgeons of the English unions and Irish charities. Permit me now to state the case of poor-law surgeons of parochial boards in the Western Highlands and Islands of Scotland, which are, as far as I understand them, on much the same footing as unions in England.

Generally speaking, there was a district or parochial surgeon in each parish, previous to the passing of the Poor-law Amendment Act, in 1845. That act made it obligatory on every parochial board to provide medical attendance and medicines for the poor on the roll. There is a board of supervision in Edinburgh, which controls the parochial boards. The parochial surgeons are paid an annual salary, which is levied upon the occupants of lands, and sometimes the proprietor contributes a little to assist these occupants of land to make up a salary, to induce a medical practitioner to settle down among them; but, no sooner does he do so, at some trouble, and, may be, expense to himself—and, to add to his comforts, he takes unto himself a wife to solace and welcome him on his arrival after a harrassing journey—than, if he is not a servile and a sycophant of the factor of the day, he is marked out a victim of every species of persecution and opposition, until he is obliged to betake himself to some other place, a much poorer man than when he came, and spending by far the most precious part of his life, too.

The parishes are so large, that the labour and privations attending and inseparable from medical practice in them are almost incredible. Our incomes are quite inadequate as remuneration for our labour, seldom exceeding a hundred a year,—not equal to the pay of ordinary mechanics at present, who have a much easier life of it, and can fare better, and do more justice to their families than medical men in these remote quarters; and, for submitting quietly to it hitherto, we are told very cavalierly that we are fully remunerated! It is no uncommon thing for some of us to be on the tramp all day, fasting sometimes twelve hours, soaked with rain, and often salt-water, and perspiration, until, by mutual attraction, they meet. In this state we are obliged to pass the night, sitting opposite a turf fire, or go to bed, to be driven out again by a legion of fleas *et hoc genus omne*.

I may relate to you my own case, *e.g.* I am now upwards of 55 years of age, 30 of which have been spent in practice, twenty-eight of them in this parish, at seventy pounds a year, with a free house and garden, neither of them equal to a tradesman's, with the privilege of charging for medicines, vaccination, and all operations, which were stated to amount to £40 additional, but which I found, to my cost and chagrin, turned out to be quite the reverse—in a word, the confidence I put in these assertions was misplaced.



Some years afterwards, I differed with the factor about my allowance and some other matters, and, for my presumption, my salary was reduced ten pounds. This parish extends to an area of 145 square miles, and contains a population of 3,300 upwards of souls scattered over it; accessible in stormy weather only at the risk of my life. To only about eighty families can I ride.

In 1845 the Poor-law Amendment Act passed. By that act a parochial board is formed in each parish, and a medical officer appointed. I was appointed to this parish, as a matter of course. In 1848 the government of the day gave a grant of £10,000 to assist parochial boards to provide medicines and medical attendance for the poor, to be distributed among all the parishes in Scotland who should apply for a share. The parochial board of the parish promised to expend forty pounds for medical relief to the poor, and in the event of their doing so, wished to know from the board of supervision how much of the government grant they would be entitled to. The answer was, £17 10s. Instead of my getting these forty pounds exclusive of my salary of seventy pounds, and of which I am defrauded, the factor turns round and says, "We will make it appear that the doctor was paid thirty-five pounds of his former salary for the poor, and in that way we will get a share of the government grant." Even the share of the government grant, which is for a specific purpose, viz. for medical relief, they wished to appropriate to themselves, and when I demurred, the factor, who is the parochial board, struck a blow on the table, to browbeat me,—a man, if he deserves the name, my own inferior in years, and in every other respect. Parochial boards in these remote quarters are always packed. The factor has always a number of these vile objects about him, ready to hound them on the medical officer, if he should not act the part of a servile.

The board of supervision is stationed at Edinburgh, which sends its instructions and regulations to the parochial boards from time to time. An officer from it comes occasionally to these remote quarters, but is generally satisfied with what he gets from the factor in the shape of information, &c.

Before I was done with the government grant, I should have mentioned that an order was issued last year to parochial boards, making it imperative on their medical officers to vaccinate *all* the children in their different parishes. This is like a rider attached to the government grant. Instead of being a benefit to parochial medical officers, it will make their situations much worse. It is a most unjust, illegal enactment; it is ultra vires of the board of supervision, whose duties are defined and limited "for the relief of the poor."

For these evils, under which medical practitioners labour in these remote quarters, and where they are treated not as gentlemen, but menials, by men who would not dare to do it were it not that they think themselves beyond the reach of observation, I beg leave most respectfully to submit the following proposals:—

1st, That, in order to make a medical practitioner comfortable, and enable him to maintain that status in society to which his profession entitles him, and to extend and increase his usefulness, an income of two hundred pounds sterling, with a suitable house, garden, and offices, be guaranteed to him; or,

2nd, That a certain amount per mile be guaranteed for professional visits; say, 2s. 6d. where he can ride or drive; 3s. 6d. where, for want of roads, riding or driving is impracticable, or where he must go by sea.

3rd, That there be a redistribution of the government grant for medical relief to the poor, and a share allotted to the medical officers, according to the extent of their parishes, distances of travelling, and number of paupers on the roll.\*

\* Glasgow receives of the government grant £500, and it is easier for a medical officer there to visit 300 than for me to visit one, in some parts of my parish.

4th, That the medical practitioner be rendered totally independent, uncontrolled and untrammelled by, and irresponsible to, any lay officials.

5th, That every means be used to excite the sympathy of our professional brethren in the south, and to use their influence with their patients who are members of the legislature, to secure, by legislative enactment, a better remuneration and independent status for parochial medical officers in these remote quarters of the Highlands and Islands of Scotland. I am, sir, yours, &c.,

R. CLARK.

Parish of Harris, N.B., 25th July, 1853.

[The subject of this letter shall receive early consideration. —ED. MED. CIR.]

## Medical Notes and Queries.

### NOTE.

HABITUAL COSTIVENESS, WITH HÆMORRHOIDS.—There is an error in the printing of my prescription which appeared in the last number. Read, *Aquæ commun.*, instead of *camp.*

GF. V. V., M.D.

Aug. 4, 1853.

### NOTE.

THE TREATMENT OF DYSPNÆA.—I should feel much obliged if some of your learned friends would send me a few receipts for the treatment of dyspnæa, which embitters my existence.

T. BUCHANAN, C.M.

### QUERY.

DENTIFRICE.—To the Editor,—Sir,—I shall feel obliged if you will tell me the best thing to be used for cleaning the teeth.

Yours, &c.,

A BEGINNER OF THE NEW SERIES.

### REPLIES.

UNG. HYDR. NIT.—In answer to a "Provincial L.S.A.," in the "Circular" for July 13, I beg to quote from Dr. Christison's valuable "Dispensatory." Dr. C. says:—"Citric ointment has a bright yellow colour when newly prepared; it retains this colour long, when excluded from the light; otherwise it passes through greyish-yellow or bluish-grey, and at the same time becomes hard and crumbly. It is then unfit for use, nor are its qualities restored by triturating it with fresh lard, as is the practice of some. The cause of the change is disoxygenation of the peroxide of mercury." Consequently this ointment, as well as the red and white precipitate, to be of real value, ought to be recently prepared, when intended for use.

PIL. COLOC. COMP.—As some reply to Mr. "Verdant Green's" query, in the same number of the "Circular," I think, if he refers to the various compound pills of the P. L., he will see no reason why the late Extr. Col. Co. should not be added to the number, though the alteration at first may be rather annoying. The Pil. Conii Co. might just as well have been called Extr. Conii Co., but it was not, so the Extr. Col. Co. stood "alone in its glory," and is now removed, for the benefit of our medical descendants. Now-a-days, improvements, even in small matters, are the order of the day.

WARM PLASTERS.—To "Dartos" I would say, "Warm plasters, such, e.g., as Emplastr. Picis, are of use in various ailments, especially chronic bronchitis, in old folks, who find them so comfortable, and who would rather wear one after the other, till they drop off, and find real benefit from them, than try all the unguents, liniments, and embrocations of the Pharmacopœia.

The meaning of the term "bilious," though somewhat vague, is pretty well understood by medical men and the public. Bilious persons, spite of every attention to their diet, have usually a brown, dirty tongue, with bitter taste, in the mornings especially. Beer, porter, butter, &c., easily disorder their stomachs at any time. Minute alterative doses of blue pill, according to the late Dr. Wilson Philip's plan, with plenty of air and exercise, and a regular



diet, will often get rid of this disordered state of the liver and stomach.

**HABITUAL COSTIVENESS.**—In reply to the query by "Nil Desperandum," in your last week's "Circular," I would recommend your correspondent to purchase a useful little book, by Herbert Mayo, entitled "Management of the Organs of Digestion, in Health and Disease;" in which everything is contained that refers to constipation or other derangement of the digestive organs. Among the simplest forms of laxatives may be mentioned a sufficient admixture of green vegetables with the diet, subacid fruits, roasted apples, tamarinds, &c. A glass of cold water on getting out of bed in the morning is useful. Resorting punctually, at stated hours each day, to the temple of Cloacina, is, as most would soon find, an important auxiliary to their devotions. Many, especially ladies in higher life, themselves use a cold-water enema daily, instead of resorting to drugs.

MEDICUS.

July 29, 1853.

#### REPLY.

**HABITUAL COSTIVENESS.**—To "Nil Desperandum," who, in the "Medical Circular" of July 27th, solicits advice as to the best treatment of "habitual costiveness," I would strongly recommend the use of cold-drawn linseed oil. If he take a tablespoonful every night or so, on going to bed, he will obtain the happiest results. My own experience, as well as that of an American, to whom I am indebted for the remedy, fully verifies the above assertion.

UNUS.

### Medical Societies.

#### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 28, 1853.—DR. COPLAND, PRESIDENT.

*Statistical Report of Fatal Cases of Diseases of the Brain occurring during the last Four Years at St. George's Hospital.*

By A. W. BARCLAY, M.D., Medical Registrar.

The author was induced to present to the Society this statistical report, from a conviction that our knowledge of the relation between the symptoms and pathological states of the brain was as yet very imperfect; and he believed that greater certainty in the diagnosis could only be accomplished by an accumulation of facts, and by arranging these in the present form, he was led to hope that some useful and authentic information might be obtained. The report was wholly confined to cases in which, by post-mortem examination, the nature of the lesion was ascertained, for his object was to deal with facts and not with theories; and for the same reason no reference was made to the proportion of cases admitted into the hospital, nor to the relative proportion of deaths and recoveries among persons supposed to be labouring under similar diseases. It was hardly necessary to add, that diseases of the brain yielded an invariably high ratio of mortality. The cases were divided into—scrofulous inflammation, with or without actual presence of tubercles in the brain; simple inflammation; abscess; softening, of a non-inflammatory nature; delirium tremens; apoplexy; and tumours. The author proceeded to offer some observations on the cases included in these several divisions.

1. *Scrofulous Inflammation.*—These cases were twenty-eight in number, and the age at which such cases proved fatal contrasted remarkably with other diseases of the brain. There were nine under fifteen years of age; five from fifteen to twenty; seven from twenty to twenty-five; four from twenty-five to thirty; two from thirty to forty; one from forty to fifty; one over fifty years of age. No facts were recorded in the majority of the cases which threw any light upon the usual exciting cause of scrofulous inflammation of the brain. The symptoms were sometimes slowly and insidiously developed, at other times setting in with unexpected violence; while no point in the history of the case could be learned in any

way accounting for their origin. And this had not unfrequently been the case when the patient was under observation at the commencement of the disorder. In nineteen of the twenty-eight cases scrofulous or miliary tubercles were found in the brain or its envelopes, the proportion of yellow, cheesy, or scrofulous tubercle being far greater than those of the miliary kind. The mode of incursion of this form of brain disease was very various; but those in which it was most difficult to recognise were the cases commencing with symptoms resembling ordinary continued fever. In three instances there had been previous attacks referrible to the nervous centres; in another instance the symptoms were developed soon after a fall; in one, after exposure to the sun; in the remainder there was no satisfactory history. In eleven cases pain in the head was the earliest symptom; in six, delirium was the first prominent symptom; in two, convulsions commenced as the first evidence of mischief. In eleven out of twenty-eight cases pain of the head was not complained of; delirium was absent in eight cases of this class. Convulsions may be said to be the rule, and their absence the exception in childhood. Among the twenty-eight cases there was no exception to this under the age of thirteen. The period at which delirium commenced, convulsions paralysis, partial or general strabismus, were also carefully noted and recorded. The post-mortem condition of the cerebral mass, as well as of the membranes and vessels accompanying the scrofulous deposit, were next compared.

2. *Simple Inflammation and Congestion.*—The ages of these patients formed a striking contrast to those of the preceding class. Here the earliest period of fatal inflammation was sixteen years, and only three were reported under the twenty-seventh year, the period at which all but five of the scrofulous cases had terminated. Classed in periods of ten years, there were three cases from fifteen to twenty-five, eight from twenty-five to thirty-five, four from thirty-five to forty-five, three over forty-five years of age; the oldest occurring at the age of fifty-seven. Of the eighteen cases only four were of the female sex. The mode of incursion in cases of simple inflammation was less insidious and more commonly traceable to a distinct exciting cause than in the preceding class, and there were only three instances recorded in which the history of the case and the character of the symptoms rendered the diagnosis of acute disease in the brain by any means doubtful. The special symptoms characteristic of cerebral lesion, pain of the head, delirium, convulsions, and paralysis were noticed in relation to their frequency and the period of their occurrence. Of the post-mortem appearances, lymph or turbid serum was found in nine cases upon or under the arachnoid; in fourteen cases fluid was found in the ventricles. The brain was soft in four cases, two with increased vascularity, and two with a watery state of the brain. It was congested in eleven cases, and wet and pale in three. Then followed a contrast between the symptoms in the scrofulous and the non-scrofulous class.

3. *Abscess of the Brain.*—Five examples were recorded of this form of disease. The history of these cases was somewhat obscure, and the causes which determined this action in the cerebral lobes, and the period at which suppuration actually commenced, were uncertain. Four of the cases were encysted; one was simple abscess, two were associated with caries of the temporal bone, one with suppuration on both sides of the cranium opposite to a sloughing wound of the integuments.

4. *Softening of a Non-Inflammatory kind.*—Only one instance of this form of lesion was recorded: its duration was five months; its progress was chiefly marked by the existence of hæmiplegia, with indistinct articulation; the whole of the medullary substance on the left side was softened and diffuent; the brain appeared congested.

5. *Delirium Tremens.*—Ten fatal cases of this disorder were recorded. They were all of the male sex. The ages varied from twenty-nine to fifty-four. Various diseased states of other organs were noted, which probably



exercised an influence, more or less decided, in causing the cases to terminate fatally. The heart was diseased in seven cases; the liver in six; the kidney in two. In four cases tubercles were found in the lungs; once recent; five times in the form of a cretaceous mass. The membranes of the brain were congested in four cases; an excess of fluid was found under the arachnoid in eight cases. In six cases the ventricles contained an excess of fluid. The substance of the brain was in the majority of cases "wet."

6. *Apoplexy*.—There were fourteen cases of this disease; nine males; five females. Seven cases from forty to fifty years of age; three from fifty to sixty; three from sixty to seventy; one over seventy years. Atheroma of the arteries at the base of the brain existed in seven cases; healthy in five. The heart was distinctly hypertrophied in seven cases; in all of these cases the kidneys were also diseased. The anatomical conditions in the brain were various: in one case, an old apoplectic clot under the arachnoid; in another case, turbid serum under this membrane; there was effusion of blood in this case, limited to two small clots in the third and fourth ventricles. In three cases there was a good deal of blood effused at the surface, with large clots in the substance of the brain. In nine cases the clots occupied a central position with reference to the hemispheres. Distinct softening in the vicinity of the clot was found in five cases.

7. *Tumours*.—Of these were six cases: three males, three females; ages varied from twenty-four to forty-nine. Four were examples of encephaloid disease; two of encysted growths.

8. *Anomalous Cases*.—Two cases could not be referred to either of the preceding classes. There was no evidence of any anatomical lesion in the cerebral structures; while the symptoms during life were distinctly characteristic of brain disease. In one the kidneys were in a state of degeneration, but the author doubted if albuminuria ever produced paralysis of one side of the face and strabismus, which preceded the stupor and coma, terminating fatally.

The author concluded by a general summary of the symptoms during life, in relation to the anatomical lesions recorded after death.

*Additional Experiments on the Excitability of Paralysed and Healthy Limbs by the Galvanic Current.*

By R. B. TODD, M.D., F.R.S.

In the summer of 1847, Dr. Todd submitted to the Society the results of experiments tried with the view of testing the accuracy of Dr. M. Hall's dogma, that limbs paralysed by lesion of the brain became more excitable than the healthy ones by the galvanic current, in consequence of an increased irritability of the paralysed muscles. The present communication comprises the results of experiments to determine the difference on the influence of the current according to its direction, and also to ascertain whether any real difference of physiological effect exists when the galvanic trough, or the magneto-electric or electro-dynamic machine is used. Thirteen healthy individuals were subjected to experiment, and with the following results:—

1st. That the obvious physiological effect was produced only on completing or on interrupting the galvanic circuit.

2nd. That more vigorous contractions were excited on the completion than on the interruption of the circuit.

3rd. That the completion or the interruption of the direct current produced more vigorous contractions than the completion or interruption of the inverse current.

These experiments were made with a Cruickshank's battery, charged with very dilute sulphuric acid. The magneto-electric rotation instrument and the coil-machine (electro-dynamic) were afterwards used, and it was found that the same effects precisely were produced, and the same variation in the intensity of the contractions, according as the current was direct or inverse. Fifteen cases of hemiplegic paralysis, caused by lesion of the brain, are

afterwards detailed. The results of the galvanic experiments on these cases were as follow:—

1st. That of the fifteen cases, in only three was there any approach to a greater excitability of the paralysed than of the sound limb, and that in two of these it was manifested only under the influence of the inverse current.

2nd. That in three of the cases both the coil-machine and the battery were used, and with precisely the same results, and that in one of the cases the coil-machine alone was used, and with a result which corresponded with those obtained in similar cases by the galvanic battery.

3rd. That in each of the three cases in which a greater excitability existed in the paralytic limbs, the paralyzing lesion in the brain was more or less of an irritative kind. In one case the irritation was probably connected with an incipient process of cicatrization.

4th. That in many of the experiments all degrees of galvanic power were used, and with no other difference than that of degree, the amount of physiological effect being exactly proportionate to the power of the galvanic stimulus.

## Parliamentary Intelligence.

### HOUSE OF COMMONS.

#### VACCINATION EXTENSION BILL.

The Bill passed through Committee without serious opposition. Various important amendments were adopted. The obligation to vaccinate from arm to arm, and from a healthy arm, is erased. The following clauses were introduced. They are clauses III., VI., X., of the Bill.

III. Upon the eighth day following the day on which any child has been vaccinated as aforesaid, the father or mother, or other person having the care, nurture, or custody of the said child, shall again take, or cause to be taken, the said child to the medical officer or practitioner by whom the operation was performed, in order that such medical officer or practitioner may ascertain by inspection the result of such operation.

VI. In all contracts to be hereafter made under the provisions of the first recited act, by any guardians or overseers of the poor with any medical officers or practitioners for the vaccination of persons resident in their respective unions or parishes, the sums contracted to be paid shall not be less than the following rates; that is to say, for every person successfully vaccinated at the residence of such medical officer or practitioner, or within two miles therefrom by the nearest public road, a sum not less than one shilling and sixpence; and for every person successfully vaccinated at any place more than two miles distant from such residence, any sum not less than two shillings and sixpence.

X. A fee of threepence shall be paid to such registrar for each child vaccinated, in respect of which he shall have performed the duties required in this act; and he shall keep a book, to be provided as hereinafter directed, containing a minute of his having duly given such notice as hereinbefore directed: and the said fee shall be payable in the same manner as the fee now payable to such registrar for registering the birth of such child as aforesaid is paid.

#### THE DUBLIN HOSPITALS.

Mr. Grogan stated, that, considering the period of the Session, he should not proceed with the motion of which he had given notice, that a Select Committee be appointed to enquire into and report on the expediency of the grants made from the public funds to the hospitals in the city of Dublin, and how far the circumstances of those institutions, and their utility as a medical school, require the continuance of such grants.

#### LUNACY.

On Wednesday, in Committee on the Lunatics Care and Treatment Bill, on clause 4, which provides that no



person shall be received into a licensed asylum without an order of admission signed by a physician, surgeon, or apothecary—

Captain Scobell moved the omission of the word "apothecary." The Amendment had been suggested by the Alleged Lunatics' Society, as it was thought that physicians and surgeons were plentiful enough, without giving this power to apothecaries.

Mr. Brady opposed the amendment, on the ground that the examination which apothecaries were obliged to pass was quite sufficient to enable them to discharge this duty.

Mr. Phinn thought that to exclude apothecaries would be putting a slight on that large body of respectable men which they did not deserve.

Mr. Walpole believed that apothecaries were often much better qualified to discharge this duty than physicians or surgeons, because many of them acted as family medical advisers, and were enabled, by their acquaintance with the family constitutions, by their experiences of the previous illnesses of the patient, and his peculiar susceptibilities, to tell whether there really was lunacy or not in cases where others would be at a loss. For this reason he should oppose the amendment.

The amendment was then withdrawn.

### Our Note Book.

#### FRACTURES, COMPOUND.

M. Trastour details in a series of papers numerous cases of compound fracture he has witnessed in M. Chassaignac's wards, illustrative of the favourable results that have followed their treatment by "occlusion." As our readers are aware, this consists in the immediate application of a cuirass of adhesive plaster, which is restrained *in situ* for several days, all surrounding inflammation being kept down by leeching, if necessary. M. Trastour's report is highly favourable; under this plan the wound far more rapidly heals, pain and traumatic fever are much diminished, as is the chance of the occurrence of nervous delirium, tetanus, erysipelas, and purulent infection. In cases in which it may be doubtful whether amputation will be required, it enables us to wait with safety for the decision; and brings these traumatic cases in nearer relation to the cases in which amputation is performed for disease, and in which its results are so much more satisfactory. Since he has adopted this practice, M. Chassaignac never amputates for traumatic injuries of the fingers, however violent the injury may have been. Even when re-union does not take place, very much longer and better stumps result from leaving the case to nature.—*Archives G n rales*, Vols. xxix. and xxx.

#### MR. LIZARS ON THE NEW MODE OF OPERATING IN VARICOSE ANEURISM.

In our last volume (xvi. p. 342) we described an operation for Varicose Aneurism by M. Malgaigne, in which the artery was tied above and below the sac, by two separate incisions, without interfering with the sac or the integuments lying over it—an operation which, as M. Malgaigne subsequently discovered, had been performed by Dr. Norris, of Philadelphia, in 1842. We now recur to the subject, for the purpose of showing that both these gentlemen were anticipated, at least in the spirit of the operation, by Mr. Lizars, of Edinburgh. Mr. Lizars' operation, however, differs from M. Malgaigne's, in the exposure of the sac by a single incision, and the subsequent free dissection of that sac—a difference which the author considers of considerable moment, as enabling him to secure any anastomotic communication with the sac between the ligatures, and so to prevent a cause of failure which did actually occur and operate in Dr. Norris's patient. Mr. Lizars' case is narrated, and illustrated with cuts, in the first part of the

first edition of his work on Practical Surgery, which edition was published in 1838, and it is alluded to by Mr. Ferguson, as one at which he had himself assisted, at p. 279 of his "Practical Surgery." The case itself occurred several years prior to publication.—Extract from the *Half-Yearly Abstract of the Medical Sciences*, Vol. xvii., January—June, 1853.

#### MENSTRUATION AND SUPERF ETATION.

Dr. M. Duncan exhibited to the Edinburgh Physiological Society a dissection of a gravid uterus, at about the end of the second month of pregnancy. He specially pointed out the mucous structure of the decidua vera, and of the decidua reflexa, and the open state of the Fallopian tubes and cervix uteri up till this period. The adherent plug of cervical mucus was also well seen. The preparation illustrated the possibility of the menstrual discharge, which occasionally occurred in early pregnancy, being derived from its ordinary source, the lining membrane of the cavity of the uterus. This might be the source of the discharge till the cavity of the uterus was completely occluded by the contact and coalescence of the decidua vera and reflexa, which took place in the third month of pregnancy. The only obstacle to the issuing of the discharge from the uterus was the cervical mucus. But this was also present in the unimpregnated organ, and had to be displaced or opened up for each ordinary menstrual period. On the same grounds, Dr. M. Duncan believed that superf etation might take place up till some time in the third month of pregnancy. The communication between the vagina and the ovaries was quite free up till that time. By supposing the first child, in a case of superf etation, born at the end of the seventh month, and already viable, and the second to have been conceived in the end of the third month of the pregnancy of the former, an interval of five months is gained between the births of viable children, a space of time that will include and explain most authentic cases of this occurrence. Dr. D. also made some remarks on the fanciful notions of authors as to the function of the decidua reflexa, in regulating the motions of the ovum on its entrance into the uterus, and showed that they were untenable.—*Monthly Journal of Medical Science*, May, 1853.

#### OBSERVATIONS ON THE EMPLOYMENT OF INHALATION OF ETHER IMPREGNATED WITH QUININE IN THE TREATMENT OF INTERMITTENT FEVER. BY M. A. PIGNACEA, PROF. CLIN. MED. UNIV. OF PAVIA.

A limpid fluid, of peculiar and not pleasant odour, is obtained by the distillation of quinate of lime, alcohol, and sulphuric acid; its exact chemical nature has not been yet ascertained. M. Manetti, a young student in medicine, deserves the honour of first suggesting the administration of quinine, in this form, by inhalations. He was struck with the death of a patient, who sank under a severe attack of fever, from the impossibility of giving him, in a short time, the medicine in sufficient quantity; and he set about discovering some preparation by which it could be absorbed through the air passages. A scruple, poured on a handkerchief, must be held alternately to the nostrils; first ensues lachrymation; then a little heat of throat and coughing; sometimes singing in the ears. M. Pignacea has known severe cephalalgia disappear, in some patients, during the inhalation. It is recommended in tertian fevers; in neuralgia, especially of the branches of the fifth pair; in marsh fevers, some of which cases are often accompanied by urticaria and symptoms of gastro-enteritis, etc. In six cases the fever was permanently arrested by four inhalations in the intervals of the attacks.—*Gazzetta Medica Lombarda*.

COMPLIMENT TO THE MEDICAL PROFESSION.—The Lord Chancellor, on the recommendation of the Lord Lieutenant the Earl of Warwick, has nominated William Sands Cox, Esq., a deputy Lieutenant to the Commission of the Peace for the county of Warwick.



## BENEVOLENCE.

Subscriptions received on behalf of F. J., for the distressed and destitute widow and five orphans of a surgeon to an emigrant ship, recently deceased at sea.

	£	s.	d.
The Right Honorable Earl Stanhope	5	0	0
The Medical Benevolent Fund.....	10	0	0
Mrs. Ralph .....	2	0	0

P.S.—One of these unfortunate orphans, five years of age, died on Monday, the 8th instant, after four weeks' severe suffering. Two of the survivors are seriously ill—the other two are convalescing. It is a sad case, seriously recommended to the kind and charitable notice of the profession.

## Obituary.

May 15.—CHRISTOPHER WRIGHT WRAY, Esq., assistant surgeon of her Majesty's 87th Royal Irish Fusiliers, by the fall of an avalanche, in one of the valleys of Cashmere.

May 20.—DALHOUSIE TAIT, M.D., at Calcutta. This young gentleman, of early promise, who was some time ago called to fill an important appointment in the medical department in India, has been unexpectedly and prematurely cut down. Respectably connected, he enjoyed the pre-eminent advantages of early training and a complete medical education. He was the son of Captain Tait, of Pirn, whose name was long identified with public institutions and plans for the promotion of the happiness of others, both in a religious and civil capacity, in Edinburgh and its vicinity. Dr. Tait, was educated at the University of Edinburgh, where he passed through the medical curriculum required for graduation with distinguished academic honours. He obtained a prize in the class of systematic surgery, taught by Professor Miller. He also prosecuted, with great vigour and ability, the anatomical and physiological studies. Along with the writer of this biographical obituary, Dr. Tait, attended the practice of physic under Dr. Alison, where he was characterised for regularity of attendance and considerable proficiency. Some time after, he became a clinical clerk in the surgical hospital in the city of Edinburgh, where he discharged the duty with his wonted precision and acceptability. Enjoying the advantage of attending, along with Dr. Tait, the dispensary practice, as his earliest friend, the writer of this notice had the best opportunities of witnessing his superior skill and tact in the treatment of the patients. He also had the benefit of witnessing and admiring his fine temper and disposition, his great amiability and kindness. Dr. Tait, after passing through his examinations, and producing a thesis of no small merit, on the "Surgical Pathology of Aneurism," received the degree of M.D. In addition to this high distinction, he likewise obtained a surgical diploma. After passing through the examination of Apothecaries' Hall, London, he soon repaired to Calcutta, where he died on the 20th day of May last. So eminently gifted, his loss will be deeply felt by his mother, Mrs. Tait, and other relatives; while his memory and his virtues are affectionately embalmed in the fond remembrances of his early and devoted associates.—*Medical Times and Gazette*.

July 4.—WILLIAM PALMER STEEL, M.D. at Kingston, Jamaica, from attack of yellow fever, aged 26. The deceased was the third son of William Steel, Esq., of Abergavenny.

July 10.—NATHANIEL BRIGGS FISHER, Esq., M.R.C.S. Eng. and L.S.A. 1830; suddenly, at Bungay, Suffolk, aged 43. The deceased held the office of surgeon to the Bungay Dispensary, and had in 1843 contributed a paper to the "Provincial Medical Journal," on Malignant Puerperal Fever.

July 24.—RICHARD SPEER PEILE, M.D. late assistant surgeon of the 91st Argyle Regiment, at Maria Mount, Kilmainham, Dublin, aged 31. His remains were interred with military honours, in Mount Jerome Cemetery.

Lately.—JOHNSTON, Esq., assistant-surgeon at Umballah.

Lately.—W. OWEN, Esq., assistant-surgeon at Midnapore.

Lately.—W. HAYNES, Esq., assistant-surgeon of the 52nd Regiment in the Honourable East India Company's Service, at Donabew, on the Irrawaddy (late of Evesham).

## Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners, on the 29th ult.:—John Carey, Shacklewell; Henry East, Sydney, South Australia; William Noble, Linton, Herefordshire; Edward Prentice, North Walsham. The examinations for the diploma of the College closed for the present Session on Friday last. The Library and Museum will be closed as usual in September next, for the necessary cleansing and re-arrangement of the collections.

APOTHECARIES' HALL.—The names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, July 28th, 1853:—William Henry Barber, Longtown, William Fisher Flavell, Sheffield; William Smallpage, Knottingly; Joseph Stephens, Probus, Cornwall; Henry Tourmay Stiles, Pinchbeck, Spalding.

QUEEN'S COLLEGE, BIRMINGHAM.—APPOINTMENTS.—Dr. Heslop, physician to the Queen's Hospital, has been appointed joint professor of Materia Medica; and Mr. Oliver Pemberton, surgeon to the General Hospital, a demonstrator of Anatomy in the College. Mr. William Webb, a Warneford scholar and gold medallist, and resident surgeon of the Stafford Infirmary, and Mr. James Henry Franks, a Warneford scholar and gold medallist, and resident surgeon of the Leamington Hospital, have been unanimously admitted to the Fellowship, under the powers recently granted by the Crown.

MEDICAL FEES FOR STREET ACCIDENTS.—BOND v. DOLMAN.—This case was tried in the Sheriffs' Court last Wednesday, before Mr. Gurney. The plaintiff is a surgeon, and the defendant a gentleman residing in the west-end. It appeared that the defendant sustained an accident in Regent street, and was immediately attended by plaintiff, defendant having inquired of him whether he was a surgeon, and the former having replied in the affirmative. In two hours after the accident the defendant was conveyed home, when he placed himself under the care of another medical gentleman. On the part of defendant it was contended that the charge was too much, and that plaintiff was not entitled to any remuneration, as his services had been volunteered. It was argued *e contrario*, that plaintiff had acted as any other gentleman of the profession would have acted under the circumstances, having gone to plaintiff when he was sent for. The learned judge, after reviewing the arguments *pro* and *con.*, held the inquiry by defendant as to whether plaintiff was a medical man, and afterwards putting himself under his care, was a retainer in every sense of the word. Defendant's putting himself subsequently under another surgeon argued no want of skill on the part of the plaintiff, for there might be many reasons for engaging a gentleman in the neighbourhood. His honour ultimately adjudged plaintiff £1 1s., subject to his producing his diploma the following day to Mr. Wilkinson, senior clerk of the court.

MEDICAL BENEVOLENT COLLEGE.—At a meeting of the Council, held on Tuesday last, James W. Freshfield, Esq., M.P., in the chair, the treasurer reported that on the late occasion of laying the foundation-stone of the College, three hundred and fifteen ladies presented purses of five guineas, and that the collection altogether amounted to 3,400l. Thanks having been voted to the Lord Bishop of Winchester for kindly officiating on that occasion, his



lordship was elected a vice-president of the College, as was also Benjamin Eveleigh Winthrop, Esq., who presented on that day the munificent donation of 500 guineas. Dr. Colledge, of Cheltenham, was also elected a vice-president. Thanks having been voted to the Rev. Wm. N. Harrison, the vicar of Reigate, for having kindly advocated the cause of the Institution on the 24th ult., that gentleman was constituted an honorary life governor of the College.

**THE CHOLERA.**—The Dutch Government have just received the official notification from the Dutch Minister Plenipotentiary at Stockholm, that the Swedish Government have declared that the cholera prevails in Abo, Elsinore, St. Petersburg, Cronstadt, Narva, Reval, Riga, and Copenhagen; and that the following places and territories are "suspected to be infected."—All the Finnish harbours from Christianstadt inclusive to the Russian frontiers; all the Russian ports of the Gulf of Finland and the Baltic, and the ports of Zealand. In consequence of the alarming progress of the cholera at Copenhagen and the environs, commissions have been formed in different towns of Jutland and Schleswig for causing hygienic measures to be adopted. The military authorities of Flensburg have directed the soldiers to observe the greatest cleanliness in the barrack and guard-houses, and have ordered that on hot days they shall neither be exercised nor employed in heavy work.—A letter, dated Copenhagen, July 29th, says, "since the day before yesterday the cholera has made considerable progress; 346 new cases, and 184 deaths have occurred in one day. The total number of cases now amounts to 4759, and the deaths to 2508. Among the victims are nine physicians, one of whom, Dr. Witthusen, formed part of the medical establishment of the King's household; our celebrated painter, M. d'Eckenberg; Baron de Holstein, intendant of the Theatre Royal of Copenhagen; and M. Douce, a lieutenant in the navy." The *St. Petersburg Journal* states that the cholera is at present raging in the governments of Kiew and Tolya, and that it has also burst out in the great commercial town of Beryczew.

**DARTFORD AND THE BOARD OF HEALTH.**—At a meeting of the ratepayers of Dartmouth, a memorial to the Board of Health, praying them to prevent the local board proceeding with the Croydon system of pipe sewerage, was unanimously adopted. The memorial, after referring to its evil effects in Croydon, where it generated fever, states that pipe-sewers are particularly ill-adapted to the land-locked position of Dartford, where they would prevent free vent to fogs and mists, and thereby retain a poisonous miasma fraught with danger to health and life.

**NAVAL MEDICAL OFFICERS.**—The claims of that ill-used portion of our profession—the medical officers of the Royal Navy—are now coming prominently before Parliament, and their cause is altogether progressing most favourably. On Thursday last, Mr. Montague Chambers, the member for Greenwich, gave notice, that "should no motion be submitted to Parliament during the present session, with reference to the Medical Department of the Royal Navy, and no improved system be proposed by the Lords Commissioners of the Admiralty, he should call the attention of the House, early in the ensuing session, to the state of that important branch of the national service, with a view of placing the officers employed therein in a more satisfactory position, and on an equality with the medical officers of her Majesty's military service." The suggestion thus thrown out by Mr. Chambers is likely to be adopted by a most influential member of the house; indeed, we have reason to know that several members have expressed their readiness to bring forward, or to assist in bringing forward, a motion at once on this important subject, but until the last two days it was thought advisable to postpone forcing a motion on the consideration of the house at this late period of the session. However, it is now, on re-consideration, thought desirable to give notice of motion at once, as, in addition to the thirty-three petitions which had been presented up to the 26th ult., representing nearly one thousand signatures, there are a still greater

number in process of presentation. During the past week petitions signed by the magistrates, clergy, merchants, bankers, and members of the medical profession, have been presented from Bristol, Bishops Stortford (2) Perth, (2) Peterborough, Cork, St. Albans, Yeovil, Coleraine, Londonderry, Sheffield, Exeter, Edinburgh, Horsham, Aberdeen, Macclesfield, Liverpool and other places.

**THE ELECTRIC TELEGRAPH ORIGINALLY PROPOSED BY A FRENCH MEDICAL PRACTITIONER.**—A late number of *L'Union Médicale* contains some facts respecting the first idea of telegraphing by means of an electric current, which would tend to show that the honour of the invention belongs to one of our French professional brethren. It appears that M. Henry, surgeon at Arnaville (Meurthe) had so far back as 1836 established a correspondence by wires with M. Lapostolle, a well-known natural philosopher. The wires were made to run from the villa of the former to that of the latter gentleman; one shock signified A; two, B; three, C; &c. M. Henry wrote, on the 31st of October, 1836, to the Minister of Commerce and Public Works touching his telegraph, and received an answer stating that the invention had been submitted to the Board of Arts and Manufactures, who was of opinion that the plan could not be applied on a large scale, and would not answer the expectations of the author. The latter was discouraged at this reply, and discontinued his experiments. So much for the opinions of certain Boards of Arts and Manufactures.

**CHOLERA AND DROUGHT.**—Calcutta would seem to stand in urgent need of a Board of Health, or of some better sanitary regulations. The weather had been intolerable. For years such heat had not been remembered. It surpassed even the drought of 1850. The thermometer in Calcutta had reached 106° in the shade. The consequence had been, a great increase of mortality. The deaths in Calcutta during the first four months of 1853 had been 5230, against 4277 in 1852. This increase had been almost exclusively among the Hindoos, the mortality among the Mahomedans being little above the average; and while, of the deaths among the former, 56 per cent. were from cholera, only 45 per cent. of the deaths among the latter were attributable to that disease; which is thought to indicate, that the superior quality of the food eaten by the followers of the Arabian Prophet protects them, in some degree, from the scourge. "During these four months, the number of corpses thrown into the river was 1511, while 2711 were burned, and the remainder, of course, consigned to the same universal sewer. And the water of this stream, so polluted, is drunk by at least half a million of people below Calcutta. During three months, we had about three showers. With the drought has come its invariable attendant,—disease. On the line of railway, the workmen are dying of cholera and small-pox in scores." In Calcutta, the police reports, according to the *Hurkaru*, show 75 deaths a-day, equal to 3400 deaths a-week in London; but these statistics are, we fear, not very reliable. But the most fearful mortality has been in the Sunderbunds, and in Assam. We have it on good authority, that, on the estate of one grantee, 500 persons have perished in 6 weeks, and on another, and smaller estate, 300. Predisposed to disease, by a pestilential climate, by the heat, which changes the marshes into a steam-bath, and by the want of water, these men seem to perish with a rapidity far beyond that of the worst districts to the north and west. At Nowgong in Assam, also, according to the *Englishman*, 6500 persons have perished, and the effect of the mortality has actually made itself felt in the collection of the revenue. The Government have established cholera hospitals in Calcutta.

**THE CHARGE AGAINST A PHYSICIAN FOR RAPE.**—We are glad to learn that the bill on the charge against Dr. Banks, of Louth, Lincolnshire, for rape, has been thrown out by the grand jury.



## Notices to Correspondents.

*To the Editors of the "Medical Directory."*

GENTLEMEN,—I have received the notice of the "Medical Directory," and though I am glad there is such a work, I cannot send my name as a subscriber, because "Homœopathic appointments and publications will be omitted." I cannot conceive what right the editors have to make this distinction. What right have they to sit in judgment upon appointments and publications? The question is—Is the "Medical Directory" a faithful representation of the appointments, the talents, and the qualifications of those whose names appear therein? It cannot be if the appointments and the publications of gentlemen whose names are therein published are not given. Let it not be imagined that the undersigned cares at all respecting the record of appointments and publications; it is the principle concerned that is regarded, and, as long as this principle is violated, so long must the subscription be withheld. Hoping that another year will cause this interference with the right of exercise of freedom of opinion to cease, believe me, gentlemen, yours in well-wishing.

July 29, 1853.

JOHN EPPS.

[We wish some one of the readers of the "Medical Circular" would supply us with a suitable reply to this common-sense letter. We confess ourselves to be at a loss. We have omitted the appointments and the publications because the profession declared they would not support the "Directory" if these obnoxious addenda were inserted, but it was contrary to our judgment, and, we must admit, it was contrary to the professed objects of the "Directory." As it is at present, we should be at liberty to insert the publication of a man who might write a book to prove that the moon was made of green cheese, and that the said green cheese, if it could be got at, would be a panacea for all human ailments, but, if the remedy were to be prescribed *homœopathically*, we must omit all mention of the work. Dr. Epps must look upon us only as caterers for the profession, subject to dismissal and defeat if we do not satisfy the appetites, whether depraved or otherwise, of our supporters.—EDITORS OF THE MEDICAL DIRECTORIES.]

DR. ALFRED HALL (Hounslow).—The changes and alterations are so numerous as to make an annual issue of the "Medical Directory" indispensable. The corrections number many thousands in each edition.

*To the Editor of the "Medical Circular."*

SIR,—May I take the liberty to call your attention to the "Dublin Medical Press," and the Irish Association of Medical Practitioners. They want *county infirmaries* established extensively in Ireland. *Dublin surgeons alone* are eligible to be appointed surgeons to county infirmaries. I firmly believe that the Council of the College of Surgeons of Dublin, the "Dublin Medical Press," and the Association of Medical Practitioners of Ireland, have at heart this object, and will get it effected *on the sly* if not watched. Just read the leading article of the "Medical Press" for the 6th of July, 1853, and you will see how the editor has indicated the aim and means, &c., to accomplish his purpose. The leading men in the College, the "Press," and the Association, are the same; the object of the Association is acknowledgedly *political*. This monopoly of the Dublin College was, and is, a disgrace to British law. You, and all English and Scotch practitioners who have any "*amor patriæ*," or love for your "*almæ maters*," should not let this pass. There are very many surgeons in Ireland who have Scotch and English diplomas and degrees, and a monstrous injury would be inflicted on them should the design be carried out. The "Medical Charities Act" did not *destroy* the monopoly of Dublin College—it only withdrew the supplies at the *deaths* of the surgeons in possession at the time of its being made law. Should the design of the College, the "Press," and the Association be carried out, the monopoly would be *four times* as valuable as ever it was.

Your obedient servant, &c.

INQUIRER.—Gangrene in the substance of the arm, resulting from accident, brooks no delay. It is usual to wait for the progress of the gangrene to be arrested when it commences in the extremities. Whether the shock of an operation might be too severe or not, depends on the state of the patient.

R. P.—The article on Medical Coroners received. It shall be turned to account on a suitable opportunity.

IGNOTUS.—Chloride of Lime.

MR. J. BURNS.—We do not know. A reference to the Army List might supply you with the information.

VERAX.—Your statements contain nothing new to us. We have been for many weeks acquainted with the facts, but have not desired to add to the embroilment.

G. S.—1st. Assuredly. 2nd, It is very doubtful whether the claim would be admitted.

\*\* The "Worcester Herald" received.

T. C. B.—Your letter has come to hand, and, although we have not much time to write private letters on such matters, yet, your request is so urgent that we will do so on an early opportunity.

MR. R. CLARK.—Communication received, and shall be inserted. The enclosure shall be returned as soon as an opportunity offers for its careful perusal.

A SUBSCRIBER.—The back numbers will be sent to you by the publisher.

M.R.C.S. Eng.—You will already have seen the Report of the Committee, published in our last number. Some alterations have been made in the Vaccination Bill, but they are trivial, and will by no means satisfy the profession. We quite agree with you, that the "over-eagerness" to carry out sanitary measures exhibited by certain sections of the profession, is likely to injure the independence and interests of its members, unless the proceedings be very carefully watched. By all means let us have the best system of sanitary discipline that can be devised, but let the country pay for it. It is mean and unjust to expect sanitary arrangements to be carried out at the expense of the time, labour, and purse of the medical profession. Too much gratuitous service is already bestowed, and, what is worse, the custom of giving professional labour for a pitiful requital, has become almost the rule in public practice. A stand must be made against this dangerous custom, which, if carried out more extensively, will impoverish and swamp the profession.

CHIRURGUS.—You should apply to any of the Australian shipbrokers, whose names can be readily found in the "Post-office Directory."

AN ACCOUCHEUR AND A SUBSCRIBER.—The presence or absence of the areola cannot be depended on as a sign of pregnancy. Auscultation affords the most certain evidence.

A FRIEND TO THE "LONDON AND PROVINCIAL MEDICAL DIRECTORY."—We thank you for calling our attention to the advertisement, but, of course, we were too much interested not to have observed it. The combined impudence and artfulness of the proposition are such as could have emanated only from such a man. The object is so transparent, that every individual of spirit and honour in the profession must feel like you, that "this is an attempt to prostitute the holiest of institutions to the meanest of purposes." The coolness with which that individual thinks he can impose upon the gullibility of the profession is perfectly astounding. His opinion of the low moral tone of his readers is as false as it is insulting. The profits derived from his "Directory" is one of those things that come within the province of the imagination duly to appreciate; he is, therefore, perfectly safe in making his proffer. He cannot lose anything, and no man is more convinced of this fact than himself. Whenever did the editor of the "Lancet" make a personal sacrifice to benefit the profession? He would laugh at any body who would imagine that he would be simpleton enough to do so. Mr. Yearsley has published an appeal in this number of the "Circular," which puts the conduct of this schemer in its true light.

A CONSTANT READER (Margate).—It is not unlikely that the cholera may visit our shores in the winter, at which season of the year, on its previous visitations, a few dropping cases were remarked. Its progress on the Continent is sufficiently rapid to cause alarm, and its mortality appears to be as large and terrible as ever. Science has yet done very little—let us say nothing—to abate the violence of its attacks.

BETA.—Dr. Mason Good has an interesting notice on the subject. It is worth your study.

L.A.S. (Manchester).—Communication received.

JUNUS.—Your letter is inadmissible.

A PUPIL.—It is idle to wait for a new Medical Bill. You should comply at once with the existing regulations.

DR. FRANCIS BATTERSBY'S communication received, and shall be noticed next week.

NIL DESPERANDUM, YELLOW LEAF, CHIRURGUS (Teesdale), and others, next week.

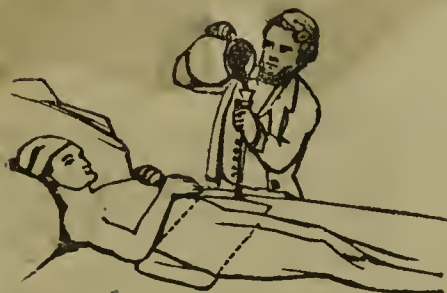
DR. SMITH'S long communication arrived too late for insertion in this number.



## ADVERTISEMENTS.

### MR. HOOPER'S IMPROVED INVALID WATER OR AIR CUSHIONS, AND MATTRESSES OR BEDS.

Being made of prepared India-rubber, without the admixture of cloth materials, Leakage is avoided.  
See the "LANCET," Jan. 25, 1851.



**CUSHIONS FOR BED-SORES.**—Whether threatened with Sloughing, or in which Sloughing has taken place, Fractures, Diseased Joints, Ulcerated Cartilages, Coldness of the Stomach, Pain in the Bowels, Spasms, Lassitude, Typhoid and other Fevers, Gouty and Rheumatic Affections, Cancer, Ovarian Dropsy, Coldness of the Stomach and Feet, Consumptive and all Bed-ridden Patients. They are simply placed on an ordinary mattress, and covered with two or three blankets and a sheet as an ordinary bed.  
For further reports of their utility, see Mr. Cæsar Hawkins's Letter in the "Lancet," Oct. 27, 1849; Dr. Hake's Letter in the "Provincial Medical and Surgical Journal," Nov. 1, 1850; Dr. Thorn's Letter, "Medical Times," March 20, 1851; also the "Institute," February 8th, and the "Lancet," Jan. 25th, and Feb. 15th, 1851.

### Argyll Baths, 10, Argyll-place, REGENT-STREET,

AND AT 5, NEW BROAD-STREET, CITY.

TERMS:

**WARM BATHS—ONE SHILLING EACH.**

Reserved Rooms, including the Ladies' Department, One-and-Six-pence each; Twenty-one Transferable Tickets, One Guinea.  
Vapour, Sulphur, and Harrowgate Baths, 3s. 6d. each—8 for 21s.  
Hot Air, Mercurial, and other dry Fumigating Baths, 5s. each—6 for 21s.

Portable Warm Baths sent out within ten miles of London. Single Bath (with hot linen, &c.), within one mile of Argyll-place, 5s.; every additional mile, 1s. extra.

An idea may be formed of the capacity of these Establishments when it is stated that upon their erection and completion upwards of £30,000 has been expended, and that at each place one hundred Baths can be given in an hour.

**BANKS OF DEPOSIT AND SAVINGS BANKS.**

**INVESTMENT OF CAPITAL.**

**NATIONAL ASSURANCE & INVESTMENT ASSOCIATION**

**TRUSTEES.**

The Right Hon. the Earl of Besborough.  
The Right Hon. Lord George Paget, M.P.  
The Right Hon. Lord Templemore.  
The Hon. Henry Fitzroy, M.P.  
The Rev. Joseph Prendergast, D.D. (Cantab.), Lewisham.  
George Stone, Esq., Lombard-street.  
Matthew Hutton Chaytor, Esq., Reigate.

### Persons desirous of investing Money

are requested to examine the Plan of this Association by which a high rate of Interest may be obtained combined with perfect security.

Prospectuses and full information may be had at the Office, or sent post free, on application.

PETER MORRISON,

Managing Director.

7, St. Martin's place. Trafalgar-square, London.

### W. Twinberrow begs to draw the attention of the Medical Profession to his

**EXTRACT OF INDIAN HEMP,**

Prepared expressly for him at Calcutta, its peculiarly sedative properties being so beneficial where opiates are inadmissible; also to his

**LIQUOR TARAXACI AND MEDICINAL EXTRACTS.**

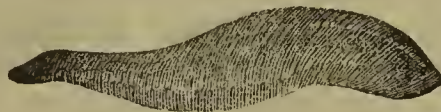
Prepared from the fresh plant (Hyoscyamus Niger, Conium Maculatum, Atropa Belladonna, Cotyledon Umbilicus, &c.), all of which contain the properties of the fresh juices unimpaired in their manufacture.

W. T. has just received a supply of Indian Bael (Egle Marmelos), now being so much recommended for Dysentery and Diarrhea.  
2, Edwards-street, Portman-square.

### Dr. Fitch's Patent Abdominal Sup-

porter gives permanent relief to Ladies suffering from internal complaints, or during and after pregnancy, prolapsus uteri, &c.; also to Gentlemen, for corpulency, prevention of ruptures or injuries from athletic exercises, debility, &c. It will be forwarded to Medical Gentlemen for inspection, free, by addressing a line to L. H. Chandler, 66, Berners-street, Oxford-street.

"It is an ingenious instrument, and is constructed upon correct anatomical principles."—Extract from the "Lancet," of Sept. 18.



### Pure and Healthy Leeches.—

POTTER and HAILEY beg to assure the Profession, Druggists, &c., that the Leeches they offer are such as can be recommended for Purity, Health, and Readiness of Biting.

Importers of Leeches and Turkey Sponge, Herbalists, &c., 66, Far rington-market, London.

Established upwards of Forty Years.

### Champagne, 36s. per dozen, in One-

**DOZEN CASES.**—This really fine Wine in splendid condition, and undistinguishable from that charged double the price, is to be obtained only of H. WARREN & Co., who, being the *bona fide* Importers of French and German Wines direct from the vineyard, offer them at unexampled low prices. CLARET, 30s.; HOCK, 36s.; MOSELLE, 36s.; PALE SHERRY, 33s.; OLD PORT, 34s. Orders per post, containing a post-office order, will receive immediate attention.

H. WARREN & Co., 302, Regent-street, London (nearly opposite the Polytechnic Institution).

**SULPHATE OF QUININE.**

**TO SURGEONS, DISPENSING CHEMISTS, &c.**

### Sulphate of Quinine, Pure Cryst-

talized prepared by EDWARD HERRING,

For the use of Hospitals, Dispensaries, Surgeons, Dispensing Chemists, &c.

This Sulphate of Quinine is Chemically pure, its form of Crystal is the same, and in every respect identical with the Sulphate of Quinine of Commerce, the only difference being that the one is bleached and the other unbleached.

The mode of manufacturing the Hospital or Unbleached Sulphate, and also the usual White Sulphate, is being made the subject of a Patent, the peculiarity of process avoiding the use of Impure Animal Cha coal.

It is in use in the large London and Provincial Hospitals and Dispensaries; but its PURITY AND GREAT REDUCTION IN PRICE are now attracting the attention of Medical Men and Dispensing Chemists.

It is put up in bottles (free) of three ounces and six ounces each; also in one-ounce sample bottles (charged), capsuled with the name of the Proprietor, and labelled with the name of the Inventor.

Both these Sulphates to be had of the leading Druggists in London and the United Kingdom, and in quantities of not less than 100 ounces, of

JACOB HÜLLE, Jun., Proprietor,

Chemical Works, Trinity-street, Southwark, London.

May 3, 1853.



## Medical Agency, 50, Lincoln's-inn-fields, Conducted by

**MR. BOWMER, M.R.C.S.L.**

All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.

(OFFICE HOURS, 11 TILL 4.)

## Madame Caplin, 58, Berner's-street,

OXFORD STREET, obtained the only prize granted for CORSETS in the United Kingdom at the Great Exhibition, 1851, awarded by the Medical Juror, Class 10, Scientific Section.

Madame Caplin, Inventor and Patentee of the Hygienic and Cor-poriform Corsets, Elastic Bodices, Belts, &c., &c., which, from their anatomical construction, admit of a variety of adaptations suited to all ages and to every case.

Madame Caplin invites ladies to inspect the above, of which they will find an extensive assortment at her Establishment, together with the Invisible Scapula Contractor, or Chest expander, which will be found one of the most valuable inventions ever offered to the public for the prevention of narrow chests, high shoulders, and the general stooping of the body.

The above are recommended by the most eminent medical men, both in England and France, and a description of their merits will be found in Dr. Tilt's great work, "Elements of Female Hygiene."

## New Inventions by Madame Caplin,

58, Berners-street, Oxford-street.—The Compressing Self-adjusting Belt, for the support and diminution of the abdominal muscles, adapted without lacing or straps, thereby avoiding all the inconveniences arising from ordinary belts. It is recommended by the first medical men, who have pronounced it one of the most valuable inventions of the kind hitherto brought before their notice. Also, the Contracting Belt, to be worn immediately after accouchement; it is light in its construction, embraces the whole of the lower part of the body, and becomes stationary by its entire new mode of fastening, whilst the requisite motion is provided for with elastic material being inserted in various parts, and may be regulated at pleasure by the wearer.

## Prices of Medical Bottles, best

quality, at F. and S. WINDSOR'S, 37, BARTHOLOMEW-CLOSE, CITY.

6 OZ. & 8 OZ. GREEN, 10s. per Gross.

FLINT GREEN, 6 OZ. & 8 OZ., 11s. per Gross.

1½ OZ. PLAIN PHIALS, 8s. per Gross.

1½ MOULDED, OCTAGON, or ROUND, 8s. 6d. per Gross

WASHED READY FOR USE.

Every requisite for the Surgery supplied to order.

Price Lists forwarded free on application.

## Jozeau's Copahine-mege, or Sac-

charated CAPSULES, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhœa, Gleet, and Leucorrhœal Discharges, on an average of six days (see "Lancet" of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by G. Jozeau, sole French Chemist, 49, Haymarket, London; and Jozeau, Pharmacien, 161, Rue Montmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with the name of Gabriel Jozeau printed thereon.

## Graham & Company's Carbonated

SOLUTION OF SARSAPARILLA.—The invaluable medicinal properties of Sarsaparilla are too well known and appreciated to require any comment. This preparation will be found the most agreeable and efficacious mode of exhibiting the medicine, being in the form of a delicious and refreshing beverage. It is prepared from the best Red Jamaica Sarsaparilla, only by GRAHAM & Co., late BEWLEY & EVANS, Chemists, &c., at their Mineral Water Manufactory, 55, BERNERS-STREET, LONDON. Each bottle is secured by a patent metallic clasp, without which none is genuine.

Soda and other Mineral Waters, Lemonade, Lemon-flavoured

Soda Water, &c. G. & Co's Shaving Paste, unequalled

for richness and durability of lather.

Agent for Brighton, Mr. H. B. Muriel, Marine Parade.

## Webb's Fetlock Boots and Knee-

caps.—The purpose of utility arising from their shape is, that they are retained in the desired position on the horse's leg. They are composed of vulcanised india-rubber, to enable them to be easily drawn over the hoof, and retain their position without exerting too great a degree of pressure on the leg.

Wholesale and retail, at Benham and Co.'s Macintosh Warehouse, 18, Oxford-street, (corner of Regent-circus).

## A New Era in Medical Electricity

is opened by PULVERMACHER'S PATENT PORTABLE HYDRO-ELECTRIC CHAIN BATTERIES.



One Hundred and Twenty Plates permanently connected and arranged, so as to be at all moments ready for instantaneous use, communicating shocks through eight to ten persons—ALWAYS IN THE SAME DIRECTION, and primary VOLTAISM, not secondary currents, as in the old Coil Machines—producing powerful contractions, decomposing distilled water, &c., &c. WEIGHT ABOUT EIGHT OUNCES, and CAN BE CARRIED IN A POCKET-BOOK.

At present a medical man may, at a reasonable expense, carry with him in his daily practice an inexhaustible source of primary Galvanism always ready for instantaneous use wherever a cup of vinegar can be procured, and producing all the effects that he can desire—a circumstance, the importance of which can scarcely be overrated, whether we look to cases of sudden emergency (swoons, fits, catalepsy, asphyxia, uterine hæmorrhage, &c.), or to the frequent opportunities and the facilities thereby afforded of applying ONE OF THE MOST POWERFUL AND UNIVERSAL THERAPEUTIC AGENTS, which has hitherto been kept back only through the difficulties attendant upon its use.



WEAKER CHAINS are constructed on the same principle, to be worn on the body under the garments, communicating a MILD but CONTINUOUS current to the system, which has been found of the most eminent benefit in many various forms of CHRONIC Diseases, where a mild but lasting stimulus of the functions of the nerves is indicated, and to assist the effect of specific remedies, the ACTION OF THE CHAINS BEING MADE LOCAL OR GENERAL, AT WILL.

The Invention has been demonstrated with great success before

THE ROYAL COLLEGE OF PHYSICIANS,

THE ROYAL COLLEGE OF SURGEONS,

THE ROYAL PHARMACEUTICAL SOCIETY,

THE ROYAL BRITISH ASSOCIATION,

THE ACADEMIE DE MEDICINE (voted thanks to the Inventor).

THE ACADEMIE DES SCIENCES AT PARIS,

And is already in extensive use in nearly all the Hospitals in London, Edinburgh, Paris, and Vienna.

Extract of a Letter from that distinguished Physician of Guy's Hospital, Dr. GOLDING BIRD, M.D., F.R.S., F.R.C.P., &c., &c. (Published with his kind permission):

"We have in this ingenious Invention that which has long been a desideratum, viz., an apparatus of the smallest possible bulk, capable of evolving a continuous uninterrupted current of Electricity, of moderate tension, and always in one direction. . . . I can scarcely recommend Dr. Pulvermacher's Invention too strongly to the notice of my medical brethren."

A FULL DESCRIPTION OF THIS IMPORTANT DISCOVERY, WITH SPECIFIED DIRECTIONS FOR THE USE, Testimonials from high Scientific Authorities, &c., may be had (by post for two stamps), AND THE CHAINS MAY BE FREELY TESTED, at Mr. CH. MEINIG'S head depots, 103, Leadenhall-street, and 71, Regent-street, London (at Paris, 45, Rue Richer, and 12, Boulevard des Italiens), and from all C. MEINIG'S Agents in town, country, and the colonies.

## Shower and all Domestic Baths.—

Purchasers of these valuable and important family requisites, should immediately inspect DEANE, DRAY and Co's extensive Stock, warranted the best manufactured, both for finish and durability. Deane, Dray, and Co.'s RECUMBENT SHOWER-BATH, forms at the same time an excellent Sponging-bath, and may also be used as a Hip-bath, thus affording to all the members of a family the various applications of the bath. Shower-baths of improved construction; hip, plunging, sponging, vapour, and other baths, of various sizes, and patterns. An illustrated pamphlet on baths and bathing may be had on application, or free by post.

Established A.D. 1700.

Deane, Dray, and C. (opening to the Monument), London-bridge.

The Publisher of the "MEDICAL CIRCULAR," in answer to several enquiries from the country, begs to state that the following are the terms for inserting Advertisements:—

Eight lines and under . . . . . £0 4 6

Every additional line . . . . . 0 0 6

Whole Column . . . . . 2 15 0

Whole Page . . . . . 5 5 0

London: Printed by WILLIAM TROUNCE, at his Office, No. 9, Cursitor-street, Chancery-lane, in the Parish of St. Andrew, Holborn, in the County of Middlesex; and published by CHARLES JAMES HARRIS, at No. 123, Strand, in the City of Westminster.—August 10, 1853.



THE  
**MEDICAL CIRCULAR**  
AND  
*General Medical Advertiser.*

No. 33, NEW SERIES. }  
No. 59. } WEDNESDAY, AUGUST 17, 1853. { **THREEPENCE.**  
STAMPED, 4d.

TABLE OF CONTENTS.

	Page		Page
Leading Articles:		The Lunatic Asylums' Bill...	127
The Lunatic Asylums Bill ...	119	An Epitome of Toxicology ...	127
The College of Surgeons and the Metropolitan Schools, ...	119	Lithographic Portrait of Sir James Eyre, M.D. ...	128
The Royal Free Hospital ...	120	Biographical Notices ...	129
Mirror of Periodical Literature ...	120	Provincial Medical and Surgical Association—Anniversary Meeting ...	130
Contents of the Medical Journals ...	123	Our Note Book ...	134
Correspondence:		Obituary... ..	135
The Dissensions at Charing-cross Hospital—Letter from ...		Medical News ...	135
Dr. Smith ...	124	Notices to Correspondents ...	136
Letter from Mr. Hancock ...	126		

To the Medical Officers of the Army, Navy, and East India  
Company's Service.

THE  
**MEDICAL TIMES AND GAZETTE**

Has commenced, by authority, the publication of a Series of OFFICIAL REPORTS made by the Medical Officers of the Public Services to the Chiefs of their respective departments. One Paper from these Reports will appear weekly. Subscribers from the commencement of the New Volume (July 2), will have the series complete, in addition to the LECTURES by Dr. JOHNSON at the College of Physicians, and Professor SKEY at the College of Surgeons—the first Lecture of both of whom have also appeared since July 2. The valuable Series of Lectures on ORGANIC CHEMISTRY is continued by Professor HOFFMAN. Dr. BUDD's Lectures on the DISEASES OF THE STOMACH, and Dr. BOON HAYES on the MICROSCOPE, will be completed; a Course of Lectures by Dr. BENICE JONES, and occasional Lectures on special subjects will be given by LAWRENCE, FERGUSSON, TODD, BURROWS, PEACOCK, and others of the most eminent teachers of the Metropolitan Hospitals.

The number and value of Original Communications—the extent and accuracy of Reports of the Practice of Medicine and Surgery in the Metropolis and Provinces—the care expended on Reviews of New Books—Selections of New and Important Papers from Foreign Journals—Reports of Papers read at the Medical Societies, and Discussions upon them—the extent of Foreign, Provincial, and General Correspondence—and amount of Medical Intelligence, and News of all Deaths, Vacancies, and Appointments—render this Journal necessary to those who wish to keep themselves acquainted with the Medical Knowledge of the day.

TERMS OF SUBSCRIPTION.

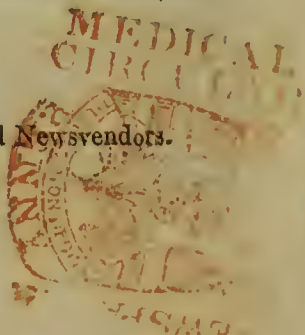
	£	s.	d.
Twelve Months (pre-paid) stamped for post ...	1	14	8
Six Months, ditto ...	0	17	4

Regularly transmitted by Post throughout Great Britain, and to the most distant of the British Colonies.

Post-Office Orders to be made payable at the Post-Office in Coventry-street, to Mr. James Lucas, 46, Princes-street, Soho.

London: Published by JOHN CHURCHILL,  
PRINCES-STREET, SOHO,

Every Saturday, price 7d.; Stamped (for post), 8d.; and may be had of all Booksellers and News-vendors.





## ADVERTISEMENTS.

EVERY WEDNESDAY.

Price **THREEPENCE**, of any Bookseller, or sent from the Office, 128, Strand, by post, for Fourpence; Annual Subscription, 17s. 4d.; if Paid in Advance, 16s.;

*The Trade supplied by GILBERT & CO., Paternoster Row;*

# THE MEDICAL CIRCULAR.

HALF THE PRICE OF ANY EXISTING MEDICAL JOURNAL;

Nevertheless the Mirror of all and of every passing Medical Event.

CONTAINS:—

**Leaders**, in which the principal Professional Topics of the day are freely discussed.

**Mirror** of Periodical Medical Literature, in which is carefully collated all that is worthy of being held in remembrance from the Weekly Journals.

**Indices** of the Journals, giving at a glance all that is published therein.

**Bibliography**, or List of Works published during the previous week or fortnight, connected with Medicine or the Collateral Sciences.

**Biographical Sketches** of the more prominent Members of the Profession, and fortnightly a Portrait of the gentleman selected for the week's Memoir.

**Correspondence**, controversial, practical, and anti-empirical.

**Deaf-Dumbness**, Introduction to the Medical and Philosophical Study of, translated from the French of Hubert-Valleroux, by James Yearsley. This most interesting Work was commenced and will be concluded in the current volume of the "Circular."

**Anatomy of Quackery**—Quack Medicines, their history, composition, and qualities.

**Toxicology**, designed for the busy practitioner and analytical chemists.

**Medical News**, including changes, new appointments, who have come into the Profession, who have died, &c.

**Medical Notes and Queries**, under which head many points in Medical Science and Practice are elucidated, which otherwise might remain unexplained. Lastly,

**Notices to Correspondents** who desire information on any points relating to the economy of the Profession.

### TO ADVERTISERS.

From the peculiar nature of its contents, no Medical Journal is so generally read as the "MEDICAL CIRCULAR." It therefore presents a most desirable channel for advertisements addressed to the Medical Profession.

#### New Scale of Charges.

Space of Four Lines and under	2s. 6d.
Every Additional Line	6d.

**128, Strand.—Office hours from 9 till 6.**

## Charing Cross Hospital—Medical

School.—The WINTER SESSION of 1853-4 of the various Classes, and Hospital Medical and Surgical Practice, will commence in October next.

Certificates of Attendance at this Hospital and School qualify for Examination at the University of London, College of Surgeons, and Society of Apothecaries.

August, 1853.

JOHN ROBERTSON, Hon. Sec.

## St. Bartholomew's Hospital & Medi-

cal College.—The WINTER SESSION will commence on October 3, with an Introductory Address by Mr. Stanley, at Seven o'clock, p.m.

### LECTURES.

*Medicine*—Dr. Burrows.

*Surgery*—Mr. Lawrence.

*Descriptive Anatomy*—Mr. Skey.

*Physiology and Morbid Anatomy*—Mr. Paget.

*Superintendence of Dissections*—Mr. Holden and Mr. Coote.

*Demonstrations of Morbid Anatomy*—Dr. Kirkes.

*Chemistry*—Mr. Stenhouse.

SUMMER SESSION, 1854, commencing May 1.

*Materia Medica*—Dr. Roupell.

*Botany*—Dr. Farre.

*Forensic Medicine*—Dr. Baly.

*Midwifery, &c.*—Dr. West.

*Comparative Anatomy*—Mr. McWhinnie.

*Practical Chemistry*—Mr. Stenhouse.

*Natural Philosophy*—Dr. Gibbon.

Hospital Practice.—The Hospital contains 650 beds, and relief is afforded to nearly 90,000 patients annually. The In-patients are visited daily, and Clinical Lectures are delivered weekly by both the Physicians and the Surgeons.

The Out-patients are attended daily by the Assistant-Physicians and Assistant-Surgeons.

Collegiate Establishment.—Warden, Dr. Black. Students can reside within the hospital walls, subject to the rules of the Collegiate system, established under the direction of the Treasurer and a Committee of the Governors of the Hospital. Some of the Teachers and other gentlemen connected with the Hospital also receive students to reside with them.

Scholarships, Prizes, &c.—At the end of the Winter Session, Examinations will be held for a Scholarship of the value of £45 a year, and tenable for two years; and for one of £50 for one year. The Examinations of the Classes for Prizes and Certificates of merit will take place at the same time.

Further information may be obtained from Mr. PAGET, or of any of the medical or surgical Officers or Lecturers; or at the Anatomical Museum or Library.

## On True and False Spermatorrhœa:

With a view to the Correction of wide-spread Errors in relation to the Treatment and Cure of the Impuissant and Sexual Hypochondriacs, in general. Translated from the German of Dr. PICKFORD. Bailliérie, 219, Regent-street, & 290, Broadway, New York

## St. Thomas's Medical Session.—

A General Introductory Address will be delivered by Dr. J. RIDSON BENNETT, on Saturday, October 1st, 1853, at Eight o'clock, p.m.

Gentlemen have the option of paying £40 for the first year, a similar sum for the second, and £10 for each succeeding year; or £90 at one payment.

### SCHOLARSHIPS AND PRIZES FOR 1853—54.

A Scholarship of £20 for the best voluntary Classical and Mathematical examination, at the commencement of the Student's Hospital attendance.

Two Scholarships, for the first year's men, each of the value of £20, and tenable for three years.

The Two House Surgeons, the Fifteen Dressers, and the Resident Accoucheur will be selected according to merit; and provided with Rooms and Commons in the Hospital, free of expense.

The President's Prizes. The first, 10 Gs. The second, 5 Gs.

Prizes and Certificates of Honour, in each of the different Classes.

Mr. Newman Smith's Prize, £5. A Governor's Prizes. The Cheselden Medal and 5 Gs. Dr. Root's Prize, 10 Gs.

The Treasurer's Prizes. The first, a Gold Medal. The second 5 Gs. And Three of 10 Gs. to Clinical Medical Clerks.

### MEDICAL OFFICERS.

Dr. Roots, Consulting Physician; Mr. Green, Consulting Surgeon; Dr. Barker, Dr. J. Risdon Bennett, Dr. Goolden, Mr. South, Mr. Mackmurdo, Mr. Solly, Mr. Ee Gros Clark, Mr. Simon, Dr. Cohen, Dr. Peacock, Dr. Waller, Mr. Whitfield.

A Systematic Course of Clinical Medicine, with Clinical Instruction in the wards.—Dr. Barker.

Medicine.—Dr. J. Risdon Bennett. Surgery.—Mr. South. Ophthalmic Surgery.—Mr. Mackmurdo. Physiology.—Mr. Grainger. Descriptive Anatomy.—Mr. Le Gros Clark. Chemistry and Practical Chemistry.—Dr. Rt. Dundas Thomson. Midwifery.—Dr. Waller. Practical Midwifery.—Dr. Griffith. Diseases of the Teeth.—Mr. E. Saunders. General Pathology.—Mr. Simon. Botany.—Dr. Bristowe. Comparative Anatomy.—Dr. E. Meryon. Materia Medica.—Dr. Peacock. Forensic Medicine.—Dr. Brinton. Anatomical Demonstrations.—Mr. Rainey, Mr. Barwell, and Mr. Jones. Demonstrations Morbid Anatomy.—Dr. Bristowe and Mr. W. Adams.

To enter, or to obtain further information, apply to Dr. J. RIDSON BENNETT, Dean of the Medical School; or to Mr. WHITFIELD, Medical Secretary, at St. Thomas's Hospital.



## The Medical Circular.

WEDNESDAY, AUGUST 17, 1853.

### THE LUNATIC ASYLUMS BILL.

IN another part of our impression our readers will perceive a note from Mr. Brady, the member for Co. Leitrim, calling attention to the disgraceful fact, that, under the provisions of the Lunatic Asylums Bill, every medical officer will be required to visit a patient not confined in an asylum, or licensed house, once in every quarter of a year, and to report upon his condition, for the beggarly remuneration of *two shillings and sixpence*, and, in case of neglect of duty, will be subject to a fine, not exceeding TWENTY-FIVE POUNDS! Was there ever any parliamentary enactment more iniquitous or more degrading? What scandalous injustice to require, in the first place, a medical officer to perform an important public duty for a fee too contemptibly small to remunerate him for his trouble; and, in the second place, to punish him by a heavy fine for a failure of duty almost necessitated, and certainly excused, by the shameful inadequacy of the remuneration!

Each passing year proves the necessity of combination to resist the encroachments of the legislature upon the independence and the purses of our brethren. The House of Commons is becoming bolder with each essay at injustice. Formerly it was content to require the performance of heavy duties for a miserable requital—to this it now adds the penalty of an enormous fine, to punish the neglect its meanness encourages. The profession is being gradually brought under the yoke of a most offensive bureaucratic tyranny.

These things could not be done if there were any sympathy with the profession among the members of the legislature; the contrary, however, appears to be the case. We observe, that, in the debate on the Vaccination Bill last Friday night, when, again, Mr. Brady did good service, a certain Mr. Wilkinson, who called himself the son, grandson, nephew, uncle, and, we presume, the grandmamma, too, of sundry medical men, attempted to cast ridicule upon Mr. Brady's efforts to obtain a fee of half-a-crown, instead of the insulting dole of eighteen-pence, for the performance of vaccination under the Act. It is proverbially said, that a man has little feeling for his relations, and Mr. Wilkinson forms no exception to the adage. Heaven be praised that we are not a poor country surgeon, with a large family, and born a Wilkinson! Certainly, if we wanted help, we should expect none from our rich relation. The least Mr. Wilkinson could do should be to make an effort to enable his cousins to live decently without it; and, how are professional men to support their families in respectability, and provide against the hour of calamity and death, with eighteen-penny fees?

We trust that Mr. Brady will persevere in the course he

has commenced, for he may be assured that his exertions will receive the support of the profession.

### THE COLLEGE OF SURGEONS AND THE METROPOLITAN SCHOOLS.

THE *raid* which the Examiners of the College of Surgeons have been making on the medical schools, suggests a few thoughts on the expediency of confiding to such a body an authority so despotic and invidious as that they are now empowered to exercise. The Examiners of the College are good men, but they are also fallible, and though they should act with the prudence of a Solomon, or the justice of an Aristides, their deeds would not, under present circumstances, be above suspicion. The majority of these gentlemen, besides being Examiners at the College, are either hospital surgeons, or lecturers on surgery at some of the principal metropolitan charities, and have, therefore, a strong interest in maintaining the prosperity of their classes and the popularity of their schools. Whatever tends to injure the reputation of other schools, must necessarily prove an advantage to the institutions in which the examiners have a pecuniary interest; and it is not too uncharitable, therefore, to surmise, that, when an ill-conducted school forfeits its privileges, the worthy Examiners at the College feel their bosoms glow with a lively satisfaction.

Is it right, then, or becoming, that the Examiners at the College, themselves lecturers and principals of schools, should be permitted to exercise the power of shutting up any rival school, and thus depriving the hospital of its reputation, the teachers of their opportunities of credit and emolument, and the pupils of the prestige of a sound professional education? It is a power which the present Examiners at the College ought not to exercise—which must bring suspicion upon their motives, and disgust the objects of their rigour. It is a power liable to abuse in some instances, and, in others, to neglect. A school like Charing-cross, which is unrepresented at the Board, might be summarily closed, its pupils inconvenienced, and its officers harassed and stigmatised, while a school like the Westminster might, for a long time, or for ever, escape an inquiry, even if it were needed ever so much.

We do not insinuate any charge of unfairness or caprice against the examiners for their recent acts in relation to the CHARING-CROSS HOSPITAL, or to the HUNTERIAN SCHOOL, both of which have, we believe, been visited with censure, nor do we mean to infer that they are not gentlemen of the highest personal honour; but we desire to point out, in the clearest manner, the anomalous character of the power they exercise, and the increased offensiveness which the fact of their being rival teachers attaches to their acts. The course which the Board of Examiners have been pursuing for some years past, has effected the closure of nearly all the private schools, and has constituted themselves, with rare exceptions, undisputed masters of



the field. Their regulations have made it almost a necessity that a student should enter to one or the other of their classes, and thus they continue to enjoy the double emoluments of certificate-signers at the schools and certificate-receivers at the College.

One of the cardinal reforms effected by a new medical Bill should be the removal of this indecency. Powers under it should be given to a general council—none of whose members should be teachers of medicine, surgery, or midwifery—to appoint the curricula of study; to inspect, at due intervals, all the medical schools in the country, metropolitan and provincial, to order such alterations as may be required, and to license or close particular schools, as might seem expedient or necessary. The jealousies and imputations that now affect the honour of the inspectors and discredit their authority, will not then exist; and we believe that the several schools would be more efficiently conducted, because more rigorously, if not more impartially, supervised.

#### THE ROYAL FREE HOSPITAL.

ALTHOUGH this hospital lies out of the circle of professional observation, intruding only occasionally, like an apparition, into our sphere, to puff the performances of one of its staff, yet, it is not thereby exempted from criticism, when, relying on its obscurity, it becomes the scene of indecent quarrels and scandalous intrigues. If our readers do not know it, we now inform them, that since the time the "Lancet" launched its abuse against this institution, its offices have been bestowed, like a sop to Cerberus, among the subs, devils, and understrappers of that virtuous periodical. It has become, in fact, a "Lancet" preserve, and its offices have been a ready reward to the underlings whom it might be inconvenient in any other way to remunerate.

We did not choose to interfere with the "property" so long as the governors took care that their affairs should not become obtrusively infamous. While they concealed their dirty work on their own dunghill, we did not assume a right to complain, but, so soon as they became a public nuisance, we resolved either to "put them down" or to reform their manners. According to their conduct so be it.

It is rumoured that the "Lancet" clique in that hospital wish to establish a medical school in connexion with it, but it appears that they cannot muster, among them all, either a museum, drawings, or brains. In order to accomplish their design, efforts have been made to transfer the Hunterian School to the Royal Free Hospital, but, hitherto, without success. We have been privy, for many months, to the particulars of the whole series of manoeuvres that have been in progress to effect the desired end, and we have smiled to think how completely the secrets of these gentlemen were in our hands, to bind or loose as seemed to us most expedient. However, we allowed the in-

triguers to work out their own defeat, and they owe us nothing but thanks for our forbearance.

There was another difficulty, also, on which they failed to count. It appears that Mr. Gay, the "principal surgeon" to the hospital, was averse to the design, and it soon became obvious that, without his concurrence, the school could never be established, or, if established, be anything else save a butt for laughter. Mr. Gay constitutes an impediment to the vanity of the faction; but for him, one son might be advertised as a LECTURER IN SURGERY! another, perhaps, as a LECTURER IN MEDICINE!! and Mr. ANALYTICAL COMMISSION, who has already performed, in his own person, the astounding synthetic feat of rolling four or five single gentlemen into one, might not be unwilling to submit to a re-division, and to distribute himself among four or five offices.

In order to punish Mr. Gay, and, if possible, to drive him out of the hospital, a base and artful use was made of the memoir of that gentleman published in our Journal some months ago; but we do not hesitate to foretel, that success in so discreditable a design would be certain ruin to the hospital. To attack a surgeon of so great repute, and a man of such high character, by acts so scandalous, would awaken the liveliest indignation, and shake public confidence in the entire management of the institution. A searching inquiry and an uncompromising exposure would necessarily follow, and the clique would find that, instead of being lecturers in the school, they would cease to be officers of the hospital.

Through their rashness and rancour they have now drawn the "Medical Circular" into the field, and they may be assured that we will not leave it until Mr. Gay has been justified, and the hospital is emancipated from the evil influence that now threatens its destruction.

### Mirror

OR

#### PERIODICAL LITERATURE.

(From the "Monthly Journal of Medical Science," August, 1853.)

#### THE TYMPANITIC SOUND PRODUCED BY PERCUSSION OF THE LUNG WHEN PARTIALLY CONDENSED.

Dr. Markham has contributed the following note on this subject to the "Edinburgh Monthly Journal of Medical Science:"—

"Two *post-mortem* observations have lately fallen under my notice, which illustrate, in a striking manner, or, I may rather say, positively demonstrate the truth of the fact, referred to by me in the last June number of this Journal, viz., that the *percussion sound of a partially condensed lung is clearer than that of a healthy lung*. They are, in my opinion, so instructive as to be worthy of being recorded; I will, therefore, briefly relate them here.

"In the one case, the left lung was found reduced, by the pressure of pleuritic effusion, to about one-fourth or fifth of its natural size; its lower lobe being *completely*, and its upper lobe *partially*, consolidated.

"In the other case, the *partial* consolidation was general throughout both lungs; it was caused by the effusion



within them of the products of inflammation, excited by the rapid and extensive deposition of miliary tubercles. Now, when in these two cases the lungs, thus differently circumstanced as regards the nature of the disease affecting them, were removed from the bodies after death, placed side by side, and percussed, it was observed: That the *partially* condensed upper lobe of the pleuritic case, and every part of the lungs invaded by inflammation in the other,—especially the posterior parts, where the consolidation was most advanced, and the lungs contained the least amount of air,—yielded a remarkably clear percussion sound, which, in both cases, as far as the ear could judge, was exactly alike in its characters; the sound was that to which, for want of a better, I have affixed the term “hollow,” in the paper above referred to: it is clear, high-pitched, empty, of a tympanitic character, and somewhat metallic; the vibrations of sound producing it appear superficially distributed, ceasing quickly, and not passing deeply. Perhaps it would be most convenient to designate the sound as “tympanitic,” for I believe that this word is rarely in practice used to indicate merely a drum-like sound, as its origin would require; the term “hollow” is objectionable, and for an evident reason.

“The left side of the thorax of the patient attacked by the pleuritic effusion yielded, two days before her death, a completely dull percussion sound at every part; and the heart was found beating to the right of the sternum. To relieve the great difficulty of breathing induced by this copious and sudden effusion of serum, a very fine trochar was introduced into the pleural cavity, and about twenty ounces of fluid withdrawn therefrom, by the aid of an exhausting syringe. Great care was taken that no air entered into the pleura, and that none did I am satisfied, having assisted at the operation. Temporary relief was thus afforded the patient; and now, immediately after the operation, on percussion beneath the clavicle, we found, instead of the completely dull percussion sound observed previously, a remarkably loud, clear, tympanitic sound—so marked, indeed, as to lead an observer to suppose that air had found its way into the chest. That there was no necessity for our thus calling in the presence of air to give reason for the sound, we had the demonstrative proof after the patient’s death, when the body was examined. No air escaped from the pleura, but on puncturing the left thorax a large amount of fluid gushed forth, and when a certain amount had escaped, the partially condensed lung floated forwards against the upper and anterior walls, and its percussion now, both within and when removed from the thorax, yielded a character of percussion sound *exactly similar to that which it had offered during the life*, after a portion of the pleuritic fluid had been withdrawn.

“I did not observe, during life, the nature of the percussion sound of the thorax in the case of partial consolidation produced by tubercular inflammation, but it nevertheless well illustrates the fact that I am alluding to.

“The conclusions which I am justified in drawing from these cases are:—

“1st, That Skoda’s assertion, that a *partially* condensed lung yields a clearer and more tympanitic percussion sound than a healthily inflated lung, is correct.

“2dly, That Dr. Williams’ mode of accounting for this ‘tracheal’ sound, as he calls it, viz., by supposing that the upper part of the lung is compressed against the anterior walls of the thorax by the fluid behind, and thus being consolidated, transmits, when percussed, the hollow sounds of the large tubes, is not correct, at least in all cases, for here was an instance in which *every part* of the *partially* consolidated upper lobe yielded equally well the tympanitic percussion sound, and so also when divided to show the absence of all hollowness or large tubes.

“3dly, That the sound, so far from of necessity indicating the presence of air in the pleura, is a sign that the lung contains less than its normal amount of air.

“One important practical deduction, if I am not mistaken, naturally flows from these facts, viz., that in certain cases of pneumonia, *if not in all*, when the consolidation

of the lung has reached a particular stage, *but not yet that of hepatization*, the percussion sound over the affected portion, so far from being duller, is *actually clearer than natural*. The error of diagnosis into which a misinterpretation of this fact may lead the physician, is manifest enough; it may induce him at a critical period of the disease, viz., when the lung is on the eve of complete consolidation, to prognosticate a commencing return to its healthy condition.”

(From the “Lancet,” August 6, 1853.)

#### REPORTS OF TWO CASES OF UMBILICAL HERNIÆ, WITH OPERATION, ETC.; RECOVERY.

In the first of the cases reported, Dr. Taylor Chadwick, of Bolton-le-Moors, the attending surgeon, made a crucial incision, and perceived some difficulty in dissecting back the integument, on account of its extreme tenuity. We quote the second case in full:—

“The next case, Mary M—, aged fifty-four years, tall, and of a spare habit, the mother of seven children, has been the subject of umbilical hernia fifteen years, the cause of which she attributes to nursing a heavy child during the pregnancy of her fifth child, and a violent cough to which she had been liable for a long period. She states that the rupture continued increasing, but much more rapidly during the pregnancy of her sixth and seventh children. She had for many years to undergo great physical exertion, without having received a proper supply of the usual necessities of life.

“She had worn various kinds of bandages and trusses, which, instead of benefiting her, had given her considerable annoyance, so much so, that she had frequent occasion to leave them off for a time, and then again resume their application. When I was called in, I found she had been ailing for two days, commencing with vomiting, pain in the stomach and bowels, inability to procure a discharge from the bowels. Her symptoms were more decidedly of the character of acute strangulation than those of Mrs. H—; she likewise had no conception that the rupture was the cause of her indisposition. Neither taxis, warm bath, injections, or medicines had any effect on the swelling, vomiting, or constipation; and in this case, also, I had attended two days before I could prevail on the patient to submit to operative procedure. This hernia was more prominent; its neck had not so broad a base, and the greater half appeared to be more to the left of the linea alba, and above the umbilicus, than that of Mrs. H—, and the umbilical cicatrix was low down, and inclining to one side. It might strictly be considered as much a ventral as umbilical hernia.

“In operating I made the inverted T incision, and experienced the same difficulties from the thinness of the coverings; the chief bulk of this hernia was also omentum, under which was present a small knuckle of intestine. The orifice at the neck of the sac was more oval than circular, and in enlarging the opening I had occasion to use a director, in consequence of its tightness; and owing to the hernia approaching so closely towards the epigastric region, I made the division laterally, and to the left side. The intestine was so much congested and dark-coloured, that I felt afraid of its being gangrenous; on drawing it down, however, and applying a warm sponge, it shortly appeared to be in a condition safely to be returned into the abdomen. This case also terminated favourably, notwithstanding the convalescence was rather more tedious, arising, no doubt, from the greater severity of the symptoms, together with the impaired health of the patient.

“I may observe that Mrs. M—had not had either vomiting or constipation previously, and the reason that I did not suggest an operation in the case of Mrs. H—earlier, was, from the symptoms at the first not being of so alarming a character; and I have little doubt but for the first few days it was one named by the French author, ‘l’étranglement par engouement.’”



(August 13.)

## REMARKS ON YELLOW FEVER.

Mr. Paton, of Kingston, Jamaica, the author of this paper, after expressing his inability to define the course and nature of Yellow Fever, observes:—

"But as I cannot enlighten the profession as to what the nature of yellow fever is, I will now proceed to say what I believe it is not—viz., a malarial disease. On this much-vexed question a great deal has been said and written, many considering it to be no more nor less than an aggravated form of the bilious remittent fever of warm climates. This view of the subject I do not for a moment consent to, as I feel convinced it is a disease, *sui generis*, connected in no way with marsh miasma, and for the following reasons:—Yellow fever is a continued fever; all marsh fevers are more or less remittent or intermittent in their type. We see yellow fever making its appearance in its most deadly form in dry, chalky, rocky localities, such as Barbadoes, St. Thomas's, Bermuda, the Rock of Gibraltar. Now, I can safely say that in the two latter places there is not the slightest existing cause to produce malarial poison,—not a swamp the size of my hand, and still the disease has raged in both these places in its most severe form. Again, if yellow fever was produced by marsh miasma, would it not be natural to suppose that in the extreme marshy districts of the West India Islands and Demerara, you would find the disease mostly existing, and not in the dry, sandy soil of a place like Kingston, James Town, Barbadoes, and so on; but the former is far from being the case; on the contrary, comparatively speaking, we rarely see the disease existing in those localities, although the most severe forms of remittents are hardly ever absent. But the latter disease rarely takes on the yellow fever type; I doubt very much if it ever does. I have now been in the West Indies four years; during that time I have seen the worst forms of remittent and intermittent fevers, not only in Jamaica, but likewise in Demerara, Belize, and Chagres. In the latter place the bilious remittent is of the most severe and deadly nature; still I never saw one of them put on the character of yellow fever. But even those who contend that the diseases are one and the same, admit that it is by no means common—in fact rare—to see yellow fever in marshy districts, (although this should be the very hot-bed for the malady,) perhaps once in ten years, and then most likely the disease is raging as an epidemic. I question very much if pure sporadic cases of yellow fever ever exist. You may, I admit, have very alarming fevers here, produced by malarial poisons, but I repeat that I believe them to be distinct from the yellow fever. Another reason for my taking up these views is, you would expect to see the latter disease breaking out in marshy localities, if it was there *its exciting cause resided*, and then spreading to dry, healthy situations. But this leads me to ask the question,—where does the pestilence generally, nay, almost always, make its appearance when it invades a country? In marshy districts? No; on the sea-coast, and generally amongst the shipping, and seldom extends any distance from the shore. Even at Demerara, which I may almost call one vast swamp, I have been informed that it has been known hardly to spread beyond the harbour and Water-street (the latter next the river); at the same time there are severe forms of remittent fever all over the colony, and none of them went on to yellow fever. I think this rather a strong proof that they are distinct poisons."

A summary of the symptoms is then given, and Mr. Paton thus concludes with an account of the treatment and *post-mortem* appearances:—

"With regard to the treatment of this dire pestilence, here the curative powers of medicine tell a pitiful tale; all plans of treatment that ingenuity could devise were tried, with very poor success. The first I made use of was that favourite remedy for nearly all tropical fevers, and which has been so highly extolled in this—viz., large doses of calomel and quinine, commencing with twenty grains of

each; this was repeated if rejected by the stomach, and persevered with in smaller doses until sometimes a hundred grains of each had been taken. The mercurial generally acted on the bowels gently; if not, a dose of oil was given. Strong purgatives were not admissible, as they produced rapid exhaustion. When there was tenderness over the stomach, blood was taken away by cupping, and then a blister was applied, with benefit, in relieving the symptoms. Prussic acid and soda were given to allay the vomiting, when this occurred early; at a later stage turpentine and creosote, the latter with very good effect. Warm baths were used, and ice was continually applied to the head. A blister to the back of the neck, when symptoms indicated it. Strong stimulants were administered where there was a tendency to sink; indeed the second class of cases require these from the first; the best were brandy and champagne. In those cases where there was great restlessness and a want of sleep, and where the state of the brain did not contraindicate it, I have seen a full dose of Battley's solution produce an excellent effect; the patient would get a good night's rest, and awake in the morning much revived. Those who had the third form of the disease were bled freely from the arm, with great relief at the time; but the symptoms soon returned and baffled all skill. Indeed the treatment altogether was most unsatisfactory in its results—so much so that it led many of us to question whether medicine had any power at all over this disease. I am compelled to acknowledge that I am inclined to be sceptical on this point. I believe of those who recovered, it was more by the *vis medicatrix naturæ* than by the medicines they took. I must confess I do not think the profession should be disappointed at the quinine treatment failing, for it is decidedly a *continued fever* that its powers were tried upon, and we know from experience that it has not answered in that form of disease; it is only where it has to contend against a malarial poison that this drug shows its great value. Seeing that the mortality was so deplorable under the above treatment, I was led to try the sweating system by means of the wet sheets and the vapour-bath, or, in fact, to combine hydro-pathy with allopathy. Under this system more recovered, although the mortality was still fearful. The skin is a powerful agent to throw off poisons from the system, and where it acted rapidly, and the diaphoresis was profuse, the cases often did well; but these in which the skin kept hot and dry after repeated attempts to act upon it generally terminated fatally. The latter is the plan of treatment I have continued to adopt for some time past, but with success far, very far from what I could wish. A great deal, nay, all, has yet to be learned of this mysterious disease, before we can expect to have anything like success in curing it.

"The post-mortem appearances, I regret to say, do not throw much light on the pathology of the disease. One might be led to look to the stomach as the organ mostly implicated; but in some cases there was not the slightest trace of disease here; in others there was complete disorganization of the mucous coat; these two extremes are very difficult to account for. Then, again, what changes in the system does black vomit indicate, for death generally followed it? Nearly all were doomed after this symptom set in, they sank and died from hæmorrhage, for black vomit is nothing more nor less than blood mixed with gastric juice. I have often seen the blood vomited quite pure, and likewise found it so in the stomach after death. The occasion of black vomit is, nature endeavouring to throw off from the system a poison, even at the expense of the powers of life; the vital powers being low, exudation goes on rapidly from the mucous membrane of the stomach and bowels. The blood in all cases is found fluid, dark, and highly carbonized; clearly showing that the poison falls heavily on the vital fluid. The liver is found firmer than natural, at the same time it is bloodless, and always of a light lemon colour, the latter peculiar to the disease. The intestines are generally healthy, but full of the *peculiar* thick, tarry secretion. The vessels of



the brain in some cases were congested, and effused into the ventricles; in others these were healthy. No traces of the disease were detected in other parts of the system."

#### AN INSTANCE OF HYDATIDS DISCHARGED FROM THE UTERUS.

Mr. Wearne, of Helston, reports the following case:—

"M. C—, aged thirty-six, married, and the mother of eight children, had supposed, four months ago, from the discontinuance of the menstrual discharge, and from her increasing size, that she was again *enceinte*. But about a month ago, there occurred a somewhat free discharge of blood from the vagina, and she expected that she was about to abort. With occasional, yet exhausting recurrences of uterine hæmorrhage, the case went on till the 24th of July, on which day I was requested to see her, with the gentleman who had been in attendance up to that time. She was then in a pallid, emaciated condition, pulse 120; vomiting occasionally; had been unable to retain her food for several days; a small but steady discharge of blood still persisting; exhaustion not so great, but she preferred the sitting posture in bed.

"On examining the abdomen, I found that it was distended, and also observed that the feet were cedematous. With respect to the tumidity of the abdomen, it was observable, however, that it did not extend from one ilium to the other, but that on each side a sulcus existed between the tumour and the bone. The tumour also, was inelastic, omental-like, more solid than water, scarcely at all fluctuating on percussion, and with none of the hard irregularities which might indicate foetal contents.

"On passing my finger into the os uteri, I found it dilated to a little more than the size of a shilling. If anything could be said to be present, it was uncertain whether it might be coagulated blood or softened placenta; I am inclined to believe it was the former.

"When I left, I recommended Mr. Sargent, her surgeon, to examine her occasionally, although the uterine pains were almost imperceptible; and in case of any presentation at the os uteri, to give the ergot, to facilitate the discharge of the uterine contents. I heard no more of her case till the next day, when her husband came to me with a cupful of hydatids, and assured me that his wife had discharged no less than four or five quarts of them in a short time after my visit on the preceding day.

"I have before seen cases of uterine hydatids, but generally *after* such discharge had commenced; but in this instance I have been enabled to watch and detail the preliminary appearances and symptoms, which I have thought it best to send to you for the benefit of those who may not yet have had the same opportunity."

(From the "Medical Times and Gazette," Aug. 15, 1853.)

#### REMARKS ON THE DISEASES OF THE BRITISH TROOPS IN BURMAH.

We quote the following observations on cholera, from the report of Mr. J. R. Taylor, Surgeon to H.M. 80th Regiment:

"*Effect of Travelling in predisposing to Cholera.*—My own experience and observation furnish indeed ground for the belief, that there is something in the state of the system, induced by recent travelling, positively predisposing to cholera, which disease was, and is, one of the great sources of mortality on occupation of the country. And this predisposition would appear irrelevant of any influence of climate, simple travelling in the same climate almost equally producing it. The influence of marching in producing this predisposition among soldiers has been observed by many, and is statistically evidenced. Some explanation of this influence was offered in the Annual Medical Report, H.M. 80th Regiment, ending 31st of March last. There seems, however, to be produced by travelling, a predisposition to cholera, the nature of which is not yet detected, and I am induced to record some observations on this point with reference to the curious coincidence of the death of Majors L—, and S—, H.M. 80th Regiment.

They both arrived from England in, or about, November, 1851, and both had been travelling, nearly without stop, from the time of their leaving England to the dates of their death. Paymaster H—, who died by cholera the day after the capture of Rangoon, had been in India since 1844, but had been on the move during three months prior to his decease. During the epidemic cholera in H.M. 29th Regiment, at Ghazee-pore, the only officer who took the disease was an assistant-surgeon of the Honourable Company's Service, who had recently been sent to the station to do duty in the regiment, in consequence of the prevalent sickness."

Other similar instances are cited. After some remarks, showing the influence of bad water in producing cholera, Mr. Taylor thus continues:—

"*Nature of the Prevalent Diseases.*—A perusal of the preceding abstract suggests the interesting question, Have all this sickness and mortality been occasioned by several epidemics simultaneously prevalent; or have the admissions and deaths by fever, dysentery, diarrhœa, and cholera, been but so many modifications of one general morbid state? To this last opinion I am inclined, from observation of the pallid, sallow complexion, and the anæmic and asthenic condition of the men; and also, by having on former occasions, as well as during the past quarter, witnessed the transitional, mixed, and interchangeable relation of these diseases. This essential identity of morbid state, besides being evidenced by approximating and controvertible relationship of the cases, would seem here also a natural inference, from their simultaneity of occurrence among men so alike circumstanced in all respects, and exposed only to the same morbid agencies.

"This identity of essential nature of the fever, dysentery, and cholera of India,—including, indeed, diarrhœa, and congestion and suppurative disease of the liver,—is an interesting feature of tropical diseases. The alliance, or rather confused existence, of these forms of disease, may not perhaps strike the practitioner in first years of service, especially if he has met only sporadic cases; but epidemic prevalences of these diseases soon convince him that they are all modifications of one general morbid state of system, the result of one set of causes; the varieties of phase or form of the disease being induced by the varying proportions and force of the morbid agents or by varying predisposition in the individuals subjected to these agents. A further evidence of this identity of essential nature is the substantial uniformity of treatment found beneficial in all these diseases. It would be difficult to state the limit of the variety of forms of disease that may be developed under the tropical morbid condition in question.

"*Propagation of Cholera by Contagion.*—I still inclined to the belief, that cholera, once epidemically generated by ordinary causes, is capable, under favourable circumstances, of being transported to another locality, or of inducing the like or an allied form of disease in another person. I am now satisfied of the ill-effects of mixing cholera cases with others, though I was not of this opinion formerly, when I had less experience of the disease.

"*Cholera.*—Of 19 fully developed cases in the 18th Regiment, 11 died. In the treatment, it was found such cases as used calomel and quinine in repeated doses, with moderate stimulants, made the best recoveries."

#### CONTENTS OF THE MEDICAL JOURNALS.

**Monthly Journal of Medical Science.**—(No. CLII. August, 1853. No. XLIV. New Series.)—Part I.—ORIGINAL COMMUNICATIONS.—Case of Chloroma. By Dr. Alexander King, (with Lithograph). An Investigation of the Deaths in the Standard Assurance Company. By Dr. Robert Christison. Medical Statistics of Life Assurance: Observations on the Causes of Death among the Assured of the Scottish Widows' Fund and Life Assurance Society, from 1846 to 1852. By Dr. James Begbie. Removal of a Foreign Body from the Larynx, after more than Three Months' Imprisonment. By James Syme, Esq. Note on the Tympanitic Sound produced



by Percussion of the Lung, when partially Condensed. By Dr. W. O. Markham. On a New Form of Director for the Remedy of Stricture by External Incision. By James Syme, Esq. On the Use of Chloroform in Whooping-cough. By Dr. Fleetwood Churchill. Case of Turning, instead of Craniotomy, in a Contracted Pelvis. By John Traill, Esq.—Part II.—REVIEWS.—Vulpes on Ancient Surgical Instruments found in Herculaneum and Pompeii.—Colloquia de Omnibus Rebus.

**Lancet.**—(No. VII. Vol. II. August 13, 1853.)—LECTURES on some Principal Diseases of the Eyes. Delivered at Guy's Hospital. By John F. France, Esq., Surgeon to the Eye Infirmary. Lecture VII.—Iritis. Two Cases of Tracheotomy for the Relief of Epilepsy. Communicated, with Remarks, by John Charles Bucknill, M.D. Lond. Remarks on Yellow Fever. By James Paton, Esq., M.R.C.S. Eng., Kingston, Jamaica. An Instance of Hydatids discharged from the Uterus. Reported by J. Wearne, Esq., M.R.C.S. & L.S.A., Cornwall.—HOSPITAL REPORTS.—Series of Cases of Amputation at the Ankle-joint, and of Amputation at the Lower Third of the Leg. London Hospital: Amputation at the Ankle-joint for a recent injury. University College Hospital: Amputation at the Ankle-joint; Useful Stump.—Amputation at the Ankle-joint of one Leg, and midway between the Knee and Instep of the other; Death from Debility.—Amputation at the Ankle-joint; Favourable Results. King's College Hospital: Amputation at the Ankle-joint. St. Bartholomew's Hospital: Amputation at the Ankle-joint; Favourable Results.—Caries of Portions of the Tarsus and Metatarsus; Amputation at the Lower Third of the Leg; Perambulation rendered easy by the Socket and Shoe. (With Engravings.)—REVIEWS AND NOTICES OF BOOKS.—Commentaries on the Surgery of the War in Portugal, Spain, France, and the Netherlands, from the Battle of Rolicca, in 1808, to that of Waterloo, in 1815; showing the Improvements made during and since that period in the great Art and Science of Surgery on all the subjects to which they relate. Revised to 1853. By G. J. Guthrie, F.R.S.—LEADING ARTICLES.—The late Proceedings at St. Bartholomew's Hospital. The Royal Maternity Charity: The Attempt of the Committee to deprive the Physicians of their Salary. The Discussion in the House of Lords respecting the Chicory Question. The Lunatic Asylums Bill: Scandalous Treatment of the Medical Profession.—THE ANALYTICAL SANITARY COMMISSION.—Tobacco, and its Adulterations: Analyses of the more important kinds of Tobacco; Organization of the Rhubarbleaf. (With Engravings.)

**Medical Times and Gazette.**—(No. CLXIII. August 13, 1853.)—ORIGINAL LECTURES.—A Course of Six Lectures on the Relation between Therapeutics and Pathology. Delivered before the Royal College of Physicians. By George Johnson, M.D., Lond., F.R.C.P. Lecture III. Notes of Lectures on Surgery. Delivered in the Theatre of the Royal College of Surgeons of England. By Frederick C. Skey, Esq., F.R.S., etc.—ORIGINAL COMMUNICATIONS.—Army Medical Reports. No. IV.—Remarks on the Diseases of the British Troops in Burmah. By J. R. Taylor, Esq. (80th Regiment), and James Stewart, Esq. (18th Royal Irish Regiment). Cases of Affections of the Nervous System, of Organic and Inorganic Origin; with Clinical and Pathological Observations. By Dr. J. W. Ogle. Medicine in Lewchew.—Introduction of Vaccination. By Dr. Bettelheim.—HOSPITAL REPORTS.—King's College Hospital: Severe Epilepsy with Amaurosis; Death; Autopsy; Large Tumour in the Anterior Lobe of the Right Hemisphere of the Brain. St. Bartholomew's Hospital: Excision of a Fibrous Tumour of Peculiar Characters from the Periosteum of the Tibia. The London Hospital: Delirium Tremens Produced by Abstinence from Tobacco. St. Thomas's Hospital: Severe Fracture of the Ribs; Extensive Emphysema; Recovery with Permanent Depression of the Fractured Ribs.—EDITORIAL ARTICLES.—Knighthood. The Case of Lamert v. Dawson. Irish Poor-law; Medical Salaries; Disrespectful Advertisements.—Parliamentary Intelligence.—REVIEWS.—Observations on the Nature and the Treatment of the Asiatic Cholera. By William Stevens, M.D., etc. Report on the Cholera in Jamaica, and on the General Sanitary Condition and Wants of the Island.—PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals: Electricity as an Agent of Surgical Therapeutics; Peritonitis, as a Complication in Certain Acute Diseases; Sugar in Phthisis; Remarks and Observations upon a New Source of Indications for the Trepan, in Cases of Syphilitic Osteitis of the Cranium.

**Association Medical Journal.**—(No. XXXII. August 12, 1853.)—LEADING ARTICLES.—The Recent Deputation to the Home Secretary from the Metropolitan Counties

Branch on the Vaccination Bill. Is it possible to Redeem the Newspaper Press from its Servitude to Fraud and Obscenity?—ORIGINAL COMMUNICATIONS.—Obstruction of the Liver. By W. S. Oke, M.D. Clinical Illustrations of some Diseases of the Œsophagus. By C. E. Reeves, M.D. Three Cases of Post Partum Hæmorrhage. By Frederick J. Brown, M.D. Puerperal Convulsions in a Woman delivered of Twins: Advantages of Chloroform in such Cases. By Henry Rudge, Esq.—BIBLIOGRAPHICAL NOTICES.—Black: Pathology of the Bronchio-Pulmonary Mucous Membrane. Pearce: Every Mother's Book.

**Dublin Medical Press.**—(No. DCCLXII. Vol. XXX. August 10, 1853.)—ORIGINAL COMMUNICATIONS.—An Improved Hernia Knife. By W. Hargrave, M.B., President of the Royal College of Surgeons, Professor of Surgery to the Royal College of Surgeons, and Surgeon to the City of Dublin Hospital.—PROCEEDINGS OF SOCIETIES.—Medico-Chirurgical Society of Richmond, U.S., Proceedings of.—SELECTIONS FROM MEDICAL JOURNALS.—Aneurism of External Iliac cured by Galvano-Puncture. On the Climate of Australia. Example of the "Sparkling Cataract," or "Synchisis Etincelant" Tobacco and its Adulterations.—REVIEWS AND NOTICES OF BOOKS.—A Treatise on Auscultation and Percussion. By Dr. J. Skoda. Translated from the Fourth Edition by W. V. Markham, M.D., Assistant-Physician to St. Mary's Hospital, London.—LEADING ARTICLES.—Leading Article. Medical Life in London. Dismissal of a Dispensary Officer by the Poor-law Commissioners. The Aztecs. Report of Lunatic Asylums in Ireland. Medical Law.

## Correspondence.

### THE DISSENSIONS AT THE CHARING CROSS HOSPITAL.

LETTER FROM DR. SMITH.

To the Editor of the "Medical Circular."

SIR,—In requesting your permission to offer a few observations upon the subject of your leader in the "Medical Circular" of August 3, I shall not be so indiscreet as to call in question the propriety of your remarks, but, with a few words of explanation, will leave the readers of your Journal, and of my pamphlet, to judge how far the truisms which are placed at the head of your article are applicable to my case. So far from totally condemning, I am disposed to admit the justice of some of your critiques.

Your general objection to my pamphlet is, that you find energetic and intemperate language, with personalities, and without a plain positive statement of facts, and a convincing refutation of the charges brought against me.

You will find a *plain positive statement* of the whole case in that part of the pamphlet which is headed "Statement;" a statement, however, not intended to supersede the necessity of referring to the "Correspondence," but to render the correspondence more intelligible.

You will find a *refutation of the charges* brought against me in two of my letters to the medical committee, Nos. 6 and 8, and, more particularly, in the hostile attitude of the students, and their utter repudiation of the acts of the committee, as shown in the proceedings at their meetings, published by a contemporary, and republished at the end of my pamphlet; and, by way of climax, this refutation is perfected by the withdrawal of two of the charges, and by the virtual abandonment of the whole list, excepting the one on which the committee gave a verdict.

With great deference, I submit that the charges referred to do not admit of that "convincing refutation" which a statement of a positive fact might permit. On the contrary, one might subscribe to the truth of the charges, and yet the conduct of the committee be highly unjust and oppressive. For instance, I am charged with lecturing from notes. I cannot deny it, but, I can reply, that three-fourths of my colleagues, and of the lecturers in every school, do the same. Again, they charge me with having made errors. I cannot deny it, neither, in the nature of things, can I affirm it, but, I can reply, that no lecturer



would dare to affirm that he had not made many errors in a course of one hundred lectures. The value of this charge depends upon the amount of errors in quantity and quality, and of the value which those who heard them attach to them and to the teaching as a whole.

Such charges, I repeat, do not admit of the "convincing refutation" to which you refer. How did the late eminent Dr. Chalmers meet an accusation of inefficiency brought against him, when, in 1803-4, he was driven from his post as assistant-lecturer on chemistry in his University? He did not attempt an impossible refutation, but he opened an independent school in opposition to the University, and so convinced the world of his competency that the authorities of the University were compelled to invite him to return. Such charges are infinitely the more mischievous, that they do not admit of a full refutation.

The most convincing refutation, and that which is perfect in its degree, is the feeling of the students. I never cultivated, or permitted, familiarity with any of them. I do not now bear in mind the names, even, of one-third of those gentlemen; and when I hear the name I cannot, except in a few cases, connect the individual with it; yet, so keen has been their sense of the injustice of the medical committee, that, almost to a man, they have taken a position of determined hostility to that body, and have stated, in a memorial addressed to me, "We wish you distinctly to understand, that we had no part in bringing about these changes, and we feel no sympathy with them now that they are effected." Never was, or could be, a more complete refutation of the charges which had been fathered upon them. No one will insinuate that this movement of the students is one of turbulent faction. It comprehends all our best men, our moral and well-conducted men, and our prizemen almost without an exception.

Then, as to the "personalities" unfortunately contained in my pamphlet. I am afraid that, in the nature of things, the publication implied a publication of personalities, and that, if personalities were to be avoided, the publication of a pamphlet should have been prevented. But when you remember that there are grave reasons for believing that the attack upon me was personal, and that on the part of two colleagues only, although disguised under the aspect of public utility, you will see that it was necessary not only to disprove, as far as possible, the charges brought against me, but to bring forth evidence of the "personality" of the attack. The line of argument which I have pursued, is to show that there were no substantial grounds for the accusation at all of public utility, and then to show that there were many reasons for believing that it depended upon personal ill-will. I have proved these positions by the following statements:—

1st. A series of charges, of a public nature, were brought against me, and based upon the wishes of the students, the only parties who, at any time, had heard my lectures. I knew them to be either false, or, if true, to be contemptible, and the students, at a series of meetings, and throughout a space of four months, have indignantly rejected them; and so strong is this feeling, that the medical committee have not only withdrawn and abandoned nearly all their charges, but have thought it prudent to proffer to repay a portion of the fees to any student who may desire to leave the school. Surely this is a sufficiently convincing refutation.

2nd. Since, then, there were no adequate public grounds for this attack, and since the medical committee had pushed their authority so far as to give me a notice to leave the school, I felt assured that personal motives had induced them to act, and, on inquiry, I found the following evidence in support of my opinion:—

A. The students openly attributed the origin of the movement to the medical committee, or to some member of it, and charged the student who called the first meeting of seven students, with being an emissary of the committee.

B. The two gentlemen (the only gentlemen) who have taken a leading part on the side of the medical committee,

are free students; the one, the gentleman who called the first meeting, the other, the gentleman who wrote the complaining letter. The free students depend upon the good feeling of the medical committee for a continuance of their privileges, and have, hitherto, returned the favour by repressing any rising ill-feeling in the school.

C. It is quite certain that when a memorial could not be obtained against me from the students, some persons applied to a gentleman out of the school to present one.

D. I had disapproved of the immoral observations made in some of the classes, and had, by my example, set my face against certain immoral practices which had prevailed amongst the students, and which, if they had not been fostered, had not been firmly repressed by those who had charge of the students, and so much success had followed, that the students have currently reported that so quiet and gentlemanly a class had never before assembled within the school. I had also given some trifling offence to one of my colleagues, and had, consequently, observed a constraint in his subsequent bearing, as in that of a friend of his, a member of the medical committee, although *both, and, indeed, every colleague, officer, and pupil, openly professed, to the last moment of my course, a friendly feeling towards me*; and one of the two complaining students was the protégé of one of these gentlemen, whilst the second was an intimate friend and companion of the other gentleman.

Does not the whole of this evidence afford very strong presumptive proof as to the personal nature of the attack, and did it not demand a reference to "personalities" in detailing the various circumstances connected with it?

Then, as to the language used by me in reference to the conduct of the medical committee. It may be energetic, and it may be that, with such a case, a calmer attitude would have been, at least, as potent.

But, if a public body can fairly be charged with such injustice and dissimulation as to assail the professional character of one of their lecturers, (of a young man, whose good fame is increased or destroyed, it may be, irreparably,) by a charge of inefficiency as a teacher, when, in truth, it was a personal attack on the part of two gentlemen, disguised under that damaging accusation, what language can be too energetic, or, I might almost say, too intemperate? I would not, however, notwithstanding that I smart under the injustice exercised by this body, justify intemperate language, and whilst I cannot admit that my language has been intemperate, I, at once, acknowledge that it might have been less energetic, without injury to my cause.

So much with regard to the habiliments of my facts. With regard to the facts themselves, as a whole, they are, at present, undisputed, and, I venture to affirm, indisputable, and that, I take it, is the essence of any publication. The defects in the material and management of the institution was known as familiarly as household words to advanced students, and to some others, so that the committee will not dare to deny them. You charge me with having turned Queen's evidence when I detailed these defects, but, so far from my having been an accomplice in the conduct referred to, I have had no connection whatever with the hospital, nor any share whatever in its management, and, until these investigations began, I was not aware of the existence of a tithe of the defects referred to. It is only on an occasion like the present, that those who are acquainted with such facts think it worth while to make them known; and, although I was perfectly ignorant as to them, I have since learnt that everybody knew them. The recital of these defects, and the attention which you and others have called to them, is, as I am informed, working good for the institution, and should it lead to such a modification in the governing body as that all the officers and lecturers shall, in future, have the management of the institution, I have no doubt but that a permanent good will have been effected.

In conclusion, I felt bound to make my case public, in the hope that so unique an exhibition would bring about a



reformation in the establishment, and prevent a renewal of this conduct; and I thought it more consistent with my position in the school, to occupy my pages with details of facts rather than to take what may appear to be higher ground—viz., the attempt to show that such a school is not one of public utility, and that it is for the public good either that it be remodelled, or that it cease to exist. I give the facts upon which such inferences may be based, and leave it in your hands, and in the hands of other members of the press, to do that which did not seem to be within my province to perform.

I am, sir, your very obedient servant,  
ED. SMITH.

16, Norfolk-terrace, Aug. 6th, 1853.

[We are unwilling to bear heavily on Dr. Smith, and, had his pamphlet been written as temperately as the foregoing letter, we should not have commented upon it with severity. Dr. Smith admits that his pamphlet contains "personalities," and seeks to justify them; we, on the contrary, still consider that they are, in their nature, inexcusable, and wholly unnecessary to an effective statement of his case. In some other points in his letter he contradicts himself. In one paragraph he refers us, for a refutation of the charges, to his letters Nos. 6 and 8, and, in the next, admits that the charges do not admit of a refutation; we infer, by consequence, that the letters in question cannot contain the refutation required. The truth is, Dr. Smith admits the accusations, as we could easily prove, but endeavours to escape their pressure by the use of the "tu quoque" argument—a species of retort that justifies him less than it injures others. Mr. Hancock's letter, as below, gives a very different statement of the case from that in Dr. Smith's.—ED. MEDICAL CIRCULAR.]

#### LETTER FROM MR. HANCOCK.

"SIR,—Dr. Edward Smith having, in his recent Pamphlet, endeavoured, by making violent attacks upon others, to divert attention from the circumstances which induced the Medical Committee of the Charing-cross Hospital to annul his appointment as Teacher of Anatomy and Demonstrator, I feel it a duty, which I owe to myself, as well as to my colleagues, to give a plain statement of those circumstances.

"During the latter part of last session, complaints were continually reaching me of the manner in which Dr. Smith conducted the anatomical department of the School.

"That Dr. Smith, for the first three or four months of the session, devoted the greater part of his time to comparative anatomy, instead of confining himself to descriptive and surgical anatomy.

"That he was usually late at lecture.

"That he rarely attended above half an hour in the dissecting-room.

"That, in describing parts at lectures, he was in the habit of doing so from notes.

"That he did not provide subjects for lectures, but lectured from the parts for which the students had paid.

"That, when he demonstrated in the dissecting-room, he did not give a lecture in the theatre, and *vice versa*.

"Two of the students, Mr. Clarke and Mr. Evans, complained to me, that they had been made to take parts which had been rendered imperfect by *post-mortem* examination, they having paid for perfect parts. I was also informed, that, while the dissatisfaction was general among the students, some were so displeased that they openly expressed their determination to write to the public journals upon the subjects, which determination, if I am correctly informed, more than one carried into effect.

"These complaints did not reach me from one source merely, nor from the students alone, but from some of my colleagues, and likewise from gentlemen unconnected with the School, and having no communication with each other; some, indeed, residing in the country.

"Dr. Hassall, of Richmond; Mr. Woolcott, of Maidstone; Mr. Canton, Mr. Echlin, Mr. Hird, and Mr. Hogg, have all spoken to me of the complaints which have been

made to them on the subjects, besides several gentlemen who have expressed their unwillingness to have their names published.

"Finding the complaints of so serious a character, so general, and so widely disseminated, I felt, that if Dr. Smith continued to retain his appointment of Teacher of Anatomy, the character of the School would be seriously prejudiced; but at the same time, from friendship towards him, and feeling that his previous pursuits, while incapacitating him for the rougher details of simple anatomy, might most probably have rendered him more competent to teach physiology, I was very anxious, if I could possibly do so, to effect a change in position between Dr. Smith and Mr. Canton, that is, for Dr. Smith to take the Chair of Physiology, Mr. Canton resuming that of Anatomy, which he had so efficiently filled for some years. I therefore spoke (in my private capacity) to Mr. Canton upon the point, and, as he received the matter in a very liberal and generous spirit, I subsequently proposed it to my colleagues, Dr. Shearman, Dr. Golding, and Dr. Chowne. They concurred in my views, and I was in great hopes that I should have succeeded in the arrangement.

"However, while the matter was under consideration, the Committee received a communication charging Dr. Smith (among other things) with making mistakes at lecture, and lecturing from notes.

"For obvious reasons, I cannot give the letter itself here; but, if Dr. Smith will give me permission in writing to do so, I hereby undertake to obtain a copy thereof, and to furnish the same to the public Journals.

"The Committee considered it but fair that they should make Dr. Smith acquainted with the substance of this communication, and invite him to any explanation with which he might be desirous of favouring them; and they accordingly addressed a letter to Dr. Smith, embodying the substance of this communication, but which, as Dr. Smith has already published it *verbatim* in No. 1 of his Correspondence, it will be unnecessary for me to insert here. The Committee likewise received a copy of a resolution, passed, it is stated unanimously, at a meeting of the students, requesting Dr. Smith to use his influence with the Medical Committee to obtain the appointment of a qualified Demonstrator.

"Now, as Dr. Smith, by the terms upon which he held his appointment, was bound, if he did not attend in the dissecting-room himself, to appoint a qualified Demonstrator as his deputy; and, as Dr. Smith stands published in the Prospectus of the school as follows:—"Descriptive and Surgical Anatomy—Dr. E. Smith." "Demonstrations and Dissections—Dr. E. Smith." It must be very evident, that, had Dr. Smith done his duty, there would have been no necessity for such a meeting of students; and the Committee could not but regard the resolution as a confirmation of one of the complaints which had previously reached me, and which was also contained in the letter to which I have already alluded.

"I would add, that Dr. Smith held his appointment upon precisely the same terms as those which governed his predecessors—Mr. Hird, Mr. Canton, and myself, for fifteen years. The Committee have never made charges against Dr. Smith; they have made him acquainted with the allegations brought against him in the letter in question, but they studiously avoided any comment either one way or the other. Whatever publicity has hitherto been given to the transaction, has been due entirely to Dr. Smith. It is true that the Committee told Dr. Smith, in their letter of the 11th of April, "that they did not wish to entertain the subject of the lecturer's anatomical errors, and his being obliged to lecture copiously from notes." This cannot, with any justice, be construed into a withdrawal of charges, but simply as it was intended and expressed, "that the Committee did not wish to entertain certain allegations made to not by them, but leaving those allegations unprejudiced." And so they remain to the present moment, since Dr. Smith throughout the whole of



his correspondence has studiously avoided anything approaching to an explanation.

"From the temper displayed by Dr. Smith, and the reckless charges made by him, in his correspondence with the Committee, they felt that his colleagues could no longer work harmoniously with him, and they consequently acted upon the agreement entered into, and signed by every teacher, upon his joining the school; which is equally binding upon the managers of the school as upon the teachers, and upon which, both teachers and managers have acted, to my own knowledge, for the last fifteen years. And I would add, that the hesitation of the Committee to supply Dr. Smith with a copy of the Rules which he had signed, arose from his having, by implication, threatened the Committee with law proceedings; the Committee, therefore, deemed it more proper to refer Dr. Smith to their solicitors, Messrs. Fladgate and Co., whom, on the 20th July, they instructed to furnish Dr. Smith's solicitor with the information required, more than a fortnight before his Pamphlet (in which he asserts he cannot obtain a copy of these Rules) appeared.

"In conclusion, I would here allude to certain assertions contained in Dr. Smith's pamphlet connected with the Surgical department, which if unnoticed, are calculated to mislead, and create misapprehension as to the efficiency of the institution.

"1st. That "there is not an amputating knife in the place; so that, if it were necessary to perform an amputation in the night, the instrument-maker must be roused from his bed."

"I make a rule of never using the same knife for operation more than once, without its being set to rights; and, to insure my instruments being always ready for use, and in proper order, I keep them at Mr. Simpson's, the surgical instrument maker, in the Strand, immediately opposite the end of the hospital, not quite the length of the building from it. I have more than once had to amputate in the middle of the night, and, in all instances, the instruments were ready before the patient could be prepared; and I have scarcely ever performed what is termed a capital operation, without Mr. Simpson himself kindly attending, and furnishing me with a supply of every instrument which might with any probability be required.

"2ndly. That 'the House-Surgeon was directed to make splints out of pieces of board, for the treatment of fractures,—even of fractured thighs.'

"There is a large room especially appropriated for splints, etc.; it contains, at the present time, (and there have been no additions made to it for some weeks past,) between 90 and 100 splints of various kinds for use, comprising iron and wooden arm and leg splints,—Desault's, double incline plane, and T splints, etc. In addition, thick leather, and boards about a quarter of an inch thick, purposely prepared, are kept, that the House-Pupil should be able, at any time, to fit proper-sized splints to the broken arms of out-patients; and for which purpose, also, if the House-Pupil does his duty, the necessary pads and bandages are in constant readiness. I have always approved of this procedure, as affording invaluable practice to the students, especially to those about to be located in the country, far away from instrument-makers. Cases are continually occurring, wherein the ordinary splints, even with all their valuable appliances, do not answer, and the surgeon is obliged to rely upon his own ingenuity.

"There are other assertions contained in the Pamphlet, of an equally groundless character, and which are unworthy the trouble of refuting.

"I will now refer to the following letters,\* and remain, &c.

"59, Harley-street.

"HENRY HANCOCK."

\* These letters it is unnecessary to publish.—ED. MEDICAL CIRCULAR.

## THE LUNATIC ASYLUMS' BILL.

To the Editor of the "Medical Circular."

Sir,—My attention was directed this morning, on the third reading of the Lunatic Asylums Bill, to clause 67, which provides that:

"Every pauper lunatic not in an asylum or a hospital registered or a house licensed for the reception of lunatics, shall be visited once in every quarter of a year by the medical officer of or for the parish or union or district of a union in which such lunatic is resident, and such medical officer shall be paid the sum of two shillings and sixpence for each such quarterly visit."

That, "Within seven days after the end of every such quarter, such medical officer shall prepare and sign a list according to the form in schedule E," &c., &c.

"And every such medical officer failing to comply with this enactment shall, for every such offence, forfeit any sum not exceeding twenty pounds nor under two pounds."

The glaring injustice of requiring any gentleman to do such an amount of work, involving perhaps a journey of five or more miles, under a penal enactment of twenty pounds forfeit, was admitted instantly by all those hon. members to whom I spoke upon the subject; and on applying to Mr. Bouverie I was recommended to call the attention of the house to this clause, and to move any amendment I might wish when the Speaker put the question, "That this bill do now pass." Complaining, then, of so insulting an estimate of the value of professional labour, and moving that the sum of two shillings and sixpence be augmented to that of ten shillings and sixpence (and which I believe would have been instantly agreed to), I was informed by the Speaker that, being a bill from the Upper House, and this, moreover, being a money question, it was now too late to introduce any such amendment.

I propose, therefore, if my professional brethren consider this a question of sufficient interest to them, to introduce a short bill as speedily as possible, to increase the paltry sum of two shillings and sixpence, now enacted to be paid for the performance of such duties, to a somewhat more reasonable, but still scarcely enough remunerative, fee of ten shillings and sixpence.

I have the honour to be,

My dear Sir,

Your faithful servant,

JOHN BRADY.

1, Warwick-terrace, Warwick-square, Aug. 9, 1853.

## An Epitome of Toxicology.

DESIGNED FOR THE BUSY PRACTITIONER AND ANALYTICAL CHEMIST.

(COMPILED FROM THE LATEST AUTHORITIES, EXPRESSLY FOR THIS WORK.)

(Continued from page 88.)

ALPHABETICAL LIST OF VARIOUS SUBSTANCES, WITH THE CHANGES THEY UNDERGO AND THE FORMS THEY ASSUME IN THE LIVING BODY. (CONTINUED.)

Substances.

Transformations, &c.

Dippell's Oil ..... Has been detected in the breath, blood, &c., slightly changed.

Earthy Salts ..... Form new compounds with the albumen, casein, protein, &c., of the tissues and fluids, the nature of which is but little known; some, as the earthy carbonates, are decomposed by the acids of the alimentary canal; those, with the weak vegetable acids also, probably suffer the like decomposition, being converted into chlorides, phosphates, carbonates, &c. (See ante.)

Eau de Javelle ..... Eliminated by the kidneys; form undetermined.



Elder rob (color- ing principle) ...	} Eliminated unchanged.
Ether .....	For the most part similar to alcohol ; produces a coagulum with the albumen of white of egg, but not with the serum of the blood. Its high volatility causes it rapidly to pervade the system and reappear in distant organs; hence the ethereal odour it imparts to the breath, and some of the fluids, soon after it is administered. Its volatility also causes its rapid disappearance from the system.(a)
Ferrocyanide of potassium) .....	} Eliminated unchanged.(b)
Ferrideyanide of potassium) .....	} Converted into the ferrocyanide in the system, and eliminated in that form.
Gallie Acid.....	Forms soluble compounds with gelatine; is absorbed; reappears in the blood, urine, &c., in a state of combination. (See Tannin.)
Gamboge (coloring principle) .....	} Eliminated unchanged.
Garlic (odorou principle) .....	} Eliminated by the kidneys, breath, and perspiration slightly altered.
Grape (coloring matter of skin)...	} Has been detected in the perspiration and urine, slightly altered.
Gold .....	In the metallic state, unless finely divided, suffers no change, and is inert; finely-powdered gold is said to promote the secretions of the skin, kidneys, and salivary glands.(c) The oxides and salts of gold are all poisonous. The action of the terchloride of gold and the aurate of ammonia, is often very violent and dangerous; large doses are said to resemble in their effects those produced by the bichloride of mercury.(d) The combinations and changes they suffer in the system, have been but little investigated, but they may be inferred to be similar to those of corrosive sublimate.
Halogenous bodies...	Combine with hydrogen and the bases, and sometimes directly with organic matter, eliminating oxygen, and thus acting as oxidisers and antiseptics. In a concentrated form they act as corrosives, by decomposing and combining with the constituents of the organism. (See Bromine, Chlorine, and Iodine.)
Henbane (narcotic principle) .....	} Eliminated by the kidneys; form undetermined.
Horse radish (odo rous principle) ...	} Has been detected in the breath and perspiration.
Hydrochloric Acid...	When <i>dilute</i> and in quantity, form

(a) Ether boils at 98° Fahr., the degree of temperature marked in our thermometer scales as "blood heat." It is also very rapidly converted into vapour at temperatures much below the coldest condition ever experienced by the extremities of the hands or feet in the living body.

(b) Wohler says this salt is rejected unchanged. It appears to exert little influence on man, for D'Arcet swallowed a solution containing lbss. (?) of this salt without any injurious effects; yet it is said to act both as a sedative and astringent. In America it is commonly administered as a sedative and anodyne. Dr. Smart prescribes it in the chronic bronchitis of childhood, and whooping cough, with these results; as, also, in phthisis and leucorrhœal discharges. (*Vide* "Amer. Jour. of Med. Sci.," xv. 362.) That the *whole* of this salt is eliminated unchanged is very doubtful, for those who are in the habit of prescribing it admit that in excessive doses it produces coldness, numbness, fainting, vertigo, &c.

(c) Chrestien and Niel.

(d) Majendie and others.

insoluble compounds with the albumen, fibrin, &c., of the tissues and fluids; when *concentrated*, like the other strong acids, it acts as a corrosive, destroying vitality and forming new compounds; it is absorbed, and appears in the blood in combination (neutral) with alkali; eliminated chiefly by urine, which it renders acid, partly in combination, but the greater portion uncombined, if much acid has been taken. (See Acids.)

Hydrocyanic Acid... This liquid, in a concentrated form, is one of the most poisonous substances known; dilute (medicinal,) it acts in the same way, but about twelve times the dose is necessary; the rapidity of its effects renders the *modus operandi* of its action almost a mystery; its extreme volatility, which is greater than that of ether,(a) doubtless assists the rapidity of its action, by causing it in a very minute space of time to pervade every portion of the body. Nothing certain is known respecting the nature of the chemical changes it suffers and produces in the living body. That it suffers decomposition, and enters into combination in the organism, is certain; but this is true only to a limited extent, for the odour of prussic acid may be perceived in the body for days after death. Though poisonous to all animals, it acts with the greatest energy on those whose nervous system is most developed; yet, when placed in contact with the nerves, the dura mater, or any of the white organs of the living body, its deleterious action does not follow; the condition of the blood of the vascular system (thick, black, oily-looking), indicates chemical action, but there is no evidence that this action is the cause of death. Bischoff's opinion, that the action of poisons on the organism is electrical, or electro-chemical, receives great support from that of prussic acid, strychnine, &c. "The instantaneous death caused by hydrocyanic acid, is somewhat like the effect of a stroke of lightning."(b) This acid has been detected after death in most of the solids and fluids of the body, including the breath. When taken in small (medicinal) doses, part disappears, and part is eliminated in combination. (See Hydrocyanic Acid, in a future number.)

[(To be continued.)]

(a) Ether boils at 98° Fahr.; prussic acid at 80°, a temperature nearly 20 degrees below the heat of the blood.

(b) Dr. Pereira.

#### LITHOGRAPHIC PORTRAIT OF SIR JAMES EYRE.

A Lithographic Portrait of Sir James Eyre, taken from a daguerreotype, has been just published by the Messrs. Herve, of Charing-cross. We have seldom viewed a work more faithfully expressive of the mental characteristics of the individual represented, or executed in a better style of art. It does infinite credit to the Messrs. Herve, and cannot fail to enhance their reputation. As a representation of the man it is perfect, and as a work of art, in its class, it is of the highest order.





PORTRAIT OF DR. G. GWYNNE BIRD.

### Biographical Notices.

#### DR. G. GWYNNE BIRD.

Dr. G. Gwynne Bird, the subject of the present memoir, is a native of Breconshire, having been born about the commencement of the present century, at Dan-y-Castle, in the town of Crickhowell. His father practised for many years in Breconshire, as a general practitioner, and having a large family of ten children, of whom the subject of our sketch was the eldest son, emigrated, about eighteen years ago, to British Canada, where he now resides.

The family have, for many generations, resided in Herefordshire, and were originally of Norman descent, bearing the name of De Bird, and are collaterally connected with the Gwynnes, of Cwnhordy, an ancient Welsh family. The early years of young Bird were passed at Madely School, Herefordshire, then kept by the Rev. Henry Davis, by whom his father and several of his uncles had been educated. He, subsequently, went to the Monmouth School, then in the height of its reputation, under the able mastership of the late Rev. John Powell, with whom he continued until he was apprenticed to his

father, and at sixteen years of age became initiated into the mysteries of the science of medicine and surgery, as practised by the hard-working surgeon to extensive iron works. Here he continued for four years, daily gaining practical knowledge and learning to acquire confidence in himself for those emergencies of constant occurrence which demand a cool and steady judgment, and a determined and ready hand. Here, to delay was to lose the life entrusted to the surgeon's care, and here, no readily procurable aid, or friendly counsel at hand, could smooth the difficulties of practice. The emergencies of every day taught but one lesson—self-dependence.

It was, doubtless, by this constant call for the exercise of all the higher mental attributes, and the numerous opportunities afforded him of seeing every variety of accident and disease, that laid the foundation of Mr. Bird's future reputation as a surgeon, and did much to cast his mind in a quiet, cool, determined form. But much, too, was owing, as is ever the case with men whom the world consider good or great, to the admirable lessons of an excellent, high-minded, woman, who, by example as well as precept,



taught that firmness and decision should characterise equally our acts and our opinions, and who led the youthful mind of her son, by his veneration for her character, through the period of youth to manhood, and indelibly stamped her own attribute of earnest common sense upon his understanding. Like all the deep impressions of childhood and youth, this has, through life, remained. and coolness in danger, and determination in difficulty, have ever been the characteristics of Dr. Bird's mind.

Enjoying all the associations of early life still in unimpaired freshness, the future Dr. entered, at twenty, upon his medical studies in London, and, as in earlier life, became the pupil of many who had been his father's preceptors. Among these, at St. Bartholomew's Hospital, where he studied, was the late Mr. Abernethy, who noticed him favourably, and strongly recommended him to remain in town, after passing his examinations at the Royal College of Surgeons, and at Apothecaries' Hall; but these counsels, as well as the offer of a commission in the army, navy, or East India Company's service, failed to weigh against his strong attachment to his mother and his early home;—and all the solicitations of his numerous friends, who were, from their position, well able to aid him in any branch of the public service failed to induce him to accept these tempting offers; and we find the young man an assistant with his father, improving his practical knowledge, and testing the theories of the schools, by the events of daily life, for the next three or four years, until, by the advice of some respected friends of his father, he removed to Swansea, and was shortly after elected one of the surgeons to the Swansea Infirmary, upon the resignation of Mr. Ostler, to whose practice Mr. Bird succeeded. For fourteen years he continued to hold this office, and attained considerable reputation as a cool and dexterous operator, and an accomplished and successful surgeon. Persons from all parts of the principality were sent to receive the benefit of his advice and assistance while connected with the institution. In 1839, Dr. Bird became a licentiate extra urbem of the London College of Physicians, and, upon his resigning the office of surgeon, was elected a physician to the Swansea Infirmary, a position he still holds. He is also a Fellow, by examination, of the Royal College of Surgeons.

Dr. Bird has been, for many years, the leading practitioner of the district in which he lives, and, indeed, of the whole of South Wales, having obtained the confidence of the profession, not only by his highly-cultivated professional ability, but by the strictly honourable conduct he has ever evinced towards his professional brethren.

On all occasions, both in public and in private, he has stood forth as the representative and defender of his less fortunate medical brethren, whose interests and rights he has been ever anxious to promote; and the younger members of the profession growing up around him, have ever looked to him as their adviser and friend. Always a hard student, and cultivating every means of increasing his professional knowledge, with a mind singularly active and a memory more than ordinarily retentive, Dr. Bird, although practising as a general practitioner, has been very extensively consulted in cases of doubt, danger, or difficulty, by his medical brethren, at distances of thirty, forty, or fifty miles from Swansea; and at home his opinion has ever been highly valued, both from his great experience and from his well-known honour and protection of the interests of his junior brethren. His aid has been largely sought whenever any circumstances, arising in professional practice, called for more than ordinary care and attention. He has reaped in the profession the fruits of a saying, which he takes as a motto, "Do as you would be done by."

Dr. Bird is the author of several pamphlets on subjects connected with the public health, and also a work on "Cholera," published in 1849.

It may not be out of place to mention here, that Dr. Bird has attained the highest municipal honours, having served the office of mayor, and being at present a borough magistrate and alderman of the town.

## PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

### ANNIVERSARY MEETING, 1853.

The Members and Friends of the Provincial Medical and Surgical Association held their Twenty-first Anniversary of the Association at Swansea, on Wednesday and Thursday last.

The Council of the Association met at seven o'clock on Tuesday evening, by permission of the Worshipful the Mayor of Swansea, in the Guildhall, when the report was agreed to and other matters disposed of.

#### WEDNESDAY.

The First General Meeting of the Association was held in the Guildhall, on Wednesday morning, at 10 o'clock. There was a good attendance, and the following members were present:—James Adey Ogle, M.D., Oxford; George Gwynne Bird, M.D., Swansea; Sir Charles Hastings, M.D. D.C.L., Worcester; George Southan, Esq., Manchester; Peploe Cartwright, Esq., Oswestry; Charles Lingen, M.D., Hereford; Charles Bailey, Esq., Chippenham; John Conolly, M.D., D.C.L., Hanwell; J. Black, M.D., Bolton; Geo. Turner, M.D., Stockport; William Colborne, Esq., Chippenham; Edw. Howell, M.D., Swansea; Henry Lawrence, M.D., Carmarthen; Wm. Newnham, Esq., Farnham; Charles Cowan, M.D., Reading; John Rose Cormack, M.D., Putney; James Tunstall, M.D., Bath; E. Y. Steele, Esq., Abergavenny; George Rogers, M.D., Clifton; T. L. Surrage, Esq., Clifton; Alexander Henry, M.D., London; S. H. Swayne, Esq., Bristol; R. F. Burroughs, Esq., Dartmouth; Thomas Radford, M.D., Manchester; J. L. Williams, Esq., Carmarthen; J. C. Seecombe, Esq., Greenhithe; Harrington Tuke, M.D., Chiswick; Henry Alford, Esq., Taunton; David Prothero, M.D., Llandilo; Abraham Duke, M.D., Rugby; C. Radclyffe Hall, M.D., Torquay; Augustin Prichard, Esq., Bristol; James Rogers, Esq., Ystalyfera; G. E. Day, M.D., St. Andrew's; John McIntyre, M.D., Odiham, Hants; Hugh Clark, M.D., Ferryhill, Durham; John Smith Soden, Esq., Bath; Trevor Morris, M.D., Chepstow; Francis Sibson, M.D., London; James Crang, Esq., Finsbury; John Bowling, Esq., Hammersmith; George Norman, Esq., Bath; T. W. Jones, Esq., Longhor; D. Nicol, M.D., Swansea; T. W. Williams, Esq., Birmingham; Thomas Workman, Esq., Bayswater; C. B. Nankivell, M.D., Torquay; J. Cook, Esq., Morriston; R. Jenkins, Esq., Clydach; G. Davies, Esq., Merthyr Tydvil; R. J. Hansard, Esq., Oxford; Samuel Hare, Esq., London; W. H. Long, Esq., Swansea; J. G. Hall, Esq., Swansea; Edward Evans, Esq., Cardiff; J. G. Davey, M.D., Northwoods, Bristol; A. W. Gabb, Esq., Cheltenham; F. G. Evans, Esq., Glyn-Neath; Theodore Boisenon, M.D., Bodmin; S. J. Dyke, Esq., Merthyr; N. Coats, Esq., Sirhowy; F. M. Russell, Esq., Cwmavon; John Russell, Esq., Merthyr; W. T. Edwards, M.D., Cardiff; Thos. Paget, Esq., Leicester; John Marriott, Esq., Kitworth, Leicestershire; W. P. Evans, Esq., Swansea; W. H. Michael, Esq., Swansea; Fred. J. Gosling, Esq., Worcester; John Jones, Esq., Anman Works; T. King, Esq., Chepstow; J. Hinton, Esq., Blaina Works; B. Thomas, Llanelly; J. Jones, Esq., Llandilo; W. W. Morgan, Esq., Newport; Edward Robathan, Esq., Risa; Chas. Sylvester, M.D., Cowbridge; James Lewis, M.D., Maesteg; W. C. Trotman, M.D., Clifton; F. C. Batt, Esq., Abergavenny; W. James, Esq., Newport. Monmouthshire; David Rice, Esq., Stratford-on-Avon; James French, Esq., Neath; H. S. Wharton, Esq., Merthyr; W. Price, Esq., Glantwre; John Probert, Esq., London; Thomas Williams, M.D., Swansea; John Williams, Esq., Pontypool; T. A. Essery, Esq., Swansea; J. P. Sheppard, Esq., Worcester; J. J. Field, M.D., &c., &c.

JAMES OGLE, Esq., M.D., F.R.S., of Oxford, took the chair. In doing so, he observed that, as they were aware, he had simply to take the chair on this occasion, and then



resign it to Dr. Bird, the President-Elect. Without further preface, therefore, he had much pleasure in introducing to their notice Dr. Bird, of Swansea—a practitioner of great eminence, practising not only in this borough, but very largely in the neighbouring districts. Dr. Ogle then paid the President a high tribute of praise, adverting especially to the high estimation in which he was held by the profession, the universal respect entertained towards him by his acquaintance, and by his fellow citizens generally. Considering, then, his varied attainments, his worth, and his eligibility in every respect for the office, he had been elected with one voice to the presidential chair, and he (Dr. Ogle) had much pleasure, therefore, in resigning it to him. (Cheers.)

Dr. BIRD, on taking the chair, said that, in accordance with their will and pleasure, as agreed to at their former meeting, he stood there as their President; and first of all, he would take leave in the name of himself and the professional brethren of the Principality of Wales, to bid them, as members of the Provincial Medical and Surgical Association, a most cordial welcome, and to offer them all their congratulations and thanks for having selected Swansea as the place for holding the anniversary meeting of 1853. (Cheers.) He assured the members that, whatever might be their short comings at Swansea in reference to the reception of the Association, it was the earnest wish of himself and professional brethren to make its advent to this town both acceptable and agreeable to the members at large. (Applause.) In the next place he begged to return his sincere and cordial thanks for the honour they had conferred on him by electing him President of this Association. It was an honour beyond his expectations as it was beyond his merits. Nevertheless, he felt most grateful for the compliment paid him. He was well aware of the difficult position in which he was placed in having to follow so distinguished and accomplished a gentleman as Dr. Ogle—than whom, perhaps, they could not have a better President. But for himself, he would observe that he would endeavour to do the best he could; he must throw himself on their indulgence, and they must “take the will for the deed.” (Hear.) Dr. Bird concluded by stating that, as there was much business to be disposed of, he would not trouble them with any additional observations, but proceed at once with the business of the day.

Mr. J. P. SHEPPARD, F.R.C.S., Secretary, then read the subjoined:—

#### OUTLINE OF REPORT OF COUNCIL.

The Council of the Provincial Medical and Surgical Association, in meeting their brother associates for the twenty-first time, have much pleasure in stating the fact, that, such has been the great increase of members in the principality, as to render it highly desirable that this general meeting should be held at Swansea, the capital of a vast mining district, and the centre of an industrious and prosperous population; where we can assemble but to witness the progress of medical science, and that peace, good-will, and harmony, without which we have no security for the successful and honourable performance of our professional duties.

Your Council are glad to have it in their power to state that there has been a considerable increase in the number of members since the last Anniversary Meeting.

The number of members now on the list is 1853. When the assembly took place at Oxford they were 1628. The increase consequently is 225. The members lost by death during the year are 202, and some have resigned, and others have been removed from the list in consequence of their subscriptions being in arrear. On the whole we are induced to think that the list of members is more perfect than it has hitherto been, and fewer members are in arrear, although still 1093*l*. are owing to the Association for subscriptions.

Your Council can report favourably of the District Branches. They are generally in active operation. The South Wales Branch has been fully incorporated into our body since the last Report, and many new members have

been added from that district. The Metropolitan Branch has also been formed, and has been followed by the accession of several new members.

The remainder of the report referred to the Treasurer's Account, the question of Medical Reform, and the Benevolent Fund.

On the subject of Medical Reform, it stated that great exertions have been made during the past year, and the Committee appointed at the last meeting have been anxiously engaged in endeavouring to bring about some comprehensive settlement of this intricate question, and your Council have much pleasure in stating, that appearances are more promising than on any former occasion.

As to the Benevolent Fund, it was set forth it had struggled on through many difficulties, continuing its unwearied course of purest charity. At present its income cannot be told, but it is hoped that it will not be less than the preceding year. The number and the urgency of the cases relieved will, it is expected, be found to exceed that of any former year, augmented, as it has been, by cases sent for relief from the *Medical Benevolent College*.

It is hoped that the difficulties of the Benevolent Fund will be at once removed by the liberal contributions of the members of the Association.

The Report concluded with the hope that a long and prosperous career is yet in store for the Association, and that the success which has hitherto attended this excellent Institution may be the means of calling forth the zealous exertions of the members, and of increasing its usefulness.

Dr. DAY, Professor of Medicine in the University of St. Andrews, moved the adoption of the Report. He said he hoped it would not be necessary to discontinue the publication of the volume of transactions.

Mr. BOWLING, of Hammersmith, seconded the motion.

Dr. TUNSTALL, of Bath, thought it would be better simply to receive the Report, and to consider along with it the Report of the Journal Committee, so that they might have the whole question of finance brought before them at one view. He might afterwards wish to move as an amendment, that those would be left out of the Council's Report which pledged the Association to discontinue the volume of Transactions.

The PRESIDENT thought that there was no pledge given in the Report such as that which Dr. Tunstall dreaded.

Dr. TUNSTALL said that, if that were clearly understood, he had less objection that the Report should be adopted; at the same time, he thought that no correct opinions could be formed as to the financial condition of the Association, till they had heard the Report of the Journal Committee. For that reason the two documents ought to be taken together, but he would not wish to divide the meeting on this question.

The motion of Dr. Day was, after some conversation, put and carried unanimously.

Dr. COWAN, of Reading, read the following Report:—

#### REPORT OF THE JOURNAL COMMITTEE.

The Committee, appointed at the Anniversary Meeting of the Provincial Medical and Surgical Association, held at Oxford on the 21st and 22nd days of July, 1852, with power to carry out Dr. Cowan's proposition there adopted, “That the ‘Provincial Medical and Surgical Journal’ be published weekly, and that it be edited and published in London,” beg to present a Report of their proceedings.

The scheme of publishing the Journal in London, at first met with opposition from the Central Council, on the ground of alleged informality in the proceedings of the meeting at Oxford. This opposition, however, was afterwards withdrawn, by a resolution passed by the Council; and the Committee acknowledge with pleasure the readiness with which aid has been subsequently afforded to them by Sir Charles Hastings, the President of the Council, and Mr. Sheppard the General Secretary. As the preliminary disagreements have long ago entirely ceased, it is neither necessary nor expedient to make any further allusion to them.



The Committee originally consisted of Dr. Cowan, of Reading, Dr. Forbes of London, Dr. Greenhill of Hastings, Dr. Webster of Dulwich, Dr. Edwards of Benarth, Conway, Samuel Crompton, Esq., of Manchester, and Thomas Hunt, Esq., of London. Of these, however, Mr. Crompton and Dr. Forbes declined to act. Dr. Cowan had acted as Chairman, and Mr. Hunt as Secretary to the Committee.

Your Committee, at a meeting held on August 5th, 1852, offered to Dr. John Rose Cormack the appointment of Editor of the Journal, with a salary of £250 per annum, which offer was accepted by him.

The remainder contained Dr. Cormack's report of the details and working of the scheme confided to him, and the Committee concluded as follows:—

Your Committee have reason to know, that the removal of the Journal to London has been the means of causing a great increase of members to the Association, including a very large number of the most respected and influential members of the profession, both in town and in country, in Scotland as well as in England. The increased expense, it will be seen, is met by the increased income from all sources.

Your Committee have much pleasure in expressing their high satisfaction with the manner in which Dr. Cormack has conducted the literary department of the Journal; and also their obligation to him for his great sacrifice of time and trouble in satisfactorily organising the business arrangements.

They would also express their approbation of the manner in which the printer and publisher of the Journal have performed their duties.

Mr. W. H. Michael, of Swansea, in an eloquent address, moved—"That the report of the Journal Committee be received and adopted; and that the Committee be requested to continue their labours."

Dr. LINGEN, of Hereford, had great pleasure in seconding the motion.

Mr. NORMAN, of Bath, would not oppose the motion. He thought that, under all the circumstances, it was a proper motion; but he must be allowed to say, from the facts and figures which had been brought forward, that it would be necessary to take care that the expenses of the Journal were kept within the legitimate limits, and that it did not lead the Association into debt. The report of the Council was explicit on this point, and ought to be duly weighed.

Dr. TUNSTALL, of Bath, said that it appeared that the Association, and therefore the Journal, was at present depressed by an enormous amount of arrears of subscriptions—no less a sum than £1093. Now, he thought that such a state of affairs ought not to be, and need not be if there was a proper machinery for collecting subscriptions. In the Bath and Bristol Branch, of which he was a member, there was not one of their hundred and thirty members in arrears, and this ought to be the case in every other district. There was a rule of the Association by which a very hurtful latitude was allowed in this matter, viz., that if arrears were not paid up within three years, the Journal should be discontinued; and many persons had actually been for three years receiving the Journal gratuitously. The existence of arrears and its cause had been for some years past regularly brought forward at the Council meetings, and yet each year they found themselves in the same position as in the previous year. As had been stated, the Journal was satisfactory to the profession; and he thought that, if a better system of payment were adopted, it would be quite practical to continue the Journal without losing their highly valuable annual volume of Transactions.

Mr. BOWLING, of Hammersmith, said that a paid collector would very soon bring up the arrears.

Dr. MCINTYRE, of Odiham, thought that the Journal ought not to be forwarded if the subscriptions were not paid up.

After a long discussion, in which several joined, Mr. Michael's motion was ultimately carried.

## THE CONVERSAZIONE.

In accordance with previous announcement, the President and Local Committee received the members of the Association in the National School Rooms, Oxford-street, at eight o'clock in the evening. There was a large and most influential attendance, one that must have been highly gratifying to the Local Committee, approaching as it did, a strong assimilation to the memorable gathering of the British Association in 1848.

The appearance of the room excited general admiration. It was brilliantly lighted with gas, and most tastefully fitted up under the superintendence of Mr. W. H. Michael, surgeon, the able and indefatigable Local Secretary of the Association, on whom too much praise cannot be bestowed, for the taste displayed was as apparent in uniting the *utile cum dulci*, as in bringing into requisition the products of the Welsh mountains, and the floral beauties of the neighbouring gardens. The walls were hung with

"Pictures for the eye,"

whilst the various tables were plentifully covered with ——"Exquisite and costly things,

"Each sense to gratify."

The pictures were procured and arranged by Mr. W. Palmer, of Wind-street, to whom much credit is due, for the selection made. Many of the principal pictures were much admired, especially Mr. Jeffreys Lewis's portrait of Dr. Bird, the President, the Death of Mozart, and the Artist's Widow, also Mr. John's pictures, and Mr. Buller's water-coloured landscapes. Mr. James Harris's marine views were likewise a source of much attraction, being very fine paintings.

Many of the tables were highly interesting—that appropriated to the Ystalyfera Iron Works especially so, from its containing very fine specimens, showing the result of the various processes in the manufacture of iron. The fourth of a plate of fine silver from the Landore New Silver Works, was an object of great attraction. It weighed about 150 lbs., and is estimated as being worth 600*l*. Mr. Michael Williams's Ynismudw Pottery ware, terra cotta, wine coolers, and exterior architectural decorations, were very fine specimens, and were minutely inspected.

A most agreeable and refreshing effect was produced by the incessant playing of two water fountains, very tastefully fitted up by Mr. Arnold of Temple-street, in the midst of rock-work and water-plants, near the centre of the room.

Mr. Hennessy, of Wind-street, lent for the occasion, among other articles, some of his new "Model Barometers," exhibited to show at what a low price a neat but yet a highly-efficient instrument may be supplied; as also the instrument known as the Sympeiriometer, which is much used at sea, from being more sensitive than the mercurial barometer. It is equally applicable for land purposes, and is highly prized by those who have had them in use. Mr. H. likewise sent in his fine model of the "Koh-i-Noor" diamond, made from the stone known as the Cornish Diamond, sometimes found in the copper-mines of Cornwall; as also some specimens of malachite, both in the rough as well as cut and polished, ready for the jeweller's mounting. A neat glass case was well filled with these truly elegant articles of jewellery, now so fashionable, and which, we may as well mention, have a sort of local interest attached to them, being manufactured from the malachite imported from the Burra Burra mines of Australia, to be smelted at the extensive works of this neighbourhood. This completed Mr. Hennessy's little collection, which were much admired, although hurriedly collected.

Mr. Gale, of Wind-street, contributed some of his useful articles, showing the practical and varied uses to which Gutta Serena can be applied in the present day. To enumerate the multiplicity of objects exhibited would take too much of our space. It will therefore suffice to add, that there was a large assortment of medical instruments on view, many of which were very ingeniously constructed, and, of course, had their share of attention.



The *Conversazione* lasted until eleven o'clock, when the company separated, highly delighted with their reception, and the intellectual treat prepared for the occasion.

The refreshments were supplied by Mr. W. Thomas, of the Mackworth Arms Hotel.

#### THURSDAY.

This morning, the members were early abroad, half-past eight o'clock having been fixed for the Public Breakfast. It was a first-rate affair, and took place at the Ball Room of the Mackworth Arms, being attended by about 150 gentlemen. G. G. Bird, Esq., M.D., presided on the occasion. At the close it was announced that the beautiful grounds of Singleton Abbey, and the various manufactories of the neighbourhood, would be open for the inspection of the members, many of whom paid visits of exploration during the day.

A meeting of Provincial Physicians was held at 10 o'clock on Thursday, Sir C. Hastings in the chair.

Dr. TUNSTALL, of Bath, read the report of the committee appointed at Oxford, which went to show the great injustice inflicted on the Physicians, by the large stamp duties imposed on Diplomas. The report was unanimously adopted, and votes of thanks passed to the Chairman, Secretary, Lord Dudley Stewart, M.P., and other Members of Parliament, for their kind assistance to the cause of the association. The meeting then adjourned.

The members re-assembled at twelve o'clock. Dr. C. RADCLYFFE HALL, of Torquay, read the address on Medicine, the subject being the Causes of Phthisis.

On the motion of Dr. TUNSTALL, seconded by Dr. THOMAS WILLIAMS, a hearty vote of thanks was given to Dr. Hall.

Papers were then read by Dr. TUNSTALL, "On the Climate of Bath."

Dr. WILLIAMS, of Swansea, "On the Lungs and on the Blood."

Dr. SIBSON, "On the Anatomy of the Chest in Health and Disease."

Dr. CONOLLY exhibited, for Dr. Davy, of Northwoods, a model of a bed used in Lunatic Asylums for dirty patients.

Dr. DAY, of St. Andrew's, exhibited a pocket microscope.

Mr. W. H. MICHAEL brought forward a motion for the appointment of a Committee on Medical Ethics. After some discussion, principally connected with the fact of a committee having been appointed some years ago, the following resolution was proposed by Mr. Michael—"That the Medico-Ethical Committee be re-appointed, with the addition of the Secretaries of the district branches—any five to be a quorum; and that they do report to the next anniversary meeting of the Association."

This resolution was seconded by Mr. WILLIAMS, of Birmingham.

Dr. TUNSTALL proposed as an amendment, "That the consideration of the subject be deferred."

The amendment and resolution having been both put, the latter was carried.

Sir CHARLES HASTINGS moved, and Mr. SODEN seconded—"That the anniversary meeting for 1854 be held at Manchester, and that W. J. Wilson, Esq., be the president elect."

Dr. Radford, of Manchester, was appointed to deliver an address on Midwifery, and Dr. Connolly, of Hanwell, an address on Medicine, at the next meeting.

Votes of thanks were then given to those gentlemen who had made communications to the meeting; to the mayor of Swansea, for his kindness in allowing the use of the Town-hall, and to the President, for his able conduct in the chair, and his kind reception of the Association. The meeting terminated at five p.m.

#### THE DINNER.

The proceedings of the week were brought to a close by the members dining together at the Assembly-rooms, at six o'clock in the evening. The dinner was of a *recherché* description, and served up in a style well calculated to extend the culinary fame of the Mackworth.

The tables were elegantly laid out, whilst the walls were tastefully hung with evergreens, interspersed with the president's large portrait, and with unique specimens of art, from the school of design, which had a very pleasing effect.

G. G. Bird, Esq., President of the Association, was in the chair. The general company included a large number of Swansea gentlemen, and most of the distinguished members of the profession, whose names we have already given.

Ample justice having been done to the excellent fare provided, *Non nobis Domine* was sweetly sung by a party of glee singers from Bath. At intervals, Mr. Williams, of Aberdare, discoursed "eloquent music" on the harp.

The PRESIDENT, in a happy speech, proposed the first toast, "The Queen." The toast was drunk with every demonstration of loyalty.

Tune—"God save the Queen."

The President next gave in succession "The Prince Consort," "The Army and Navy," coupled with the names of Admiral Warde and Dr. Soden, of Bath.

Admiral Warde and Dr. Soden returned thanks.

Glee—"Here's a health to the Prince and the Queen," and a naval song, which was rapturously applauded.

The President then proposed "The Bishop and Clergy of the Diocese," "The Members for the County," and "The Members for the Borough."

Mr. VIVIAN, M.P., returned thanks, congratulating the members of the association on their visit to Swansea, and expressing his willingness to render them any parliamentary service that lay in his power. The hon. member was very warmly received.

The High Sheriff's health was drunk with much applause, and briefly acknowledged by Mr. Miers.

Mr. VIVIAN next gave the health of Dr. Bird, the President of the Association. Drunk with due honours.

Dr. BIRD acknowledged the toast in an excellent speech.

Dr. CONOLLY then rose, and in a most feeling speech, proposed the health of the President of the Council of the Association, Sir Charles Hastings, paying a high tribute to his eminent labours since the foundation of the Association. Drunk with nine times nine—and one cheer more.

Sir CHARLES HASTINGS, on rising, was greeted with renewed cheering. He said that he felt most grateful, deeply grateful, for the manner in which Dr. Conolly had thought fit to introduce him to the members of this Association, and especially to the company, for the kind heartfelt manner in which they responded to the toast. He did feel that upon this occasion he had received a greater degree of approbation from his brethren, than in his conscience he thought he had deserved. (Cries of "No, no.") But whether he was mistaken or not in the estimation of his labours, he did not hesitate to say that it was one of the proudest distinctions to which a member of the faculty could aspire, to live in the minds and enjoy the good-will and approbation of nearly 2000 members of this their noble profession. (Cheers.) Whatever had been the labours, the anxieties, and the cares which had been brought on him by the position to which he had been called, as one of the founders of this Association, they had been more than amply repaid by the manner in which his humble services had been approved of by the profession at large. Indeed, he could not but feel that, whatever distinction had been conferred on him, he owed it mainly to the estimation in which his services had been held by the profession; and he trusted that he never should be induced to do anything to make him ashamed of himself, or to forfeit its good opinion. (Cheers.) It was now full twenty-one years since he became the ser-



vant of this Association. His hair had grown gray, and his locks had been thinned in that period; but he trusted that his heart was still warm in the cause, and whatever energies he may still possess they would be devoted to its promotion. And although he might say, *Non sum qualis eram*, still, as long as he had life, his energies should be devoted to the service of the Association. (Cheers.) The period of twenty-one years which had passed must remind them that if much had been done, much more was required of them. The Association had gone through the trying period of infancy, and of adolescence; it had now arrived at the age of manhood. They were, therefore, called upon now, more than ever, one and all, to push forward the noble cause in which they were engaged. He was happy to see the zeal which animated, especially the younger members of the Association, and if he sometimes proved as a "drag" on them, he was bound to admit that the go-a-head system was the best to be adopted by the working members of the association. (Hear.) And although they would always find him ready to stand out against unnecessary innovations, still he would at all times be ready to go with them when their object was to improve the organization of the Association, and to render it more perfect. (Applause.) The future destiny of the Association now depended perhaps on the young members. If they were imbued with the object which it was calculated to effect, no power could prevent its progress, for its destiny was as high as it was great. (Applause.) If the Association fell, it must fall by intestine disunion. Peace and harmony were the objects they had in view, and he trusted that the medical profession would always have such an inscription as that placed on their banners. It was by coming forward and showing that their objects were such as tended to the alleviation of suffering humanity they must expect to prosper—those were the feelings which would make their Association respected, not only by the profession, but by the public at large. (Cheers.) The state of the medical polity was now such as to be unworthy of the civilisation of the present day. The co-operation of gentlemen of local influence was therefore an important element of success. (Hear, hear.) At the meeting at Swansea of the Branch Association last year, he well remembered the promises of the son of the hon. member for Swansea, to render them his assistance. Such aid from various localities was most acceptable, and its effect was exemplified in the recent interview they had had with Lord Palmerston. And he must tell them that the first gentleman that he saw at his post on that occasion was the son of the hon. Member for Swansea. (Cheers.) The public were now sympathising with them, and it was that which had at length prevailed on the Government to acknowledge that the state of the medical polity was not worthy of its civilization, and both Lord Aberdeen and Lord Palmerston had at last promised to take up the question with a view of bringing about a better state of things. (Hear.) He was now convinced, therefore, that the long-agitated question of medical reform was at last about to be taken up in earnest, and when disposed of, the exertions made by this Association would not only shed a lustre on it, but add, to use a figure of speech, another wreath to deck its brow. (Cheers.) Sir Charles referred in feeling terms to the claims of the Medical Benevolent Fund and the Medical College, and concluded by making a powerful appeal to the members to unite, and not leave the matters of the Association to a few. If they co-operated heartily, they would conquer all difficulties, ennoble their own names, and render important services not only to the profession, but to suffering humanity. (Loud cheers.)

Several toasts were afterwards proposed by Mr. Grenfell, Rev. E. B. Squire, Dr. Howell, Dr. Tunstall, and other gentlemen, which elicited some excellent speeches from John Probert, Esq., of London, and others, occupying the time to a late hour. The company then separated, highly delighted with the entertainment, and the welcome hospitality they had received.

## Our Note Book.

### PROCREATION.

Hirsh has arrived at some practical conclusion in contradiction to the prevailing theories of Procreation. He concludes that menstruation in the human female has no analogy with the heat of beasts; that fructification can be accomplished at any time, not at the period of menstruation only, as in the lower animals at heat. This he proves from analogy with the male, who is capable of fruitful coition at any time; from the fact of females feeling the instinct of copulation equally at one time as at another; from that of the Jewish females, who are obliged by their customs to abstain from coitus for five days before and seven days after the first appearance of menstruation, being, nevertheless, very fruitful; and from a case which came before him, where a woman was found to be impregnated twenty-two days after healthy menstruation. He states, also, that the ovary produces continually mature ova, which are either fructified during coition, and then being discharged, roll down in the uterus; or if unfructified, are dissolved and washed away at the monthly period. This he supports by observing, that menstruation may be replaced by vicarious hæmorrhage, and that women who are incapable of conception still go on menstruating. The human ovum is fructified in the ovarium, not in the oviduct. The stay of the ovum in the oviduct must be very short, and contributes nothing to the further development of the ovum. In many animals the ovum may be fructified in the tubes, or even in the uterus; but in the human female the decidua is already formed if the ovum has got to the uterus. The follicle (Graafian) leaves a far larger scar after impregnation than after menstruation. Menstruation in the human female has a double object—to purge the body of blood, which is superfluous when impregnation does not take place, and to clear away the mature ova when no fructification has taken place.

*Impregnation.*—In Mr. Newport's preceding papers on impregnation of the ovum in the Amphibia, which have been reviewed, he has shown that the spermatozoon is the impregnating agent, the liquor seminis taking no part in effecting impregnation; and he believed, from the results of his observations, that neither before nor at the time of impregnation does the spermatozoon penetrate into, or lie in contact with, the coverings of the egg. The results of his later observations have shown, that the spermatozoon does penetrate into the substance of these coverings, and is sometimes partially imbedded in the vitelline membrane beneath them; but there is no evidence that it enters the vitelline cavity. He first proceeds to show the relative duration of vitality in the spermatozoon and the egg; that in the former it is shorter than is usually supposed, being usually lost in from three to four hours after removal from the body into water at the temperature of 55° Fah., retaining its vitality longer at a lower temperature. When the spermatid fluid has contained many undeveloped cells, and has been preserved in a temperature of 51° Fah., it has fertilized at the end of twenty-four hours. The egg loses its fitness for impregnation very soon after it has passed into water; but when retained in the body of the dead frog, its vitality is preserved for twenty-four hours, and at a low temperature for forty-eight hours. The results produced by the application of spermatozoa to the dead egg are similar to those produced on the living one by a solution of potash, the yolk becoming shrivelled and contracted; the same result ensues if decomposing spermatid fluid is applied to it. Experiments prove that fecundation may be effected by the application of exceedingly minute quantities of spermatozoa to any part of its surface, some parts, however, being more susceptible of its application than other parts; thus, it was found, that when the egg was placed vertically, with the centre of the white surface uppermost, and the spermatozoa applied solely to this part, fecundation is rarely effected; when, on the contrary, the dark surface is uppermost, and the spermatozoa are applied directly to it, fecundation is then the almost invariable result.



## Obituary.

June 10.—**ROBERT RUSSELL, Esq., Surgeon, in Mexico.** Mr. Russell was cruelly murdered by a band of Mexican robbers, fourteen in number. He bravely defended himself, having, before he fell, killed the Captain and one of the gang. His remains were mangled in a barbarous manner, being pierced with no less than fifty wounds.

July 9.—**PROFESSOR CALDWELL, of Kentucky, aged 80.** The *New York Daily Tribune* devotes nearly three columns to a memoir and eulogium on the deceased, from which it appears, that he was an ardent phrenologist, in addition to the high rank he had attained in the Profession in America. Dr. Caldwell was a physician and a teacher of high repute in the United States, and his loss will not be easily replaced. For some years prior to his decease, he was occupied in preparing autobiographical memoirs.

July 30.—**WILLIAM WRANGHAM Esq., M.R.C.S. Eng. and L.S.A. 1831; Medical Officer of the Bardney District, Lincoln Union.** We are extremely sorry to record, in our Obituary of this day the death of our greatly esteemed neighbour and good friend, who departed this life on Saturday the 30th ult. about six P.M., in the 44th year of his age, much respected by a very large circle, both of rich and poor. The above-named gentleman, about twelve months ago, had the misfortune to lose his wife, and from that time until his death he had been gradually sinking, although, until within a few weeks, he was enabled to visit a portion of his patients, who are now living to lament his loss. It may truly be said of this respected and clever man, that the poor have lost a kind and skilful benefactor, while the rich have lost a sincere and valued friend, and it is greatly feared it will be some time before "we look upon his like again." Mr. Wrangham has been one of the Surgeons of the Lincoln Union from its commencement. The disinterested benevolence which distinguished him, both in his professional and private life, has caused his death to be deeply and universally lamented.—*Lincoln Chronicle.*

August 4.—**THOMAS THOMSON Esq., M.D., at his residence, Belvidere, Tunbridge Wells, aged 77.** Dr. Thomson entered the army in early life, and saw a good deal of service in the West Indies; afterwards was engaged in the Peninsula, and subsequently joined the army on its march from Waterloo to Paris, where he remained until it left France, he then returned to England, and, for some time previous to his decease, held the Office of Inspector General of Hospitals.

August 5.—**JOHN STOKES, Esq., L.R.C.S. Ireland, 1820; Matric. T.C.D. 1820; Lic. Midwif. Dublin, 1820; (of Herne Bay, Kent), in Essex court, Temple, aged 60.** Mr. Stokes was late Surgeon to the Welsley Hospital; formerly Surgeon to St. Peter's Dispensary, and to the Female Shelter for Prisoners, Dublin; Hon. Member Med. Chir. Soc. of Dublin.

## Medical News.

**APOTHECARIES' HALL.**—The names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, August, 4th, 1853:—Henry Adge, Bradford, Wilts; John Mathew Butler, Woolwich, Kent; Ephraim Matthews Cridge, Stoke, Devonport; Richard Staines Davey, Walmer; Richard Nowell Halliwell, Dembsbury; Thomas Hanslip, Hatton-garden; Thomas Edmund Jacobson, Sleaford, Lincolnshire; John Withington Roe, Malpas, Cheshire; William Salt, Betley, Staffordshire; Richard Sykes, Drightington, Yorkshire; Frederick Savignae Stedman, India; John Tudor, Bronhanloy, Denbighshire.

**UNIVERSITY OF LONDON.—M.B. FIRST EXAMINATION, 1853.—First Division:** Robert Henry Bartrum, Thomas Edwin Burton Brown, Guy's Hospital; St. John Edwards, University College; Joseph Ravenscroft Elsey, Guy's

Hospital; David Conway Evans, King's College; James Fawcus, Wm. Price Jones, and Henry Walter Kiallmark, University College; Wm. Whytehead Morris, Leeds School of Medicine; George Mayris Pittock, Guy's Hospital; Augustus Pout, King's College; Frank Powell, St. Bartholomew's Hospital; John Dewherst Scurrah, University College; Fred. Porter Smith, King's College; Clement Williamis, Guy's Hospital.—*Second Division:* George Aug. Fuleher, St. Bartholomew's Hospital; Edward Ash Hadow, Bristol Medical School; Robert George Hardwick, Leeds School of Medicine; Vaughan Henry Alex, Holberton, King's College; Riners Mantell, London Hospital; James Lewis Siordet, Wm. Isaac Spencer, University College; James Howard Thornton, King's College.

**THE ROYAL COLLEGE OF PHYSICIANS.**—It is understood the proposed new Charter to this College will not be granted this year.

**HONOURS TO MEDICAL MEN.**—Her Majesty has been graciously pleased to confer the order of Knighthood on Dr. John Forbes, Physician to her Majesty's Household; and Dr. Jas. L. Bardsley, of Manchester.

**ROYAL INFIRMARY FOR CHILDREN.**—There appears to be a fair prospect, now, that the institution known as "The Royal Infirmary for Children," Waterloo-road, and founded by Dr. Davidson in 1816, will be carried out to the full intention of its originator. Hitherto, from want of funds, &c., the said "Infirmary" has been nothing but a *dispensary* for children—a dispensary, it is true, which has relieved a great number of little patients annually, and by some of whose medical officers much home-visiting has been carried on in the densely-inhabited districts of Lambeth and Southwark. However, the Master of the Rolls has just given his sanction to the "Amended Scheme of the Hayley Estate," as recommended by the Master in Chancery, and in which (thanks to the exertions and recommendations of Mr. R. Taylor, the influential churchwarden of Lambeth, and Mr. Bushell, the surgeon of Kennington-lane) the following is ordered:—"That £450 per annum shall be paid half-yearly or quarterly to the Treasurer of the Royal Infirmary for Children, situate in the Waterloo-road, provided the Infirmary be called, for the future, "The Royal Infirmary for Children and Women;" that wards shall be erected for not less than sixteen beds for poor patients; that six out of the seventeen trustees are to be selected at an aggregate meeting to form part of the committee of the infirmary, which shall consist of twelve other persons and the treasurer, in addition to the six trustees. Each of the seventeen trustees to have one vote at every meeting of the subscribers." It is not probable that the infirmary will derive any of the above income for a year or two, as the estate has to pay off very heavy chancery expenses. It will thus be afforded time to make the necessary arrangements for hospital accommodation, and to call for the many subscriptions promised to be paid when "a hospital was established." A nucleus will now exist for the latter purpose, and around which we trust the general public will complete an extensive and useful Infirmary for sick children.

**TIGHT-LACING.**—Notwithstanding all that has been written on this subject, and that the many evil effects arising from so pernicious a habit have been repeatedly pointed out, yet we fear that it still continues to be, amongst ladies, a practice of by far too frequent occurrence. All are probably aware that the origin of many maladies, terminating not unfrequently in death, may be traced to this source, but few bestow sufficient attention on the subject. Impressed with its importance, we shall at all times note with pleasure any improvements that may tend to a mitigation of the evil. We have recently seen some corsets, manufactured by Madlle. Caplin, of Berners-street, which certainly appear to be constructed on scientific principles, and which, whilst answering every requisite for giving ease and elegance to the figure, possess also the highly desirable property of permitting the muscles and other parts of the body to perform their proper functions.



They are, moreover, adapted to the various periods and circumstances of female life. Madlle. Caplin has furthermore devoted much attention to the construction of various forms of support, for the prevention and cure of physical deformities in females and children, many of which are well calculated to answer their purposes.

### Notices to Correspondents.

\* \* On account of the length of our Report of the Anniversary Meeting of the Provincial Association, several interesting articles are unavoidably postponed to our next number.

NOVUS.—In October. Full particulars will be contained in the "Student's Number."

S. L.—1st, Yes. 2nd, The time is too short. 3rd, We cannot advise.

MR. WILLIAM B.—Communication received, with thanks.

*To the Editor of the "Medical Circular."*

SIR,—Pray forgive an additional query to your always large hebdomadal number! Eminence must have its penalty—yours is merited. Will you tell me if the Fellows of the Royal College of Physicians of Edinburgh wear, or are entitled to wear, red gowns, such as are worn by the Fellows of the London College at the Harveian Oration, &c. Obediently yours,  
YELLOW LEAF.

Baker-street.

DR. BROWN.—Practitioners are admitted, without residence, to examination for the degree of M.B., at Marischal College, who have a qualification in medicine or surgery, and show proof of having been in practice for five years. For the degree of M.D. the period is extended to ten years.

MR. C. R.—There is some difference of opinion whether there is any colouring matter in the hair or not. Von Lacer obtained only negative results from his investigations, in which he is opposed to Vauquelin. The salts of iron have no influence on its colour. You can read up the subject.

A CORRESPONDENT inquires whether any medical man of authority noticed the occurrence of the metastasis of rheumatism to the heart before Dr. Wells?

L. R. C. P.—The subject does not come within the province of the "Medical Circular." We are puzzled to find space for matters purely professional. To obtrude subjects of a literary character would be a wasteful consumption of our space, and would be unacceptable to our readers.

AN ASSISTANT.—We know nothing about the society, but falling into the hands it did, our correspondent may be assured that it is a failure.

SENEC.—We cannot agree with you.

MR. HILL.—The request shall be attended to.

"C."—Our correspondent should address his letter to the editor of the Journal referred to. We cannot, without due cause, interfere with the management of other journals.

MR. THOMAS.—No.

NOTE EXTRAORDINARY.—Mr. Busigny begs to inform the editors of the Annual Circular, that, in future, if a postage-stamp is not enclosed, the Circular will be returned unopened. Ombersley, Worcestershire, 12th August, 1853.

[We have to thank the unhappy Busigny for reminding us of an agreeable duty we have hitherto omitted to perform—namely, to offer our best thanks to a numerous section of the profession who have kindly enclosed a postage-stamp, in return for the one expended in the transmission of the Annual Circular, it being considered that a personal service is rendered to every practitioner who is correctly represented in so important a work as the "Medical Directory," and, therefore, that the compilers should be saved every possible expense in obtaining the requisite information. From the same feeling, we know that a large number of the profession are prompted to give an order for the work. Unhappy Busigny!]

JOHN BRADY, ESQ., M.P.—Communication received.

BETA, DR. GRINFIELD, AND DR. ROBERT STERLING.—Communications received, and shall have attention.

MR. GEORGE WILSON.—1st, Yes, in most cases. 2nd, Any qualified practitioner can treat your case, the main condition being perseverance.

*To the Editors of the "Medical Directory."*

TAPPING IN HYDROCEPHALUS.—SIR.—I beg leave to send you copies of two papers published by me on the subject of hydrocephalus, in reply to your invitation, in the "Medical Circular," "to forward to you a paper containing my proofs

and arguments against the "practical errors" adverted to in my note." In these two papers you will find enough to convince you that Lizars does not approve of the operation, for the case detailed by him in the Ed. Med. and Surgical Journal, Vol. xvii., p. 243, and said by Dr. West to have been cured, nevertheless died, as you will see at p. 25 of my first paper. I cannot conceive how you can make Mr. Fergusson approve of the operation. See p. 27 of the same paper; also p. 29, for a host of names of those holding the very highest rank in the profession, who utterly denounce it. You will see that in that paper, though I admit as cured but three out of the ten cases reported cured by Dr. Conquest, I still look on even these three cases as doubtful.—I am, sir, your obedient servant,  
FRANCIS BATTERSBY.

16, North Cumberland-street.

[We have received Dr. Battersby's able pamphlets alluded to in the foregoing note, but it would be beside our purpose to give an abstract of them in this Journal. This is a work the Doctor himself should do, if he desire to expound his views. With respect to Lizars' opinion, this surgeon says:—"Whenever convulsions with strabismus are present, palliative remedies have been found ineffectual; consequently, the only alternative or chance for life, is the removing of the effused fluid with a small trocar and canula," &c.—("Practical Surgery," 2nd Edit., p. 229). He also recommends, in the same article, a repetition of the operation. It is true Fergusson does not recommend the operation, nor does he, as we said, "reject" it, as may be seen in the last edition of his work on "Surgery." Tapping the brain, like tapping the abdomen, does not appear to effect a cure, nor did we ever assert that it did, but it may, possibly, relieve suffering in the urgency of the disease. With respect to its being a "practical error," may not tapping the abdomen be also a "practical error," and for a similar reason? As we have said before, we shall be glad to give Dr. Battersby an opportunity to explain his views, but we cannot engage in a discussion.—ED. MEDICAL CIRCULAR.]

*To the Editor of the "Medical Circular."*

SIR,—A correspondent, in a late number of the "Circular," draws attention to the fact, that by a recent regulation of the Royal College of London, any member of the College of Edinburgh, or Faculty of Glasgow, may be admitted a member of the London College without further examination, and, at the close, throws some discredit on this, by hinting that a man who fears the ordeal of the London Board, could easily pass in Glasgow and be admitted a member at London by these *ad eundem* regulations. I would not have noticed this, had not an editorial note drawn attention to the statement. In answer, I may state, that these regulations are no more than one year old, and were passed after the College were perfectly satisfied that the course of study required in Edinburgh and Glasgow, was, at least, equal to their own required curriculum. In fact, they very nearly resemble each other—the London College requiring a few more months of hospital practice, while the Glasgow Faculty demand, in lieu, a course of clinical lectures on surgery and medicine; and, in addition, both in Edinburgh and Glasgow, there is added a course of botany and of medical jurisprudence. The College, therefore, are satisfied with the extent of the study required. As for the examination, it is simply absurd to state that any one who fears the London Board may pass in Scotland. On inquiring at the Registrar, I find that of those rejected during the last year or two, more than one have been from London schools, and, on finding the stiffness of the examiners, were forced to return south, somewhat indignant at being *plucked* by these Glasgow folks, after all the expense of travelling. I am quite sure, if three candidates from London, Edinburgh, and Glasgow, were asked to publish their examination, it would be found that, taking one with another, the questions put would be pretty much of the same nature. The effect of these *ad eundem* regulations is very much what is contemplated by the Provincial Medical Association in their new Reform Bill, viz., to give a Scotch surgeon a right to practice in England, and to give him the status of member of the College, just as an English surgeon would be received into the College of Edinburgh, or Faculty of Glasgow, if he practised in Scotland and wished to join either of these bodies.—I am, sir, your obedient servant,

A FELLOW OF THE FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.

Glasgow, 10th August, 1853.

SINBAD; MR. JOHN DALE; AN OLD MEMBER OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION; MR. W. SAUNDERSON; M.D.; AND OTHERS.—Communications received, and shall be noticed in our next number.



## ADVERTISEMENTS.

### Madame Caplin, 58, Berner's-street,

OXFORD STREET, obtained the only prize granted for CORSETS in the United Kingdom at the Great Exhibition, 1851, awarded by the Medical Juror, Class 10, Scientific Section.

Madame Caplin, Inventor and Patentee of the Hygienic and Cor-poriform Corsets, Elastic Bodices, Belts, &c., &c., which, from their anatomical construction, admit of a variety of adaptations suited to all ages and to every case.

Madame Caplin invites ladies to inspect the above, of which they will find an extensive assortment at her Establishment, together with the Invisible Scapula Contractor, or Chest expander, which will be found one of the most valuable inventions ever offered to the public for the prevention of narrow chests, high shoulders, and the general stooping of the body.

The above are recommended by the most eminent medical men. both in England and France, and a description of their merits will be found in Dr. Tilt's great work, "Elements of Female Hygiene."

### New Inventions by Madame Caplin,

58, Berners-street, Oxford-street.—The Compressing Self-adjusting Belt, for the support and diminution of the abdominal muscles, adapted without lacing or straps, thereby avoiding all the inconveniences arising from ordinary belts. It is recommended by the first medical men, who have pronounced it one of the most valuable inventions of the kind hitherto brought before their notice. Also, the Contracting Belt, to be worn immediately after accouchement; it is light in its construction, embraces the whole of the lower part of the body, and becomes stationary by its entire new mode of fastening, whilst the requisite motion is provided for with elastic material being inserted in various parts, and may be regulated at pleasure by the wearer.

### Champagne, 40s. per dozen, in One-

DOZEN CASES.—This really fine Wine in splendid condition, and undistinguishable from that charged double the price, is to be obtained only of H. WARREN & Co., who, being the *bona fide* Importers of French and German Wines direct from the vineyard, offer them at unexampled low prices. CLARET, 30s.; HOCK, 36s.; MOSELLE, 36s.; PALE SHERRY, 33s.; OLD PORT, 34s. Orders per post, containing a post-office order, will receive immediate attention.

H. WARREN & Co., 302, Regent-street, London (nearly opposite the Polytechnic Institution).

### Bass's East India Pale Ale.—That

large portion of Medical Men who use and recommend this celebrated Ale, as supplied from our Stores, are informed that the October Brewings are in excellent condition, in Casks from 18 Gallons upwards. In the usual Wine-bottles and Imperial Pints, a good stock of Last Season's Ale can still be selected from. Much beer being sold for BASS'S which is not brewed by them, every Bottle sent out from our Stores is sealed and labelled, and every cork branded with our names.

BERRY BROTHERS & Co.,  
3, St. James's-street, London.

### United Kingdom Life Assurance

COMPANY.—Established by Act of Parliament in 1834, 8, Waterloo-place, Pall-mall, London.

#### HONORARY PRESIDENTS.

Earl of Courtown.  
Earl of Leven and Melville.  
Earl of Norbury.  
Viscount Falkland.

Lord Elphinstone.  
Lord Belhaven and Stenton.  
W. Campbell, Esq. of Tillichewan.

#### LONDON BOARD.

CHAIRMAN.—CHARLES GRAHAM, Esq., F.S.A.  
DEPUTY-CHAIRMAN.—CHARLES DOWNES, Esq.

H. Blair Avarne, Esq.  
E. Lennox Boyd, Esq., RESIDENT.  
Charles Berwick Curtis, Esq.  
William Fairlie, Esq.  
D. Q. Henriques, Esq.

J. G. Henriques, Esq.  
R. H. Macdougall, Esq.  
F. C. Maitland, Esq.  
William Railton, Esq.  
Thomas Thorby, Esq.

#### MEDICAL OFFICER.

Arthur H. Hassall, Esq. M.D. 8, Bennett-street, St. James's.

The Bonus added to Policies from March, 1834, to December 31, 1847, is as follows:—

Sum Assured.	Time Assured.	Sum added to Policy in 1841.	Sum added to Policy in 1848.	Sum payable at Death.
£	Yrs. Mts.	£ s. d.	£ s. d.	£ s. d.
5,000	13 10	683 6 8	787 10 0	6,470 16 8
*1,000	7 0	. . . .	157 10 0	1,157 10 0
500	1 0	. . . .	11 5 0	511 5 0

\* EXAMPLE.—At the commencement of the year 1841 a person aged 30 took out a policy for £1,000, the annual payment for which is £24 1s. 8d.; in 1847 he had paid in premiums £168 11s. 8d.; but the profits being 2½ per cent. per annum on the sum insured (which is £22 10s. per annum for each £1,000), he had £157 10s. added to the policy, almost as much as the premiums paid.

The premiums, nevertheless, are on the most moderate scale, and only one-half need be paid for the first five years, when the Insurance is for Life. Every information will be afforded on application to the Resident Director.

### Jozeau's Copahine-mege, or Sac-

charated CAPSULES, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhœa, Gleet, and Leucorrhœal Discharges, on an average of six days (see "Lancet" of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by G. Jozeau, sole French Chemist, 49, Haymarket, London; and Jozeau, Pharmacien, 161, Rue Montmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with the name of Gabriel Jozeau printed thereon.

#### SULPHATE OF QUININE.

TO SURGEONS, DISPENSING CHEMISTS, &c.

### Sulphate of Quinine, Pure Crys-

talized prepared by EDWARD HERRING,

For the use of Hospitals, Dispensaries, Surgeons, Dispensing Chemists, &c.

This Sulphate of Quinine is Chemically pure, its form of Crystal is the same, and in every respect identical with the Sulphate of Quinine of Commerce, the only difference being that the one is bleached and the other unbleached.

The mode of manufacturing the Hospital or Unbleached Sulphate, and also the usual White Sulphate, is being made the subject of a Patent, the peculiarity of process avoiding the use of Impure Animal Charcoal.

It is in use in the large London and Provincial Hospitals and Dispensaries; but its PURITY AND GREAT REDUCTION IN PRICE are now attracting the attention of Medical Men and Dispensing Chemists.

It is put up in bottles (free) of three ounces and six ounces each; also in one-ounce sample bottles (charged), capsuled with the name of the Proprietor, and labelled with the name of the Inventor.

Both these Sulphates to be had of the leading Druggists in London and the United Kingdom, and in quantities of not less than 100 ounces, of

JACOB HULLE, jun., Proprietor,

Chemical Works, Trinity-street, Southwark, London.

May 3, 1853.

### JOHN HARVEY, NEPHEW AND SUCCESSOR

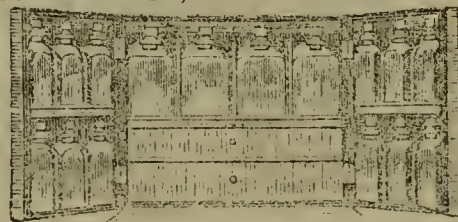
TO THE LATE

### ANDREW SPRINGWEILER,

No. 2, Duke-street, Smithfield, London,

### Medicine Chest and Dressing Case

MAKER. Ship Medicine Chests according to Act of Parliament. EMIGRANT CHESTS, &c. for all Climates.



Chemical and Plate Chests, Toilette, Jewel, Liqueur, and Sample Cases, Writing Desks, Despatch Boxes, &c., &c.

Wholesale and for Exportation.—Warranted to stand any Climate.

It having been reported that the business has been removed, J. H. begs to inform the Medical Profession, that he, as Executor and Successor to the late A. SPRINGWEILER, solicits a continuance of their patronage.

#### BANKS OF DEPOSIT AND SAVINGS BANKS.

#### INVESTMENT OF CAPITAL.

### NATIONAL ASSURANCE & INVESTMENT ASSOCIATION

#### TRUSTEES.

The Right Hon. the Earl of Besborough.  
The Right Hon. Lord George Paget, M.P.  
The Right Hon. Lord Templemore.  
The Hon. Henry Fitzroy, M.P.  
The Rev. Joseph Prendergast, D.D. (Cantab.), Lewisham.  
George Stone, Esq., Lombard-street.  
Matthew Hutton Chaytor, Esq., Reigate.

### Persons desirous of investing Money

are requested to examine the Plan of this Association by which a high rate of Interest may be obtained combined with perfect security.

Prospectuses and full information may be had at the Office, or sent post free, on application.

PETER MORRISON,

Managing Director.

7, St. Martin's place, Trafalgar-square, London.



## ADVERTISEMENTS.

### MR. HOOPER'S IMPROVED INVALID WATER OR AIR CUSHIONS, AND MATTRESSES OR BEDS.

Being made of prepared India-rubber, without the admixture of cloth materials, Leakage is avoided.  
See the "LANCET," Jan. 25, 1851.



**CUSHIONS FOR BED-SORES.**—Whether threatened with Sloughing, or in which Sloughing has taken place, Fractures, Diseased Joints, Ulcerated Cartilages, Coldness of the Stomach, Pain in the Bowels, Spasms, Lassitude, Typhoid and other Fevers, Gouty and Rheumatic Affections, Cancer, Ovarian Dropsy, Coldness of the Stomach and Feet, Consumptive and all Bed-ridden Patients. They are simply placed on an ordinary mattress, and covered with two or three blankets and a sheet as an ordinary bed.

For further reports of their utility, see Mr. Cæsar Hawkins's Letter in the "Lancet," Oct. 27, 1849; Dr. Hake's Letter in the "Provincial Medical and Surgical Journal," Nov. 1, 1850; Dr. Thorn's Letter, "Medical Times," March 20, 1851; also the "Institute," February 8th, and the "Lancet," Jan. 25th, and Feb. 15th, 1851.

STAYS SUPERSEDED.

### Great Exhibition Elastic Bodice.

—Stiff Stays destroy natural grace, produce deformity, and implant disease. Curvature of the spine, consumption, and a host of evils arise from their use. MARTIN'S ELASTIC BODICE is without whalebone or lacing, at the same time furnishing a sufficient support, and imparting to the figure that natural elegance, which is quite impossible under the pressure which is the great aim, as mischief is the certain end, of all kinds of stays. The time and patience of the wearer are also spared, by a simple fastening in front, to obviate the trouble of lacing. As there are several imitations of these celebrated Bodice, it is necessary to inform the Public that they can be obtained only of the Inventors and Manufacturers, E. AND E. IL MARTIN, 504, New Oxford-street.

A Prospectus, &c., on receipt of a stamp, can be sent by post.

NO ACT OF PARLIAMENT REQUIRED TO SETTLE  
THE BOTTLED-BEER QUESTION.

### Earle Brothers & Co. beg to inform

the Public that they have made arrangements to sell Bass's or Allsopp's Pale Ale and other Pale Ales of the first quality, genuine Dublin Stout, in Bottles manufactured expressly for them, containing the full IMPERIAL QUART and PINT MEASURE, at the following prices:—



Bass's or Allsopp's best Pale Ales,	s. d.
at per Dozen Imperial Quarts	8 0
Ditto ditto Pints	4 6
Genuine Dublin Stout, warranted of the first quality—	
per Dozen Imperial Quarts	7 0
Ditto ditto Pints	4 0



EARLE BROTHERS & Co., guarantee their Ales and Stout to be of the finest quality, and earnestly invite the Public to avail themselves of the great saving they will make by honouring this firm with their patronage.

EARLE BROTHERS & Co. call the attention of the Public to the important fact, that they are offering

Three Gallons—that is One Dozen and a Half of the present mis-called Quarts and Pints—for a Lower Price than the public is now paying for Two Gallons, or One Dozen of precisely the same article, identical in quality, and brewed by the same eminent firms.

The advantage to the Public is one-third more for the same price.

The Public has loudly complained of the short measure it has been the practice of the dealers in Bottled Beer to give.

EARLE BROTHERS and Co. offer the Public a complete remedy, and respectfully beg the Public to avail themselves of it.

TERMS, CASH. s. d.

Bottles charged per dozen Quarts ... 3 0

Ditto ditto Pints ... 2 6

Full credit given for the Bottles when returned.

EARLE BROTHERS AND Co.,

Wine and Beer Merchants,

4, DUNCANNON STREET, TRAFALGAR SQUARE, LONDON.

### Professional Protection—Medical

PRACTITIONERS, SOLICITORS, and others, secured a provision in the event of permanent sickness, or disability from following their ordinary occupation, by payment of a trifling annual premium to the LAW, PROPERTY, ASSURANCE AND TRUST SOCIETY.

HEALTHY AND DISEASED LIVES ASSURED ON ADVANTAGEOUS TERMS.

WILLIAM NEISON, Actuary and Secretary,  
30, Essex-street, Strand, London.  
Agents wanted.

TO PHYSICIANS, SURGEONS, AND DRUGGISTS.

### BROWN'S CANTHARIDINE BLISTERING TISSUE,

Prepared from pure Cantharidine.

### An Elegant Preparation, Vesicating

in much less time than the Emp. Lytta. P.L., easily applied and removed, and will not produce stranguary or troublesome after-sores. It has received the sanction and commendation of the most eminent practitioners in the kingdom.—In Tin Cases, containing twelve square feet, 6s. 6d.; and small Cases of six feet, 3s. 6d. each.

### BROWN'S TISSUE DRESSING,

An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the "New York Journal of Medicine," March 1st, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharidis are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the medical profession.

"Accompanying this article is a very simple and neat dressing."

From the "Medical Examiner and Record of Medical Science," for May, 1850, published in Philadelphia.

"We have received from Mr. George D. Phelps of New York, specimens of Brown's Cantharidine Blistering Plaster and Dressing, with which our readers are doubtless familiar as a new and exceedingly neat preparation, easy of application and certain in their effects. We have given them a fair trial, and find they fully answer our expectations."

"Army Medical Department, January 16th, 1847.

"The Principal Medical Officer of the General Hospital, Port Pitt, Chatham, reports that Mr. Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of stranguary.

ANDREW SMITH, M.D.

"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist."

Prepared by THOMAS B. BROWN, PHARMACEUTICAL CHEMIST, 42, ADMIRAL-TERRACE, VAUXHALL-BRIDGE-ROAD, LONDON; and sold by the Sole Consignee, Mr. William Bailey, Wolverhampton, and all Wholesale and Retail Druggists and Medicine Agents throughout the British Empire.





## NORTHWOODS, NEAR BRISTOL.

AN ESTABLISHMENT FOR THE RECEPTION AND CURE OF A LIMITED NUMBER OF INSANE PATIENTS OF THE HIGHER CLASSES OF SOCIETY.

DR. DAVEY, RESIDENT PROPRIETOR AND SUPERINTENDENT.

(Formerly of the County of Middlesex Lunatic Asylums at Hanwell and Colney Hatch.)

The above, as a residence for those mentally afflicted, presents many

peculiar advantages. The beauty of the locality, the extensive and highly-cultivated grounds belonging to the mansion, and the wide and diversified prospect, not less than the contiguity of Northwoods to the mouth and valley of the Severn, and its junction with the Bristol Channel, afford, in themselves, a guarantee of its cheerfulness and salubrity. Being built expressly for the purposes of a private Asylum, and adapted, therefore, in every way for the due Classification of the Insane, it affords to its inmates many conveniences and comforts not otherwise attainable; and the importance of these, in a remedial sense, will be directly apparent. Being in the vicinity of Bristol, and within an easy distance of the Yate Station on the Bristol and Gloucester line of railway, it is of course readily accessible. The NON-RESTRAINT PLAN of TREATMENT is here fully carried out; and all the resources of the humane system, for so many years practised by Dr. DAVEY at the Middlesex County Lunatic Asylums, at Hanwell and Colney Hatch (under Dr. Connolly), are in full operation. The arrangements of the entire household, general and domestic, are made and carried through with but one object, viz., the personal well-being of the invalid inmates of the Establishment. Carriage, and, in some cases, horse exercise, cheerful society, and a variety of amusements, as reading, music, billiards, etc., etc., are provided, and exercise out of doors is much encouraged. Dr. DAVEY resides with his family at Northwoods, and devotes the whole of his time to the care, comfort, and melioration of his patients.

Particulars may be learned on application to Dr. DAVEY, at Northwoods, near Bristol; or (by appointment) at his Chambers, 52, Park-street, Bristol.

### The Electric Rubber for the Skin.—

The valuable properties of this Rubber are still but little known. It has received the valuable testimony of many of the first Members of the Medical Profession, and also Private Gentlemen. The utility of a daily application, particularly after the cold bath, or sponging, both in restoring the heat of the blood and skin, without in any way injuring the skin, will be self-evident upon the inspection, or one trial, of the Elastic Rubber, made solely for LUDLAM'S, 159 and 160, Oxford-street.

### New Truss for Hernia.—F. Walters

begs to call attention to his NEW TRUSS, with improved water-pad. The advantage of water is, extreme softness and the certainty of the pressure being always in the proper place. This truss has received the approbation of the most eminent surgeons, many of whom pronounce it the most perfect ever yet produced. F. W. can, therefore, confidently recommend it to all those requiring such assistance. Manufactured only by F. Walters, of whom can be had the new double-action Cycloidal Enema Syringe; also Walters's celebrated Railway Convenience for Ladies and Gentlemen. —F. Walters, 16, Moorgate, City.

### To all Bad Writers.—Mr. T. H.

CARSTAIRS continues to give LESSONS to Ladies and Gentlemen in his highly improved METHOD OF WRITING, enabling all those who require it to obtain a command and freedom seldom (if ever) equalled. Prospectuses of terms, &c., may be had at the Establishment, 81, Lombard-street, City.

### W. Twinberrow begs to draw the attention of the Medical Profession to his

#### EXTRACT OF INDIAN HEMP,

Prepared expressly for him at Calcutta, its peculiarly sedative properties being so beneficial where opiates are inadmissible; also to his

#### LIQUOR TARAXACI AND MEDICINAL EXTRACTS,

Prepared from the fresh plant (*Hyoseyamus Niger*, *Conium Maculatum*, *Atropa Belladonna*, *Cotyledon Umbilicus*, &c.), all of which contain the properties of the fresh juices unimpaired in their manufacture.

W. T. has just received a supply of Indian Bael (*Egle Marmelos*), now being so much recommended for Dysentery and Diarrhoea. 2, Edwards-street, Portman-square.



## Medical Agency, 50, Lincoln's-inn-fields, Conducted by

**MR. BOWMER, M.R.C.S.L.**

All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.  
(OFFICE HOURS, 11 TILL 4.)

## Medical.—For immediate disposal,

a GENERAL PRACTICE, situate in a Provincial Town. The receipts for the last three years have been about £300 per annum. Premium required, £150.—Apply to Mr. BOWMAN, 50, Lincoln's-inn-Fields.

## Guide to Filey.—Just Published.

Neatly printed in crown 8vo., ultramarine cover, illustrated with Six Lithographic Views, price 1s. (sent by post on receipt of 18 postage stamps), OBSERVATIONS ON FILEY AS A WATERING PLACE, or a GUIDE FOR VISITORS. By EDWARD WM. PRITCHARD, M.D., M.R.C.S.E., Corresponding Member of the King's College Medical Society, London, and late Surgeon in the Royal Navy. Applications to be addressed to E. W. P., Hummanby, Scarborough, Yorkshire.

PORTRAIT OF SIR JAMES EYRE, M.D.

## Messrs. Herve & Co., 31, Charing-

cross, have the honour to announce that they are now publishing a Portrait of the above-named distinguished member of the Medical Profession.

Size of engraving, 22 by 17 inches.

Subscription, Half-a-Guinea.

Names received up to the 22nd instant, when the List will finally close.

## Royal College of Physicians, Degree

OF M.D., APOTHECARIES' HALL, &c.—DR. COOKE continues to assist (personally or by correspondence) Gentlemen desirous of Graduating in Medicine or Surgery, or of Matriculating at British or Continental Examining Boards.—For terms, &c., apply to DR. COOKE, East Temple Chambers, 2, Whitefriars-street, Fleet-street.

## Dr. Fitch's Patent Abdominal Sup-

porter gives permanent relief to Ladies suffering from internal complaints, or during and after pregnancy, prolapsus uteri, &c.; also to Gentlemen, for corpulency, prevention of ruptures or injuries from athletic exercises, debility, &c. It will be forwarded to Medical Gentlemen for inspection, free, by addressing a line to L. H. Chandler, 66, Berners-street, Oxford-street.

"It is an ingenious instrument, and is constructed upon correct anatomical principles."—Extract from the "Lancet," of Sept. 18.

## Dr. Pereira.—This late Eminent

Physician's opinion of JAS. HARDS' FARINACEOUS FOOD for Infants and Invalids:—

"I have carefully examined, and repeatedly prescribed 'Hards' Farinaceous Food' (See Pereira's 'Treatise on Food and Diet,' pp. 309 and 473, &c.), which is prepared from the most nutritious of the cereal grains. It combines both nitrogenised and non-nitrogenised alimentary principles, and forms a very valuable food for children and invalids."

JOHN PEREIRA, M.D., F.R.S.

"Assistant-Physician to the London Hospital."

"47, Finsbury-square, July 1, 1843."

Sold by Chemists and Druggists, Patent Medicine Vendors, Tea Dealers, and Italian Warehousemen, in 1s. and 2s. packets, and tin cases, 7s. 6d. each. Observe—all genuine packets and cases are signed "James Hards," and manufactured at the Royal Victoria Mill, Dartford, Kent.

## Argyll Baths, 10, Argyll-place,

REGENT-STREET,

AND AT 5, NEW BROAD-STREET, CITY.

TERMS:

WARM BATHS—ONE SHILLING EACH.

Reserved Rooms, including the Ladies' Department, One-and-Sixpence each; Twenty-one Transferable Tickets, One Guinea.

Vapour, Sulphur, and Harrowgate Baths, 3s. 6d. each—8 for 21s. Hot Air, Mercurial, and other dry Fumigating Baths, 5s. each—6 for 21s.

Portable Warm Baths sent out within ten miles of London. Single Bath (with hot linen, &c.), within one mile of Argyll-place, 5s.; every additional mile, 1s. extra.

An idea may be formed of the capacity of these Establishments when it is stated that upon their erection and completion upwards of £30,000 has been expended, and that at each place one hundred Baths can be given in an hour.

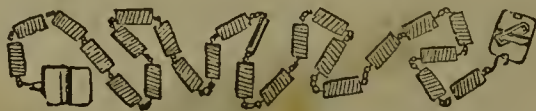
## A New Era in Medical Electricity

is opened by PULVERMACHER'S PATENT PORTABLE HYDRO-ELECTRIC CHAIN BATTERIES.



One Hundred and Twenty Plates permanently connected and arranged, so as to be at all moments ready for instantaneous use, communicating shocks through eight to ten persons—ALWAYS IN THE SAME DIRECTION, and primary VOLTAISM, not secondary currents, as in the old Coil Machines—producing powerful contractions, decomposing distilled water, &c., &c. WEIGHT ABOUT EIGHT OUNCES, and CAN BE CARRIED IN A POCKET-BOOK.

At present a medical man may, at a reasonable expense, carry with him in his daily practice an inexhaustible source of primary Galvanism always ready for instantaneous use wherever a cup of vinegar can be procured, and producing all the effects that he can desire—a circumstance, the importance of which can scarcely be overrated, whether we look to cases of sudden emergency (swoons, fits, catalepsy, asphyxia, uterine hæmorrhage, &c.), or to the frequent opportunities and the facilities thereby afforded of applying ONE OF THE MOST POWERFUL AND UNIVERSAL THERAPEUTIC AGENTS, which has hitherto been kept back only through the difficulties attendant upon its use.



WEAKER CHAINS are constructed on the same principle, to be worn on the body under the garments, communicating a MILD but CONTINUOUS current to the system, which has been found of the most eminent benefit in many various forms of CHRONIC Diseases, where a mild but lasting stimulus of the functions of the nerves is indicated, and to assist the effect of specific remedies, the ACTION OF THE CHAINS BEING MADE LOCAL OR GENERAL, AT WILL.

The Invention has been demonstrated with great success before

THE ROYAL COLLEGE OF PHYSICIANS,  
THE ROYAL COLLEGE OF SURGEONS,  
THE ROYAL PHARMACEUTICAL SOCIETY,  
THE ROYAL BRITISH ASSOCIATION,  
THE ACADEMIE DE MEDICINE (voted thanks to the Inventor).  
THE ACADEMIE DES SCIENCES AT PARIS,

And is already in extensive use in nearly all the Hospitals in London, Edinburgh, Paris, and Vienna.

Extract of a Letter from that distinguished Physician of Guy's Hospital, DR. GOLDING BIRD, M.D., F.R.S., F.R.C.P., &c., &c. (Published with his kind permission):

"We have in this ingenious Invention that which has long been a desideratum, viz., an apparatus of the smallest possible bulk, capable of evolving a CONTINUOUS uninterrupted current of Electricity, of moderate tension, and always in one direction. . . . I can scarcely recommend Dr. Pulvermacher's Invention too strongly to the notice of my medical brethren."

A FULL DESCRIPTION OF THIS IMPORTANT DISCOVERY, WITH SPECIFIED DIRECTIONS FOR THE USE, Testimonials from high Scientific Authorities, &c., may be had (by post for two stamps), AND THE CHAINS MAY BE FREELY TESTED, at MR. CH. MEINIG'S head depots, 103, Leadenhall-street, and 71, Regent-street, London (at Paris, 45, Rue Richer, and 12, Boulevard des Italiens), and from all C. MEINIG'S Agents in town, country, and the colonies.

## Shower and all Domestic Baths.—

Purchasers of these valuable and important family requisites, should immediately inspect DEANE, DRAY and Co's extensive Stock, warranted the best manufactured, both for finish and durability. Deane, Dray, and Co's RECUMBENT SHOWER-BATH, forms at the same time an excellent Sponging-bath, and may also be used as a Hip-bath, thus affording to all the members of a family the various applications of the bath. Shower-baths of improved construction; hip, plunging, sponging, vapour, and other baths, of various sizes, and patterns. An illustrated pamphlet on baths and bathing may be had on application, or free by post.

Established A.D. 1700.

Deano, Dray, and C. (opening to the Monument), London-bridge.

The Publisher of the "MEDICAL CIRCULAR," in answer to several enquiries from the country, begs to state that the following are the terms for inserting Advertisements:—

Eight lines and under . . . . .	£0 4 6
Every additional line . . . . .	0 0 6
Whole Column . . . . .	2 15 0
Whole Page . . . . .	5 5 0

London: Printed by WILLIAM TROUNCER, at his Office, No. 9, Cursitor-street, Chancery-lane, in the Parish of St. Andrew, Holborn, in the County of Middlesex; and published by CHARLES JAMES HARRIS, at No. 123, Strand in the City of Westminster.—August 17, 1853.



# MEDICAL CIRCULAR

AND

No. 34, NEW SERIES. }  
No. 60. }

WEDNESDAY, AUGUST 24, 1853.

{ THREEPENCE.  
STAMPED, 4d.

## TABLE OF CONTENTS.

Page		Page	
<b>Leading Articles:</b>		<b>Biographical Notices</b> ... ..	147
The Belfast Lunatic Asylum and the Government		<b>Reviews</b> ... ..	148
Chaplain ... ..	137	<b>Original Communications</b> ... ..	149
The Vaccination Bill ... ..	138	<b>Correspondence</b> ... ..	150
The New Medical College that is to be ... ..	138	<b>Hospital Reports</b> ... ..	151
<b>Mirror of Periodical Literature</b> ... ..	139	<b>Medical Notes and Queries</b> ... ..	154
<b>Contents of the Medical Journals</b> ... ..	142	<b>Parliamentary Intelligence</b> ... ..	154
<b>Deaf-Dumbness</b> ... ..	143	<b>Obituary</b> ... ..	155
<b>The Anatomy of Quackery (No. XXVII)</b> ... ..	144	<b>Medical News</b> ... ..	155
<b>An Epitome of Toxicology</b> ... ..	145	<b>Notices to Correspondents</b> ... ..	156

University College, London.—

Faculty of Medicine. Session 1853-54.—The CLASSES will COMMENCE on Monday, the 3rd of October. INTRODUCTORY LECTURE by Dr. GARROD, at 3 o'clock.

WINTER TERM.

Classes in the order in which Lectures are delivered during the day:—

*Anatomy*—Professor Ellis.  
*Anatomy and Physiology*—Professor Sharpey, M.D., F.R.S.  
*Chemistry*—Professor Graham, F.R.S.  
*Comparative Anatomy*—Professor Grant, M.D.  
*Surgery*—Professor Eriksen.  
*Medicine*—Professor Walshe, M.D.  
*Practical Anatomy*—The pupils will be directed in their studies during several hours daily, by Professor Ellis and Mr. F. Sayer Demonstrator.

SUMMER TERM.

*Botany*—Professor Lindley, Ph. D., F.R.S.  
*Pathological Anatomy*—Professor Jenner, M.D.  
*Comparative Anatomy and Zoology*—Professor Grant, M.D.  
*Practical Chymistry*—Professor A. W. Williamson, Ph. D.  
*Midwifery*—Professor Murphy, M.D.  
*Forensic Medicine*—Professor Carpenter, M.D., F.R.S.  
*Ophthalmic Medicine and Surgery*—Professor T. W. Jones, F.R.S.  
*Materia Medica*—Professor Garrod, M.D.  
*Analytical Chemistry*—Professor Williamson throughout the Session.

## CLINICAL INSTRUCTIONS.

Hospital Practice Daily throughout the year.  
 Physicians—Dr. Walshe, Dr. Parkes, Dr. Garrod.  
 Obstetric Physician—Dr. Murphy.  
 Assistant Physicians—Dr. Jenner, Dr. Hare.  
 Surgeons—Mr. Quain, Mr. Erichsen.  
 Consulting Surgeon to the Eye Infirmary—Mr. Quain, F.R.S.  
 Ophthalmic Surgeon—Mr. Wharton Jones.  
 Assistant Surgeons—Mr. Marshall, Mr. Statham.  
 Medical Clinical Lectures, by Dr. Walshe, and Dr. Garrod; also by Dr. Parkes, Professor of Clinical Medicine, whose special duty it is to train the pupils in the practical study of disease, and who gives a series of lessons and examinations on the Physical Phenomena and Diagnosis of Disease to classes consisting of a limited number, and meeting at separate hours.

Surgical Clinical Lectures, specially by Mr. Quain; and by Mr. Erichsen.

Lectures on Ophthalmic Cases, by Mr. Wharton Jones.  
Practical Instruction in the application of Bandages and other Surgical Apparatus, by Mr. Marshall.

Prospectuses may be obtained at the office of the college.

**Residence of Students.**—Several of the professors receive students to reside with them, and in the office of the College there is kept a register of parties unconnected with the college who receive boarders into their families. Amongst these are several medical gentlemen. The register will afford information as to terms and other particulars.

W. SHARPEY, M.D., Dean of the Faculty.  
CHAS. C. ATKINSON, Secretary to the Council.

The Lectures to the classes of the Faculty of Arts will commence on the 13th of October.

The Junior School will open on the 23rd of September.

1853-4  
SYDENHAM COLLEGE, BIRMINGHAM.

The Winter Session will commence

on MONDAY, October 3rd, 1853.

The SUMMER SESSION will open on MONDAY, May the 3rd, 1854.  
Further particulars will be shortly announced, or may be obtained  
of the Principal or Secretary.

ALFRED HILL, Honorary Secretary.

Apothecaries' Hall,      of.

Surgeons.—DR. STEGGAILL continues  
his office, in the Anatomy to Examination at  
the College of Surgeons, Apothecaries' Hall, London.  
Fees, either in class or separately.—For tickets, &c., apply  
before Oct. 1st and after Three o'clock, daily, at 2, Southampton-street,  
Bloomsbury-square, London.

Guide to Filey.--Just Published.

Neatly printed in crown 8vo., ultramarine cover, illustrated with Six Lithographic Views, price 1s. (sent by post on receipt of 1s postage stamps), **OBSERVATIONS ON FILEY AS A WATERING PLACE, or a GUIDE FOR VISITORS.** By EDWARD Wm. PRITCHARD, M.D., M.R.C.S.E., Corresponding Member of the King's College Medical Society, London, and late Surgeon in the Royal Navy. Applications to be addressed to E. W. P., Hummanby, Scarborough, Yorkshire.

## Members of the Medical Profession

and the Public are respectfully requested, before furnishing, to inspect the extensive and well-selected Stock at RICHARD A. C. LOADER'S CABINET AND UPHOLSTERY WAREHOUSES, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

The Stock comprises every requisite for furnishing, at as low a price as goods of a guaranteed quality can be supplied. Catalogues gratis.

RICHARD A. C. LOADEN, 23, and 24, Pavement, Finsbury, and  
6 and 7, Little Moorfields.

Dr. Pereira.—This late Eminent

Physician's opinion of HARDS' FARINACEOUS FOOD  
for Infants and Invalids:—

"I have carefully examined, and repeatedly prescribed 'Hards' Farinaceous Food' (See Pereira's 'Treatise on Food and Diet,' pp. 309 and 473, &c.), which is prepared from the most nutritious of the cereal grains. It combines both nitrogenised and non-nitrogenised alimentary principles, and forms a very valuable food for children and invalids.

"JOHN PEREIRA, M.D., F.R.S.,

"JOHN PEREIRA, M.D., F.R.S.,

"Assistant-Physician to the London Hospital,"

"47, Finsbury-square, July 1, 1843."

Sold by Chemists and Druggists, Patent Medicine Vendors, Tea Dealers, and Italian Warehousemen, in 1s. and 2s. packets, and tin cases, 7s. 6d. each. Observe—all genuine packets and cases are signed "Jas. Hards," and manufactured at the Royal Victoria Mill, Dartford, Kent.







## The Medical Circular.

WEDNESDAY, AUGUST 24, 1853.

### THE BELFAST LUNATIC ASYLUM AND THE GOVERNMENT CHAPLAIN.

Two documents have been recently sent to us,—one the Report of the Inspectors of Lunatic Asylums in Ireland, the other the “Twenty-third Annual Report of the Belfast District Hospital for the Insane.” The principal subject comprised in these Reports is, the advisability or otherwise of appointing a Chaplain to the Belfast District Asylum, in accordance with the system adopted in many similar establishments in this country. It appears that the Irish Government have appointed a Presbyterian Clergyman to perform clerical duties at the Asylum, and that the Governors, in the proportion of ten to four, have protested against the measure.

The population of Belfast is divided into a great variety of unsympathising and jealous professors of hostile creeds, and, as may be supposed, their religious convictions are prone to mingle with every public measure the benefit of which may not be susceptible of demonstration. Parties form, dissension stirs, and private passion often takes the place of public virtue. This is unfortunate; since many otherwise useful propositions may be thus converted into elements of mischief. Such, however, being the facts, it becomes a statesman to consider the circumstances with which he has to deal, and not rashly to force upon a community measures which might add acrimony to discord, perverting thus their usefulness, and bringing discredit upon his own judgment and experience. It is idle to censure the good people of Belfast because they cannot agree upon a religious topic; to set up our own enlightenment against their intolerance; and to say that such a thing *must* be, because, in our opinion, it *ought* to be—a summary mode of dealing with difficulties but rarely leading to a lasting settlement.

The Board of Governors of the Belfast Asylum is composed of representatives of the various shades of religious opinions prevailing in that city; and the recent act of the Government has consequently thrown them into a violent perturbation. Board meetings have been held, resolutions passed, protests issued, and the gauntlet of opposition and resistance definitively thrown down to the Imperial Government. The intensity of the irritation proves the strength of the religious convictions of the disputants. Is it worth the presumed value of the proposed Chaplaincy for the Government to throw a firebrand into an institution where tranquility, confidence, and harmony should especially reign? Can the care of the insane be expedited by exciting dislike and enmity among their relations, friends, and guardians?

The Board, supported by the able physicians of the

Asylum, contend, moreover, that if the principle were allowed, it would be necessary to appoint not one, two, or three, but *several* Chaplains to minister to the religious wants of the various inmates of the Asylum. It would seem that they do not consider that one creed should possess a privilege unenjoyed by another; and that, if one Chaplaincy be endowed out of the public funds, other denominations should be similarly favoured. The endowment of six Chaplains, for example, would constitute a financial difficulty not likely to be readily solved by the compliant purses of the ratepayers of Belfast.

Assuming that the Board have correctly construed the feelings of the inhabitants of Belfast—and, judging by their own conduct, we have no reason to doubt it—we would ask whether the services of several Chaplains in a Lunatic Asylum would be adapted to conduce to the mental repose necessary to the relief and cure of the inmates? Might not these continual visitations, by strongly directing attention to sectarian topics, unnecessarily agitate the nervous susceptibilities of the patients, irritate religious passions, and induce in many that form of madness the most lamentable, hopeless, and incurable? God forbid that such a melancholy result should ensue from an imprudent perseverance in a very questionable policy!

In England, indeed, according to Lord Shaftesbury's Report, the appointment of a Chaplain to Lunatic Asylums has been attended with beneficial results; and we can readily believe that, when there is only one Chaplain, and his ministrations are carefully directed, under a system of exclusion rather than of encouragement, a calming, moral influence over certain individuals may be occasionally exerted. Religious influence is, however, a very different thing among the teachers of many denominations from what it is among the majority of the clergy of the Church of England. Religious teaching, in the conviction of such divines, is nothing unless it be deep, searching, and spiritual; but will Lord Shaftesbury say that religious influence in this sense is likely to be advantageous to nine-tenths of the unfortunate lunatics confined in our Asylums? We opine not. We find even one of the *Chaplains* of a County Lunatic Asylum in England asserting—“As for a Chaplain's duty, which we have twice a-day, it is a most solemn farce and prostitution of religion. Such is my testimony after twelve months' experience.” We find also another divine, the Rev. William M'Ilwaine, Incumbent of St. George's, Belfast, thus recording his experience of religious influence in this particular Belfast Asylum:—

“In some of these cases I have been urged by the friends of the patients, as well as by my own anxiety for their restoration to reason, to visit them and observe their progress, never, indeed, but with the sanction and permission of the physician (Dr. Stewart), and I feel it only my duty to state, that, although thus permitted to visit and to have such intercourse with those afflicted individuals as they were capable of appreciating, in nearly every such instance



I regretted having done so; at least, until they were in a great measure pronounced convalescent by him. I almost invariably found my visit to tend to their excitement and consequent injury."

The truth is, insanity is a disease coming under the domain of medicine, and curable only by such resources as our science can supply. It is a mistake to suppose that *spiritual* remedies can avail much towards the relief of this formidable malady. This is a superstition—a mere relic of an ignorant age. When a patient is in a condition to profit by such influence, he is no longer a fit resident of an Asylum. Under any circumstances, we would not allow a Chaplain to have the run of such an institution, but should require that he confine his ministrations to such patients as the judgment of the Medical Superintendent may select. Every officer in the Asylum should be subordinate to the authority of the Medical Superintendent.

In accordance with the present system, the Resident Superintendent of the Belfast Asylum, Dr. Stewart, invites the attendance of the pastor of any of the various religious congregations in the city to bestow his ministrations on such patients, being followers of his opinions, as may appear likely to be benefited by his counsels. If this plan be properly carried out, we do not see why it should not be as efficacious in respect of religious teaching, as that urged by the Government; while we cannot but believe that in Belfast, at least, it will be less calculated to interfere with the mental tranquility and sanatory improvement of the patients.

#### THE VACCINATION BILL.

UNWISELY relying upon the Report of the Deputation to Lord Palmerston from the Metropolitan Branch of the Provincial Association, whose assurance we considered that it would be discourteous to doubt, we announced a fortnight since that there was a probability that the VACCINATION BILL would not pass through the House of Commons this session. We have now, however, the painful duty to state that the Bill has passed, and that many of its objectionable provisions are unaltered. The Bill is vicious in principle, and unjust in its details, so that we cannot expect that it will be worked with success.

#### THE NEW MEDICAL COLLEGE THAT IS TO BE.

WE have been assured, but we cannot vouch for the authenticity of our information, that the subjoined prospectus is about to be issued by the authorities of the New Medical College of the Royal Free Hospital. We are happy to find that, after much negotiation and anxiety, the various parties have come to an amicable arrangement. Many concessions were made on all sides before this happy union could be accomplished. We hear that Professor Dewhurst considers that he has made an immense sacrifice of personal character in consenting to associate with the ex-member for Finsbury; while, on his part, the ex-

member considers no sacrifice to be too great to enable him to fraternize with the Editor of the "Medical Circular." How long this agreeable state of affairs will last we should be loth to predict,—our presence among such combustible materials being likely to act like the conducting-wire of a galvanic battery, and to produce an explosion. When the College commences business we shall duly report progress:—

#### "THE ROYAL FREE HOSPITAL MEDICAL SCHOOL.

"The School will open October 1st, and will *trust* to the future to obtain recognition from the authorities; and it is hoped that the Students will pay their money, and do the same.

MEDICINE . . .	DR. JAMES WAKLEY.
SURGERY . . .	THOMAS WAKLEY, Esq., Jun.
MEDICAL JURIS- PRUDENCE . }	THOMAS WAKLEY, Esq., Sen.
CHEMISTRY . .	ANALYTICAL COMMISSION, Esq.
PHYSIOLOGY . }	ARTHUR SMEE, Esq., Electro-Biologist.
BOTANY . . . .	DR. COFFIN.
OPHTHALMIC & AURAL SURGERY }	MESSRS. SOLOMON.
MEDICAL ETHICS,	DR. DEWHURST.

"A Course of Lectures on PSYCHOLOGY, illustrated with Vivisections, will be given by the EDITOR of the 'MEDICAL CIRCULAR.'

"A Venereal Ward is about to be opened in the Hospital, under the superintendence of the eminent firm of CURTIS and Co., authors of 'Manhood,' &c.

"In the course of the Session, a course of Operative Surgery will be given by THOMAS WAKLEY, Esq., Jun., assisted on all occasions by ERASMUS WILSON, Esq.

"It will be observed that the chairs of ANATOMY and MIDWIFERY are still vacant.—Applications received until the end of the present month."

THE JENNER TESTIMONIAL.—It is fully determined to execute with every possible despatch the well-merited testimonial to the memory of a man whose discovery of vaccination has immortalised him. With that object subscriptions are being raised throughout every kingdom. The United States raised for that purpose 1600 dollars—a larger sum than any other country subscribed.

HOXTON MEDICAL PROTECTION SOCIETY.—A society under this name has been established at Hoxton, and is already in operation. The society had its origin in the fact of a great number of persons in the Liberty of Hoxton practising medicine and surgery without any legal qualification whatever. The society offers a reward of £5 to any person who will furnish such evidence as will lead to the conviction of any party so offending. It also is about to publish a list of all the qualified medical practitioners resident in the Liberty of Hoxton.

APPOINTMENT.—An appointment of assistant-surgeon in the Hon. East India Company's service has lately been given to Mr. Joseph Ewart, of Guy's Hospital, H. P. Astell, Esq., M.P., having placed it at the disposal of the medical committee, to be competed for by the students.

FRANCE.—Dr. Conneau, the Emperor's first physician, has been raised to the rank of officer of the Legion of Honour.



## Mirror OF PERIODICAL LITERATURE.

(From the "Medical Times and Gazette," Aug. 20, 1853.)

### THE PATHOLOGY AND TREATMENT OF THE DISEASES OF THE SCALP. POPULARLY KNOWN BY THE NAME OF RINGWORM.

Dr. Jenner, the author of this lecture, first describes the diseases ranged under the denomination "tinea." He says:—

"It has been recently proposed to employ this word tinea again, and to give to it a precise signification. Under the generic name tinea it is proposed to include all diseases of the hairs produced, kept up, or attended by the development of parasitic plants.

"In this genus are included the following species:—

"Tinea favosa.

"Tinea tonsurans.

"Tinea decalvans.

"Tinea sycosa."

The characteristic signs of the affections are then detailed; and in order that the reader may more clearly understand the forms of disease grouped under these heads, he thus identifies them with the diseases described under the nomenclature adopted by other authors:—

"I have told you the names I would have you employ to signify the diseases I have described and demonstrated to you; but you ought also to know the names employed by the writers on skin diseases most popular in this country, to signify the same things.

"Tinea favosa, then, is called *porrigio favosa* by Willan and Bateman; *favus* by Dr. A. T. Thomson, Simon, and many other writers.

"Tinea tonsurans is called *porrigio scutulata* by Willan, Bateman, and Dr. A. T. Thomson; *herpes tonsurans* by Cazenave; and *trichinosis furfuracea* by Mr. Wilson.

"Tinea decalvans is called *porrigio decalvans* by Willan and Bateman; *vittiligo* of the hairy scalp by Cazenave.

"Tinea sycosa is called *mentagra* by Willan and Bateman; *sycosis* by Mr. Wilson.

"As to the etiological relation of the parasite to the disease, it appears, that the spores of the vegetable growth require for their development a peculiar nidus. I say so, because all persons who mix with children suffering from tinea do not have the disease. But if a soil highly favourable to their growth exists, then a spore having found its way on to that soil develops and forms other spores, and so the parasite spreads over the surface of the individual more or less rapidly, according to the more or less favourable nature of the soil."

The treatment is thus described:—

"Hyman Jacobs, aged 27 years, a Jew pedlar, a native of Amsterdam, and a resident in London fifteen months, was admitted into the hospital on March 21, 1853.

"He was, as most of you must remember, a man of cheerful disposition, dark complexion, rather short, muscular, moderately stout; in fact, he looked generally in robust health. His habits were those of his class; he slept in the low common lodging-house, fared badly, rarely eating meat, and, judging from his appearance, was not very cleanly in his person.

"He affirmed, and I believed him, that he was very temperate in regard of the use of alcoholic liquor. His general health, he said, had always been good.

"The scalp affection was of nine years' duration at the time he came into the hospital. He had been in many hospitals, but had never derived any marked benefit from treatment. When Jacobs came under my observation, his condition was as follows:—

"Cerebral, circulatory, respiratory, and digestive functions healthy in all particulars.

"The whole of the scalp, excepting the margin, was

covered with the crusts of tinea favosa. The largest crusts were of a greyish yellow colour, of the consistence of dried putty or mortar, and brittle. Their thickness generally was considerable. Where thickest, the surface of the crust was below the level of the cutis; so that it looked, at the first glance, as if the latter had been partially destroyed by ulceration. The surface of these crusts was very irregular; it had a pitted, worm-eaten, or eroded appearance. At the edge of the large, irregularly-shaped crusts, were many small circular crusts, depressed in the centre. A hair passed through the centre of each of these small crusts. When the crusts were forcibly detached from the scalp by mechanical means, the exposed surface of the cutis was very red and raw.

"The head itched much; and, though scratching gave considerable pain, it was evident, from the traces of blood on the surface, that he had been applying his nails to the part.

"The odour of the head was very offensive, something like that emitted by mice, only, as one of you remarked at the time, sweeter and more nauseous. Scattered over the trunk and extremities were a very large number of circular favus crusts. There were as many as forty on the back alone. The smallest of these appeared, when seen through a lens, to be constituted thus: in the centre was a hair, around and touching that a brownish-yellow crust, and around that again a dusky red halo; the diameter of the whole not exceeding two-thirds of a line. On the back no crust was more than one-fourth of an inch in diameter; on the leg there was one one-third of an inch in diameter. These crusts were circular, raised about a line above the level of the cutis, hard, dry, and appeared as though made up of concentric rings of pale, greyish-yellow, and brown colours alternating. The surface of these crusts was readily detached, and then a cup-shaped cavity was exposed, filled with a brimstone-yellow powder. The base of the crust being removed, the surface of the cutis, from which it had been detached, was raw.

"We saw, you may remember, the mycelium, sporule bearing branches, and sporules of the *achorion Schonleinii*, when portions of the crusts, or of the yellow powder, were placed under the microscope.

"No treatment was adopted for some time after the man's admission. On April 13th his state was exactly the same as when he entered the hospital. Rags, wet with a solution of sulphurous acid, were now ordered to be kept constantly on the scalp; the head to be covered with an oil-silk cap.

"On April 18th, large quantities of the crust had separated from the scalp, and those that remained attached had entirely lost their yellow hue; they were now of a dirty-brown colour. All itching of the scalp ceased shortly after the application of the sulphurous acid. No sulphurous acid had been applied to the crusts on the trunk and extremities, and they had still the characters they presented on the man's admission into the hospital.

"A piece of lint, wet with sulphurous acid lotion, was applied to one of the largest crusts on the leg.

"On the 22nd April a mere trace of the favus crust remained on the scalp; but the surface of the cutis was red, and there was an inflamed papula near the vertex. Thinking this condition might be partly due to the acid, which was a very strong solution, I ordered its use to be discontinued for twenty-four hours. The crust on the leg to which the sulphurous acid was applied on the 19th, had separated; the exposed surface was red, but not raw. Two favus crusts which were seated in the vicinity of that to which the acid was applied on the 19th, were observed to be turning brown: subsequently they dropped off spontaneously. The effect of the sulphurous acid gas on these two patches is of great interest, as illustrating the mode of action of the solution. The crust on the scalp turned brown shortly after the acid was applied to them, and before they separated from the cutis.

"On the 29th April the lotion was discontinued, and zinc ointment applied to the scalp.



"On May 2nd the head was free from crusts, but the scalp was still red, and several inflamed papula were seated on it.

"On May 9th the skin of the scalp was here and there more natural in hue, and one or two papulae had suppurated; the pus was healthy in appearance, and there was no trace of the parasitic plant to be detected by the microscope.

"On the 18th, the head continued free from favus; the scalp was much less red; the hair was growing. As the crusts on the trunk and extremities were still in the same state as on the patient's admission into the hospital, he was immersed, about nine in the evening, for a half an hour, in a full-sized tepid bath, containing sixteen ounces of saturated solution of sulphurous acid; no friction was employed. During the night all the crusts save three fell from the surface.

"On the 20th he was again immersed in the acid bath, and the next day no trace of a crust was to be found on the trunk or extremities. My notes say:—'No fresh crusts on head; a small pustule occasionally appears, and dries up in two or three days, and then disappears entirely; the skin of the head generally is much paler and more healthy in aspect.'

"31st.—The scalp was still paler than at the previous report. There were only two small pustules on the scalp. By the microscope, no trace of the parasite could be detected. The skin generally appeared healthy; and on June 2, Jacobs left the hospital, at his own desire, to return to Holland.

"I cannot conclude without expressing my confident belief, that a very great advance was made in pathology when the vegetable nature of the diseases I have to-day referred to, as well as of some others, was demonstrated; and my equally confident belief, that the foundation for a very great advance in therapeutics was laid when Professor Graham introduced to notice the power of sulphurous acid to destroy vegetable life, and explained how it could be given internally without injury to the patient.

"NOTE.—The solution of sulphurous acid I have used is made by passing a stream of the gas through water till the latter is saturated. Of this saturated solution, two ounces may be added to six ounces of water, to make the lotion.

"The saturated solution of sulphurous acid I have employed has been either prepared in the Birkbeck Laboratory of University College; or procured from Button's, Holborn; Hopkins and Williams, New Cavendish-street; or Burcham's Albany-street."

#### MEDICINE IN LEWCHIEW.—INTRODUCTION OF VACCINATION.

The following is quoted from the last of a series of papers on this subject, communicated by Dr. Farre, from Dr. Bettelheim, to the "Medical Times and Gazette."

"General Inoculation for Small-pox.—It is customary, as I have stated, at Lewchew, to inoculate the whole population of the island, under thirteen years of age, every thirteenth year. The cycle terminated in the year 1851, and during that year many enquiries were made as to the best mode of inoculating, and its treatment, and with apparent urgency. Lancets were also sought, first by allusion, and afterwards by request more openly expressed. Having a small supply of them, I was able to meet the demand. Several copies of the Chinese pamphlet, written by Sir G. Staunton, were also desired and granted. Questions as to the probability of our getting vaccine matter were often raised, and at last some impregnated ivory needles and a vaccine scab which I had remaining were half officially asked for, and gladly given, though with little hope of success. The lymph and the scab had been obtained through Dr. Barker, of Canton, by the Reynard, and, through the kindness of the Bishop of Victoria, from another medical friend in Hong-Kong.

"The mode of inoculation practised was very imperfect. The powdered scab was almost always introduced as snuff into the nose. When a knife was used, it was a big one,

which greatly frightened the children. The incisions were often large, and on parts on which the body rests, so that the pustules were destroyed early, and rarely arrived at maturity, and the operation consequently failed. I insisted, first of all, on inoculation in the arm, and the use of a lancet, and Lewchew is entirely indebted to this mission for the practice of liquifying the scab, of impregnating it with a canulated or common lancet, and introducing it into the arm by easy punctures, and also of inoculating from arm to arm. Formerly, even the better classes waited for scabs one from the other; and the period of inoculation was thus protracted for many months. This year, all Lewchew went through the small-pox in between two and three months. I insisted, with equal firmness, on the adoption of a strictly antiphlogistic diet until dessication began, and *kugashi*, rice jelly, of which the natives are very fond, constituted the chief article of food under our advice. We also entirely interdicted night-feeding, which the Lewchewans practice, in time of illness, to the extent of four meals a night, besides the day-feeding, considering it wilful murder to administer any less. On the other hand we recommended, with all possible persuasion, cool air, ventilated rooms, and light, though warm covering. Whenever, from simple inspection of the poeks, we were enabled to tell the natives with tolerable precision the date of the inoculation, and the probable course the disease had taken, we were gazed on with superstitious admiration, and secured thereby confidence and increased practice. This confidence induced a vast number of the natives to bring their children to have their arms inspected, or to enquire whether they were in a state of health suitable for the operation; and, had I been so disposed, I might have inoculated any number with my own hands, but having, in a despatch to the Government, repeatedly expressed my unmitigated disapproval of inoculation, and the necessity of introducing vaccination, I could not lend my own hand to what I condemned. I considered also, that our enemies might make a malicious representation of our cases, if we had any, to shake the confidence we had inspired. As the mandarins had undertaken the inoculation against my advice, I thought it sufficient, for my immediate duty, to prevent and mitigate actual suffering among the people, without either directly promoting, or appearing even in the least to oppose the Government measure. On the contrary, as soon as I knew certainly that the step was already taken, I universally advised *early* inoculation, partly to shorten, as much as possible, the duration of the plague, and partly through fear that the virus might, as it actually did, degenerate through unskilful doctoring and feeding.

"[Notwithstanding Dr. Bettelheim's caution, and the increasing good feeling of the natives, the envy and malice of the mandarins at last broke out, and a serious personal attack was made on Dr. Bettelheim and his family by an armed Japanese soldiery. For this attack the Lewchew Government were compelled to beg pardon under their great seal, but Dr. Bettelheim was for some time disabled. He thus proceeds:—]

"Introduction of Vaccination.—Nearly all the results of inoculation, whether favourable or the reverse, worked together advantageously to prepare the mind of the nation for the introduction of vaccination. Some had been persuaded by the numerous cases in which one or two pustules only appeared, and in which no further eruption could be forced, notwithstanding repeated inoculation, that the smallest number of pustules sufficed to show that the virus had penetrated the whole body. Others, again, the many heavy sufferers, sighed after some milder substitute for such a violent remedy. Others again, on our representation, acknowledged that a method admitted into China, and long ago advantageously practised in Europe, deserved a trial in Lewchew.

"In February, 1852, the long wished-for vaccine virus arrived in H.M.S. Sphinx. The Bishop of Victoria also kindly made a second effort to supply us with lymph, and



happily with complete success. In June, 1852, there arrived by the Lewchewan junk, a box containing a precious supply of vaccine virus, and a Report of the London Vaccine Institution, with the card of Mrs. Graham, Bloomfield-lodge. Many thanks to the noble donor.

"Feb. 13.—Dr. Harvey, of H.M.S. Sphinx, vaccinated our child with lymph.

"17th.—The vaccine has taken; sent for an official person to inspect it.

"19th.—Sure that I could not succeed in introducing vaccination among the natives without the consent, or at least the connivance of Government, and thinking it also unsafe to attempt it clandestinely, I wrote to the Lewchewan authorities as follows:—

"A respectful communication. A few days ago I received vaccine lymph and a scab. The former has been inoculated into the arm of my child, and I am rejoiced to inform you that it has taken. Everybody may now convince himself that the vaccine pock appears only when the lymph is introduced into the body. My child has not the slightest appearance of illness, walks about and plays, and takes the same food as usual. I therefore entreat the Regent to allow two or three Lewchewan children to be vaccinated, and thereby to put an end for ever to the calamities of the small-pox. Accept this inch of letter and my respectful New-year's compliments.—I have the honour, &c.

"Han-Fung, 1-12 last day. (Feb. 19, 1852.)"

"This letter was accompanied by a suitable present.

"21st.—Took lymph from my child's arm, and impregnated several ivory needles; vaccinated therewith my elder girl, but without success. A te-fu (official messenger) arrived during the operation, with a blank refusal to the above request, based upon the apparently justifiable excuse that, having just suffered so much from the small-pox, they were afraid of a new trial. A more hollow reason was, that as faithful vassals of China, and conscientious Confucianists, they durst not accept even a decided benefit that came not to them through the Emperor. The te-fu, however, wished to see my child's arm, and expressed great wonder at her walking about and playing, exposed to the air, without alteration in her diet, etc.

"23rd.—Ichirazichi, head of the Spy-force, Chief State Interpreter, Postmaster-General, Physician, and Surgeon, all in one person, in full official dress, arrived, apparently merely to bring the New-year's congratulations; but after a good deal of ruminating, he finished by taking my box, containing needles charged with lymph from Hong-Kong, and others with lymph taken from my child. He expressed much predilection for the latter, as being a Leehewan production. Alas for consistency! The mandarins of Lewchew, with all their vulgarity and gross ignorance, know how to play the Confucian; and while, with an ill-covered pride, and a still more ridiculous conscientiousness, they disdain to accept officially any favour from the foreigner, in order that they may be able, when it suits them, to ignore or deny it, they little scruple to connive at, or even to ask for privately, what they deliberately refused acceptance of.

"April 28.—Was requested by the Shuy Todzies (my guards and spies) to let them have the scab received from Hong-Kong, which I gave them, and also another fallen from a desiccating pustule of my child.

"March 3.—Ichirazichi came and told me the vaccine had taken. He at the same time requested me, if I wished vaccination to make progress in Lewchew, and to avert trouble from him, the first propagator of it, never to speak of it in my despatches to the mandarins.

"I am satisfied from this message, and hereby declare to our friends as a certain fact, that vaccination has been introduced into Lewchew, with the knowledge of the local authorities, and that care will be taken to preserve and propagate it; and I have little doubt that the first junk sailing hence to Japan will carry it there. All praise be to God.

"March 15.—The Todzies, full of gratitude, informed me that the vaccine has generally taken; and at my

request, promised that no effort should be spared to introduce it in all the out islands belonging to Lewchew."

(From the "Association Medical Journal," Aug. 12, 1853.)

#### PUERPERAL CONVULSIONS IN A PRIMIPARA DELIVERED OF TWINS: ADVANTAGES OF CHLOROFORM IN SUCH CASES.

Mr. Rudge, of Leominster, reports the following account of the administration of chloroform in Puerperal Convulsions:—

"Since the discovery of the superiority of chloroform over ether as an anæsthetic agent, by Professor Simpson, of Edinburgh—a discovery destined to render his name immortal—much diversity of opinion has been expressed by accoucheurs, as to the safety and propriety of employing it in labour. It is not my intention to enter upon this field of controversy. My object is to contribute an observation from my own practice, which points out a class of cases in which anæsthesia, induced by chloroform, must be at once recognised as a great boon. I propose to give a simple history of the successful administration of chloroform in a case of puerperal convulsion, occurring in a primipara, during her labour with twins.

"CASE.—On the 25th of July, at 11 P.M., my assistant, Mr. Boyce, a gentleman of ability and considerable experience in midwifery practice, was called to Mrs. E. M., aged 23. The pains were ineffective, and at considerable intervals. The head presented. She was unusually restless; and it was stated by the nurse that she had been convulsed two or three times previous to the arrival of Mr. Boyce. He remained with her during the night, treating her judiciously. The labour slowly advanced until half-past five o'clock A.M. on the 26th; when, after falling asleep, she was seized with a violent convulsive paroxysm, during which she severely bit her tongue, causing considerable hæmorrhage, before a cork or any substance could be thrust between her teeth. The convulsions were suspended until nine o'clock, A.M., when they returned with greater violence, and in frequently succeeding fits. The danger of the patient now being imminent, and the responsibility great, Mr. B. very properly sent for me. On examination, I found the os uteri dilated, the head presenting. The pains were entirely arrested; and the patient was in strong convulsions, attended with considerable hæmorrhage. Under these circumstances, I quickly procured some chloroform, twenty drops of which were administered at intervals, by means of a folded cambric handkerchief, by my assistant. The effects were magical. The convulsions, after a few inhalations, entirely ceased; and I proceeded to extract the child, which was effected without difficulty. On examination, I found it was a twin case (both females); and a second head presenting, I ruptured the membranes, and extracted the second child without difficulty, with the forceps; and, in consequence of smart hæmorrhage, after a few minutes, I introduced my hand, and carefully extracted the placenta. Leeches and cold applications were applied to the head. After delivery she had, at 3 P.M., one attack of convulsions. She passed a good night; the bowels having been well cleared out. No unpleasant symptom has arisen up to this date.

"Mrs. E. M. was not conscious of her delivery; and was much surprised when informed that she had given birth to twins. Both infants are well, and are likely to live. I have no hesitation in attributing the favourable issue of this case to the use of chloroform: and I firmly believe that, in skilful hands, it will prove an inestimable boon to the fairest portion of the creation, relieving them from much of the danger and dreadful suffering of tedious and complicated labours—suffering, the witnessing of which frequently unnerves the strongest of the other sex."

(From the "Dublin Medical Press," Aug. 10, 1853.)

#### AN IMPROVED HERNIA KNIFE.

Mr. Hargrave points out the defects in Cooper's and Du-



puytren's knives, and thus describes the merits of the new one invented by himself:—

"In consequence of the difficulty and danger experienced in this case, I have had a hernia knife made on the principle of the 'Bistoiré Caché,' with the cutting edge convex. The blade is as firm and resistant as the size of it will permit, so as to prevent any elasticity when being used, and the screw regulating the opening of the blade from its sheath is made with great accuracy and care, so that there is no fear of more of it being unsheathed than the operator is aware of and requires. If the thread of the screw is made imperfect, and so permitting more of the knife to be exposed than is necessary, mischief might be the consequence. I have thus particularised the screw, for I have reason to know that when it is badly made in the concave knife, the instrument is both an unsafe and uncertain one to use.

"The hernia knife now laid before the profession may be regarded as one to meet unusual difficulties in the operation, such as those cases in which the mass of intestine protruded is such that scarcely any precaution will guard against the wounding of the gut by the most careful introduction of the knife to free the stricture, and this in such instances when the operator may not have the advantage of even one good assistant.

"In these extreme cases this instrument will render the surgeon independent of the director, which is not a very safe means to introduce the hernia knife down to the stricture; for even with the greatest attention to prevent it, the intestine (*when a large mass of it is in the sac*) can scarcely be prevented from swelling, or turning over and concealing the groove in which the knife is intended to pass to the stricture, and thus incur the risk of being wounded.

"These two bistouries—the plain convex edged one and the one of the same form, but guarded in a sheath—seem to me adequate for liberating strictures of whatever kind, however they may be complicated and concealed by masses either of intestine or of omentum.

"The following are the measurements of this knife, by attending to which any careful cutler can make it:—Length of the sheath, from the pivot on which the blade works to its extremity, two inches and five-eighths of an inch. Length of the probe point of the sheath, five-eighths of an inch. Length of the blade, from the pivot on which it works, two inches and one-eighth of an inch; of this seven-eighths of an inch from its free extremity has a convex cutting edge, the end being rounded off; the remainder of the blade, up to the pivot, is blunt; the handle of it, in which the screw plays, from the pivot to the end, is two inches long. The blade, when opened from the sheath, is equal to half an inch.

"It appears better to have the probe point on the sheath, and not on the blade, also to have the probe point made as flat as possible, and all set in the handle flat, or tang-shaped, and riveted into it."

## CONTENTS OF THE MEDICAL JOURNALS.

**Lancet.**—(No. VIII. Vol. II. August 20, 1853).—LECTURES on the Diseases of Women. Delivered at St. Mary's Hospital. By W. Tyler Smith, M.D., Physician-Accoucheur to the Hospital. The Pathology and Treatment of Leucorrhœa, based on the Microscopical Anatomy of the Os and Cervix Uteri: Relations of Vaginal or Epithelial Leucorrhœa to Gonorrhœa in the Female, to Urethritis in the Male, and also to the Ophthalmia of New-born infants. Clinical Contributions. By Richard Hassall, M.D. A Case of Poisoning by Sir William Burnett's Disinfecting Fluid. Cases of Diseases of the Rectum. By T. J. Ashton, Esq. Case of Erectile Tumour of the Orbit, cured by Infiltration with the Solution of the Lactate of Iron and Puncture with Hot Needles, after the Ligature of the Carotid Artery had failed; with Observations on the Effect of that Solution in Obliterating the Bloodvessels. By Daniel Brainard, M.D., Professor of Surgery in Rush Medical College, Chicago, Illinois, &c. Case of Stone in the Bladder; Lithotomy. By Thomas A. Furness, Esq., M.R.C.S., Newcastle-upon-Tyne. Ligature of the Subclavian Artery. By Dr. Domenico Cacciopoli,

Naples.—HOSPITAL REPORTS.—Guy's Hospital: Idiopathic Tetanus; Recovery. St. Bartholomew's Hospital: Acute Ulceration of the Aortic Valves, of Three Weeks' Duration; Death; Autopsy. (*With an Engraving.*) King's College Hospital: Chronic Rheumatism; Cardiac Complication; Albuminuria; Anasarca and Ascites; Good Effects of Elaterium.—REVIEWS AND NOTICES OF BOOKS.—A Discourse on the Birth and Pilgrimage of Thought. By Walter Cooper Dendy, Esq. The Journal of Psychological Medicine and Mental Pathology. Edited by Forbes Winslow, M.D. July, 1853. Pharmaceutical Journal and Transactions. August, 1853.—NEW INVENTIONS.—Mr. Winchester's New Method of Treating Fractures, with a Description of a Suitable Apparatus. (*With Engravings.*)—LEADING ARTICLES.—The Injustice of Allowing Dr. Hue to Maintain his Position as Senior Physician to St. Bartholomew's Hospital. Mr. Justice Talfourd and Medical Evidence. The Lunatics' Car: and Treatment Bill: Dr. Michell's Amendment; Third Reading. The Anniversary Meeting of the Provincial Medical and Surgical Association—House of Commons: Vaccination Extension Bill: Royal Naval Surgeons.—Military and Naval Intelligence: Promotions, Exchanges, &c.

**Medical Times and Gazette.**—(No. CLXIV. August 20, 1853).—ORIGINAL LECTURES.—Clinical Lecture on the Pathology and Treatment of the Diseases of the Scalp, Popularly Known by the Name of Ringworm. Delivered at University College Hospital. By William Jenner, M.D., F.R.C.P. A Course of Lectures on Organic Chemistry. Delivered in the Laboratory of the Royal Institution of Great Britain. By Dr. A. W. Hofmann, F.R.S. Lecture XII. (*With an Engraving.*)—ORIGINAL COMMUNICATIONS.—Navy Medical Reports. No. IV.—Extracts from a Report on Scarlattina in Her Majesty's Ships Agamemnon and Odin in 1853. By Sir John Richardson, Knt., M.D., C.B. Medicine in Lew-chew.—Introduction of Vaccination. By Dr. Bettelheim. Case of Placental Presentation. By Frederick Danford, Esq. A Case of Intussusception in which Nine Inches of the Included Bowel sloughed and came away per Annum; Recovery. By W. H. Blackton, Esq.—HOSPITAL REPORTS.—St. Bartholomew's Hospital: Excision of Very Large Tuberculous Glands from the Axilla. Guy's Hospital: Tumours and Operations. (*With Engravings.*) Leeds General Infirmary: Case of Fibrous Tumour of the Wound Removed by Incision and Enucleation. (*With an Engraving.*)—EDITORIAL ARTICLES.—Cholera Progress. The Smoke Nuisance. The Vaccination Extension Bill.—Parliamentary Intelligence.—REVIEWS.—A Treatise on General Pathology. By Dr. J. Henle, Professor of Anatomy and Physiology in Heidelberg. Translated from the German by H. C. Preston, A.M., M.D. The Decline of Life in Health and Disease. By Barnard Van Oven, M.D.—PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals: Litholiby; External Application of Atropin in Neuralgia; Aneurism of the Gluteal Artery; Ligature of the Common Iliac; Nasal Injection Considered as a Means of Nourishing New-born Infants; Note upon the Good Effects of Milk in Cases of Poisoning by Nux Vomica; Upon a Peculiar Form of Ulceration of the Gums.

**Association Medical Journal.**—(No. XXXIII. August 19, 1853).—LEADING ARTICLES.—The Swansea Meeting. The Vaccination Bill.—ORIGINAL COMMUNICATIONS.—Cases of Congenital Malformation of the Rectum and Vagina. By George Mallett, Esq. Death from the Bite of a Cat. By George Allen, Esq. Case of Doubtful Sex. By R. M. Mann, Esq.—BIBLIOGRAPHICAL NOTICES.—Sophistry of Empiricism. Belcombe: Essays. Lawrance, R. M. Electricity and Galvanism.—REPORTS OF SOCIETIES.—Royal Medical and Chirurgical Society: Perforating Ulcer of the Oesophagus. By W. H. Flower, Esq. The Blood and Blood-vessels in Inflammation. Dy T. Wharton Jones, Esq. Primary and Secondary Fibrinous Deposits. By Henry Lee, Esq. Analytical Examination of all the cases admitted during sixteen years into the Small-Pox and Vaccination Hospital, London. By J. F. Marson, Esq. On Intermitting Diabetes, and the Diabetes of Old Age. By H. B. Jones, M.D. Erysipelas of the Head and Face after Contusion and Laceration of the Scalp. By Evan Thomas, Esq. False Aneurism of the Posterior Tibial Artery successfully treated by Injections of Perchloride of Iron into the Spurious Aneurismal Sac. By William Adams, Esq. Additional Experiments on the Excitability of Paralysed and Healthy Limbs by the Galvanic Current. By R. B. Todd, M.D. Statistical Report of Fatal Cases of Diseases of the Brain occurring during the last four years in St. George's Hospital. By A. W. Barclay, M.D.—ASSOCIATION IN-



TELLIGENCE.—Twenty-first Anniversary Meeting of the Provincial Medical and Surgical Association.

**Dublin Medical Press.**—(No. DCCLXIII. Vol. XXX. August 17, 1853).—PROCEEDINGS OF SOCIETIES.—Royal Medical and Chirurgical Society: Statistical Report of Cases of Diseases of the Brain. Additional Experiments on the Excitability of Paralysed and Healthy Limbs by the Galvanic Current. Epidemiological Society: On Contagion and Infection in Relation to Epidemic Diseases.—ORIGINAL COMMUNICATIONS.—Iodine Efficacious in Removing Scars arising after a Scald. By S. Nicolls, M.D., Surgeon to the Longford Union Infirmary. On the Use of an Artificial Membrana Tympani. By Joseph Toynbee, F.R.S.—SELECTIONS FROM MEDICAL JOURNALS.—On the Induction of Premature Labour. Ovariectomy by a New Method—Recovery. Elective Elimination by the Salivary Secretions.—REVIEWS AND NOTICES OF BOOKS.—The Treatment of Obstinate Ulcers and Cutaneous Eruptions on the Leg, without Confinement. By H. T. Chapman, F.R.C.S.—LEADING ARTICLES.—The Lunatic Asylums of Ireland—Appointment of Chaplains. Medical Life in London. The Medical Book-Trade. The Gort Union.

#### BOOKS RECEIVED FOR REVIEW.

Burton and its Bitter Beer. By J. Stevenson Bushnan, M.D. London: W. S. Orr and Co.

Sketch of the Operations and of some of the most striking Results of Quarantine in British Ports, since the Beginning of the Century. By Gavin Milroy, M.D.

Sketch of the Life and Character of the late Samuel Me Culloch, Esq., Liverpool. By David Thorn, D.D.

Full Announcement of the Penn Medical College of Philadelphia. Female Session. Philadelphia: G. S. Harris.

A Reply to the Charges made by Dr. Edward Smith, in a pamphlet addressed to the Governors of Charing Cross Hospital, upon his dismissal from the Lectureship of Anatomy in the Medical School. By a Governor of the Hospital.

A Treatise on Auscultation and Percussion. By Dr. Joseph Skoda. Translated from the Fourth Edition. By W. O. Markham, M.D. London: Highley and Son.

The British and Foreign Homœopathic Medical Directory and Record. Edited by George Atkin, M.D., Edin. London: Aylott and Co.

The Destructive Art of Healing, or Facts for Families. By the Author of the "Fallacies of the Faculty." Second Edition. London: Geo. Routledge and Co.

The Domestic Medical and Surgical Guide, for the Nursery, the Cottage, the Bush, &c. By Jabez Hogg. Second Edition. London: Ingram, Cooke, and Co.

### Deaf-Dumbness.

ON THE MEDICAL AND PHILOSOPHICAL STUDY OF  
DEAF-DUMBNESS.

BY

M. E. HUBERT-VALLEROUX,  
Docteur en Médecine de la Faculté de Paris, Membre de la  
Société Médico-Pratique, &c.

TRANSLATED BY JAMES YEARSLEY, M.R.C.S. ENG.,  
Surgeon to the Metropolitan Ear Infirmary, Sackville-street, &c.

(Continued from page 107.)

To these causes, purely physical, and which have been studied by all who have given their attention to the etiology of deaf-dumbness, we must now add another class of influences, such, we mean, as are of a moral kind, and which, though less noticed, are neither less real nor less powerful. In this class we must place the evils attending social and domestic institutions, the private condition of certain families, but especially their bad education.

Dr. Burnet (a) in his statistical table, of which the

(a) See the 4th Circular of the Institut Royal des Sourds-Muets, p. 226, et seq.

census of the United States, in 1830, is the basis, has shown the enormous proportion of the deaf and dumb furnished by the slave population. A New York journal asserts, that the proportion of the deaf and dumb in the black population of New Hampshire was, at the same time, not less than one in fifty! . . . and whoever has seen and studied, as we have done, the frightful condition of the slave, and even of the free black in our colonies, will not be surprised at these statements.

By the side of the slave, in America and in European countries, there is observed, among those whom we call the lower classes, a troublesome predisposition to contract deafness, which brings such work-people very near the condition of the negro-slave. "Of 250 deaf and dumb who were brought to the superintendent of the New York schools," says (the Rev.) Mr. Feuton, "twenty only could pay the expense of education." "That part of the town of Weyach, which, according to Doctor Billeter, contains so great a number of the deaf and dumb, and where two-thirds of the inhabitants are scrofulous, is inhabited almost entirely by poor people." "Those provinces in Prussia which enjoy in the greatest degree the conveniences of life, and where instruction is the most diffused, seem to furnish a smaller number of deaf and dumb than the provinces where civilisation is less advanced."

The statistics of other parts of the continent and of England, show still more clearly the influence of bad domestic institutions in the production of deaf-dumbness. They point out, between the deaf and dumb of the towns and those of the country, an antagonism depending entirely on the difference in the condition of the two. "By the census of Scotland, in 1841, it would seem, according to Mr. W. Niell, that the greatest proportion of deaf and dumb is found in the towns,—an opinion formerly expressed by the committee on another occasion." In France, where it may be proved by all the instructors of the deaf and dumb; in Germany and Italy, where the fact has been pointed out by Fabiani, of Modena, the inhabitants of the country, on the contrary, show a greater number and in a much larger proportion than those of the towns. The explanation of this fact is, moreover, obvious with us. The agricultural labourer is less instructed, worse lodged, and worse fed, than the great part of those who inhabit our cities. In the manufacturing districts of England, on the other hand, and in our own manufacturing towns, as Lille, Roubaix, and others, which are in a condition similar to those of the United Kingdom, the workman, a prey to physical and moral wretchedness, begets a greater number of infirm children than the field-labourer, for the condition of the former is one of greater wretchedness than the latter. Thus, wherever there is found a class rendered, by the legal or economic institutions of a country, inferior to others, there that class bears the burden of painful labour as well as the misfortune of infirmities.

Is it necessary, after these considerations, to insist on the deplorable effects of ignorance in the production of deaf-dumbness? Have not ignorance and misery, from the beginning of society, been companions as inseparable as intelligence and well-being? And have we not shown, but too plainly, the deplorable and multiplied effects of this misery in the number of the deaf and dumb to which it gives origin? If there be need of new proofs, the reader will soon find them in the chapter which treats of prognosis. I have there called attention to several children, who, though deaf, have, thanks to a well-directed education, become able to speak; whilst others, capable also of being taught to speak, but left to themselves, through poverty, have become dumb, for want of suitable instruction.

Besides the causes which I have pointed out, and which, acting on the masses, give rise to real *endemics* of deaf-dumbness, other causes, purely local and accidental, come also into play, so numerous that it would be difficult to reckon their entire number. Some, mysterious in their origin and inappreciable in their action, seize the infant in



the womb of its mother, devoting it to the heaviest of human infirmities. Others, better known, and obedient to the laws of general pathology, attack the first and second periods of childhood, occasioning deafness which, at that age, is fatally followed by dumbness.

That deaf-dumbness may be hereditary is a fact as well ascertained as any connected with this subject. It is, however, far from being always directly hereditary, but, on the contrary, is often such in a collateral manner only, as is shown by official inquiries on this subject in various countries. It is especially to this collateral hereditary tendency to which we must ascribe the number of deaf and dumb seen in some families. The registers of every school contain the same name repeated two, three, or more times, and the name is almost always that of brothers or cousins of different degrees. The single school of London shows, on its list of persons who are admissible, ninety deaf and dumb the issue of twenty families, who reckon, in all, one hundred and fifty-nine children. One journeyman has ten, of whom seven are deaf and dumb; of eight children, the family of a porter, seven are deaf and dumb; six other families have five each; seven others have each four, etc. Feu Gruel found, in the department of Ille-et-Vilaine, a family consisting of nine children, of whom eight were deaf and dumb, and the ninth wanted an arm. The annals and circulars of the School for the Deaf and Dumb exhibit, besides, a great number of analogous examples.

After hereditary origin, consanguinity of parentage is found to be one of the best ascertained causes of deaf-dumbness. Every author has cited examples of this, and I, myself, could mention more than fifty. It is, doubtless, to this influence that we must refer the dumbness so frequent among the aristocratic families of Spain, and, in this instance at least, we shall have less cause of complaint, since it was the means of leading Pedro Ponce to prove to the *savans* of his time the possibility of educating the deaf and dumb.

The passions, strong emotions, and fright during pregnancy, must be ranked among the causes of congenital deaf-dumbness. Fabriani, of Modena, Doctor Bart de la Faille, professor of medicine in the University of Groningen, and the Drs. Guyot, directors of the deaf and dumb school of the same place, have collected numerous examples of dumbness attributable to fright occasioned during pregnancy by the sight of a deaf and dumb person. These last authors, moreover, relate that two ladies, distinguished for intelligence, referred the dumbness of their children to the feelings which they experienced when present at one of the Abbé de l'Épée's representations, when they were pregnant. To these examples I could, myself, add several that have occurred in my private practice, among which is that of two children, whose mother ascribes their deaf dumbness to a paroxysm of anger experienced during her gestation. I have seen others, again, who have ascribed this infirmity in their children to a fall which they had suffered, to poisoning, etc.

But, let the origin of deaf-dumbness be what it may, there are cases that present, when congenital, the most singular anomalies, both in the order of their production and succession. We see, in some instances, that all the children that are deaf and dumb are of the same sex, while the others, who speak, are of the opposite sex. And, again, you have the singular circumstance of a deaf and dumb infant alternating with one that is capable of speech, so that in two English families, the one consisting of fourteen, and the other of twelve children, you have, in the former, seven that are deaf and dumb and as many who are not so, and in the latter, six that are able to speak and six deaf and dumb. In other cases, two or more deaf and dumb succeed to an equal or greater number of children endowed with the use of every sense. In a word, you may find, in inquiries of this kind, every anomaly and every imaginable combination.

Among the diseases of infancy occasioning deafness followed by dumbness, we must place in the first rank the

exanthemata,—small-pox, measles, scarlet fever, etc. Every author has pointed out the pernicious influence of these last affections, so much the more to be feared that they attack, as is well known, a great number of children at the same time. Out of twenty-five cases of acquired deaf-dumbness, of which a list is given, the Leipsic Institution has indicated fourteen that succeeded to scarlet fever, six to measles and small-pox, and only five to other diseases, so that four-fifths of these cases of acquired deaf-dumbness succeeded to eruptive diseases. In the tables given by different institutions in Italy, Germany, England, the United States, and France, now before me, the number of cases of deaf-dumbness succeeding to exanthemata is very considerable, though far from being so high as that of the school at Leipsic.

The fevers called mucous, especially when they make their appearance with epidemic catarrh, leave behind them many cases of deaf-dumbness. The department of the Yonne and that of Cote-d'Or, where this disease committed great ravages five or six years ago, have furnished me with several examples.

Typhus fever, again, furnishes annually its contingency of cases of deafness, but the characters of these are very different, according as the predominant symptoms of the disease have, in its course, been mucous or nervous. In this last case the ear is affected with palsy, more or less complete, without the existence of any appreciable organic lesion; but, in the former, the mid-ear is the seat of an organic alteration which occasions the deafness. A brother and sister, the one sixteen, the other twelve years of age, attacked at the same time, in 1850, with typhus, have shown me a distinct and well-marked example of those two kinds of lesion.

The little girl presented, as well as a young lad of the same neighbourhood, who came to me some days after, all the characters of nervous deafness. In both cases it followed coma of long continuance. In the case of the elder brother, on the contrary, the entire anatomical lesion was confined to the mucous coats of the mid-ear and throat, and was, therefore, also speedily relieved.

Dentition, so difficult in some children, must also be classed with the causes that determine deaf-dumbness; but, in my opinion, Itard attributes too much to this cause, as parents plainly exaggerate the number of cases of deafness arising from traumatic lesions.

To enumerate, however, all the causes of accidents, all deaf-dumbness that occur in practice, it would be necessary for me to pass in review all the severe diseases to which childhood is subject.

I propose, in another work, to enlarge on this subject, and deduce from it some prophylactic and curative indications. In this introduction I must confine myself to a simple exposition of facts.

## The Anatomy of Quackery.

### QUACK MEDICINES,

#### THEIR HISTORY, COMPOSITION, AND QUALITIES.

##### NO. XXVII.

MESSRS. R. AND L. PERRY AND CO.'S "SILENT FRIEND;" "CORDIAL BALM OF SYRIACUM;" "CONCENTRATED DETERGENT ESSENCE;" "PURIFYING SPECIFIC PILLS;" AND "PREVENTATIVE LOTION."

To notice all the nostrums which have been produced by the "obscene horde" that followed in the footsteps of the "Wise Man of Liverpool," would occupy more space than we can possibly devote to the subject in the pages of this Journal, at the same time that it would be troubling our readers with relations of incidents and misdeeds, of humbug and heartlessness, of credulity and imposture, of an almost similar character to those which we have already placed before them. We, therefore, intend to direct our attention to a few of the more notorious of the class al-



luded to, who, at the present time, poison the columns of our newspapers, and annoy the passengers through the streets of this metropolis and its environs with their filthy advertisements and handbills. We afterwards propose to take a short ramble in the provinces, for the purpose of "looking up" a few of the "obscene M.D.'s" who flourish most luxuriantly in some of our larger manufacturing towns and sober cathedral cities:

To begin with London, we can assure our readers, that—

"In this wide town there are most lew'd impostors,  
"Made of all terms and shreds; no less belyers  
"Of sick men's favours, than their own vile med'cines;  
"Which they will utter upon monstrous oaths."

BEN JOHNSON.

"Unblushing villains, who, in truth's despite,  
"Can white to black transform, and black to white."

JUVENAL.

The credulity of Englishmen has become a proverb all over Europe. A celebrated writer remarks, "We can boast of more impositions of almost every kind in this country, than can any other people on the face of the globe." The impostors in quackery flourish well in every portion of the enlightened empire under the sway of Victoria the First. The foreigner walking the streets of London between St. Paul's and Charing-cross, will have, at least, a score of printed bills thrust into his hands, promising cures for all the disorders incident, or not incident, to the human frame. In his rambles, he finds handsome shops and magnificent private mansions, reared upon the proceeds, or devoted to the business, of quackery. At his hotel, coffee-house, reading-rooms, he meets with newspapers, magazines, periodicals, with whole columns of lewd advertisements of quacks and quack medicines. He purchases a box of aperient pills, or a bottle of factitious sarsaparilla, in his rambles. He finds them enveloped and protected by a government stamp, and learns that the nostrums are under the special guardianship of the Chancellor of the Exchequer and the Board of Inland Revenue, and, perhaps, are even protected by royal letters patent, granted by her Majesty the Queen of these realms. What is the natural inference under the circumstances. Our foreign visitor must either regard us as the most liberally physicked, well-purged, clean-liver'd, and wholesome people in the world, or as a mass of over-fed, bilious, lecherous, and sickly simpletons, at once furnishing prey and pastime for knaves and charlatans. It is useless to disguise facts, to smother evidence, or to draw a veil over our weaknesses, our follies, or our vices. Whilst it is indisputable that the "healing art" in England has reached the acme of excellence permitted by the present state of human knowledge, it is equally undeniable that in no land, either in the old or new world, are quacks and quack medicines so fostered by the government, and so patronised by the people. But enough! The gaping multitude "catch follies as they fly." How long will quackery continue

"Our Island's shame—

That makes us the reproach of neighbouring states."

\* \* \* \* \*

The visitor to the "Middlesex Hospital," Berners-street, may observe, within a stone's throw of that noble institution, a certain private mansion, differing little in appearance from other like buildings in the same neighbourhood, except in the unpretending nature of its entrance. On its door, or door-posts, no well-polished plate informs the public that the house is the residence of "Messrs. Nailsome and Doughome, Consulting Surgeons," or of "Jeremiah Cartilage, M.D., Physician Accoucheur." No gold-brass letters point out the place as the offices of "Messrs. Graham and Drinkwater," purveyors of "Aqueous Salines" to Chou Faa, the Emperor of Japan; nor does any bright gilding, or dazzling paint, startle the observer with the assurance that it is "Madame Capolini's" depot for cashmere bodices, and elastic corsets, "by special appointment, manufacturer to the present Czarina and the Dowager Countess Lietleweistvon." On

the contrary, a peculiar quietness and sobriety of exterior hangs over the mansion, betokening a *something*, just sufficient to arouse curiosity, without furnishing materials to allay it. Occasionally a cab or carriage stops at the door, or some apparently fatigued and sickly foot-passenger suddenly arrests his progress, approaches the door step, seizes the knocker with tremulous hand, and sounds a few triplets of demisemiquavers on the recipient of its attentions. Now the door opens, and a man servant, in "unmentionables," admits the stranger, and as rapidly closes it again. Another, and another, and another. "'Tis strange! 'tis passing strange!" Curiosity arouses doubt; doubt creates suspicion. Is it the residence of some Italian refugee, or some exiled member of the "Mountain?" Is it the head-quarters of Mazzini, or Louis Blanc? of M. Kossuth, or the Austrian police? Surely it must be \*—'s. The curious must unravel the mystery, or wait until our next number.

(To be continued.)

## An Epitome of Toxicology.

DESIGNED FOR THE BUSY PRACTITIONER  
AND ANALYTICAL CHEMIST.

(COMPILED FROM THE LATEST AUTHORITIES, EXPRESSLY  
FOR THIS WORK.)

(Continued from page 128.)

ALPHABETICAL LIST OF VARIOUS SUBSTANCES, WITH  
THE CHANGES THEY UNDERGO AND THE FORMS THEY  
ASSUME IN THE LIVING BODY. (CONTINUED.)

Substances.

Transformations, &c.

Iron .....Suffers oxidizement in the alimentary canal, with the evolution of hydrogen gas, causing unpleasant eructations, &c. Acids, acid wines, fruits, &c., promote this change, and, consequently, increase its activity; alkalis, and their carbonates, exert an opposite effect. Part of the newly-formed compounds combine with the sulphuretted hydrogen or alkaline hydro-sulphates of the primæ viæ, forming hydrated sulphuret of iron, the presence of which occasions the dark or black colour of the fæces during the administration of chalybeates.(1) The larger portion of the iron and its preparations swallowed is thus rejected,—the remainder absorbed, and may be detected in the blood, urine, milk, &c. Under the use of chalybeates, the quantity of globulin and hæmatin, and, consequently, of iron in the blood, rapidly increases, and, with it, the complexion assumes a more healthy hue. The peculiar condition in which iron exists in the blood, is still unsettled; in anæmia it appears to act as an alliment to the blood-corpuscles. The salts of iron act, for the most part, in the way described, but are more active and speedily absorbed than the unoxidised metal. They also act more energetically on the constituents

(1) This effect was formerly ascribed to the production of the black oxide of iron (Guersent), whilst Barruel and others refer it to the union of the newly-formed oxide with the gallic acid and tannin contained in the food. The statement in the text is supported by the opinions of Kersten, Berzelius, Simon, Vogel, and others. Hydrosulphate of ammonia, and the sulphurets of potassium and sodium, are generally present in the intestinal canal.



of the gastro-intestinal membrane and its secretions, which they constringe or repress by the combinations into which they enter. The salts of iron, with the vegetable acids, are said to be converted into carbonates, and all those which are not decomposed by the alkalies in the blood, (1) are, for the most part, eliminated unchanged in the urine. The sesquichloride and sulphate evidently act as powerful styptics, as well as hæmatinics. (See Metallic Salts.)

Indigo (colouring matter of ..... ) Has been detected in the blood, and several of the secretions and excretions, unchanged.

Iodine ..... When applied to the epidermis and tissues, it is converted into ioduretted hydriodic acid, producing a brown stain; when administered, either externally or internally, is rapidly absorbed, and may be detected in the blood and other fluids; is eliminated under the forms of hydriodic acid, chiefly, and in combination, as iodides and iodates. (See Halogenous Bodies.)

Iodide of Potassium... This salt acts both physically and chemically on the living tissues; it is rapidly absorbed, but undergoes little change in the system; its action resembles iodine, but it is weaker; like many other salts, it causes endosmosis of the serum of the blood; its chemical action and the changes it suffers in the organism have not, as yet, been determined; it acts weakly on albumen, fibrine, and gelatine; it is eliminated unchanged. (See Iodine.)

Juniper (odorous principle ..... ) Reappears in the urine, slightly altered.

Kino (astringent principle ..... ) Do. do. (See Tannin.)

Lead ..... In the metallic state it is inert, but rapidly suffers oxidation in the system, and hence often becomes poisonous; pieces of lead, shot, &c., swallowed by children, though generally soon evacuated, have, in many cases, proved deleterious; a leaden bullet swallowed occasioned severe colic. (2) All the soluble preparations of lead, or those that become so in the system, are poisonous; they all act chemically on the tissues and solids, forming new combinations; the acetate, and some other of the salts of lead, form double albuminates of the

base and acid at the expense of the constituents of the organism. These compounds are, for the most part, insoluble in water and acids, and are, therefore, only slowly absorbed. (1) According to some authorities, (2) all the salts of lead are either partially or wholly converted into chlorides by the alkaline chlorides of the body, which, subsequently, act on the tissues and fluids, forming both soluble and insoluble compounds, the former of which are absorbed, and the latter rejected with the fæces. The saturnine colouration of the teeth, gums, and buccal mucous membrane, as well as of the mucal lining of the lips and cheeks that frequently accompanies lead poisoning, depends on the presence of sulphuret of lead, the formation of which is ascribed to the action of the sulphuretted hydrogen evolved by the decomposing fragments of food lodged between the teeth, on the saturnine particles respired or swallowed, (3) or on the lead contained in solution in the saliva and mucous of the parts. (4) Lead has been found in the liver, muscles, spinal cord, brain, cerebellum, lungs, &c.; and, in the blood, milk, saliva, perspiration, urine, fæcal matter, &c. It is eliminated in a state of combination, the condition of which varies, and is still undetermined.

Lemon Juice, ..... } See Citrate of Potassa.

Lime Juice, &c. .... }

Logwood (colouring principle) ... } Has been detected in the blood; and in the urine, unchanged.

Madder (colouring principle) ..... } Has been detected in the blood, milk, and urine, unchanged.

Malates of Potassa, } Acid suffers decomposition; eliminated as carbonates of the given bases.

Soda, &c. .... }

Malic Acid ..... Combines with the bases, &c. (See the last article, and Citrate of Potassa.)

Meconic Acid ..... Enters the circulation; eliminated by the kidneys; form undetermined.

(To be continued.)

(1) Dr. C. G. Mitscherlich.

(2) Mialhe and others.

(3) Tanquerel des Planches.

(4) This blue colouration may often be produced, when the system is impregnated with lead, by the application of weak sulphuretted hydrogen, or hydrosulphuret of ammonia; and, generally, by digesting the teeth and gum, after death, in water to which those tests have been added. In like manner, oxygenated water will decolour the blue substance by converting it into the white sulphuret of lead.—(U. A. Traité des Maladies de Plomb.)

(1) Mialhe. Tartrate of nickel and potassa is, however, eliminated unchanged (Wohler); and ferridcyanide of potassium is converted into the ferrocyanide.

(2) Paulini. Misc. Nat. Cur. Dec., ii. Ann. vi.

## NOTICE.

We have the pleasure to announce that a PORTRAIT and BIOGRAPHICAL SKETCH of ROBERT GARDINER HILL, Esq., the benevolent originator of the non-restraint system in the treatment of Lunacy, will appear in the forthcoming number of the "Medical Circular."



## Biographical Notices.

### JOHN F. FRANCE, ESQ.

Mr. France entered the profession in the year 1835, as apprentice and house-pupil of the late John Morgan, Esq., the surgeon of Guy's. He gained the late Mr. Key's surgical prize in the session 1837-8, and obtained the diploma of the College of Surgeons in 1840. He subsequently visited the principal hospitals of France and Italy, and, on his return from the continent, served as assistant-surgeon to the Eye Infirmary. Upon the demise of Mr. Morgan, he succeeded that gentleman in the ophthalmic surgery and lectureship at Guy's. Mr. France has made the following contributions to medical literature:—1. In 1842, a proposal (in the pages of the "Medical Gazette,") for an extension of the field for study of medical and surgical practice in the metropolis. His scheme was, that the conductors of the principal hospitals should mutually consent to admit duly certified and approved students of any hospital in union to the practice of the whole. The interests of medical science might be greatly promoted by the adoption of some such plan, and it is difficult to see how any other interests could suffer. 2. In 1844, in the same periodical, an essay on the "Medical Treatment of Strictures." 3. Also, in the same, in 1846, a series of translations of Dr. Mercier's "Researches on Stricture," read before the Paris Academy of Science. 4. A translation of "Valentia on the Nerves of the Orbit." This was a portion of Valentia's work, published at Berne, in 1839, "De Functionibus Nervorum Cerebraliaum." The author's theory with respect to the actions of the iris, especially, deserves consideration. Mr. France's translation will be found in the 37th Vol. of the "London Medical Gazette." Guy's Hospital Reports contain several articles on ophthalmic subjects by Mr. France. The principal are (5) an essay on the "Pathology of Iritis," accompanied with cases in illustration of the various forms of the disease; and (6) another upon the "Phenomena and Etiology of Pto'sis." In the first-named, Mr. France endeavours to prove that the syphilitic variety of iritis has a seat pathologically distinct from that of other forms of the disease; he attributes the difference in their respective characters to this circumstance; ascribes the tubercles of the syphilitic form to *interstitial* deposit; and the "cinnamon" discolouration of the iris to morbid vascularity, often perceptible through a lens of good magnifying power. He deprecates large depletion and too free exhibitions of mercury. The papers on "Pto'sis" comprise many cases, exemplifying the nature and treatment of paralysis of the third nerve; they are also adduced in proof that the iris derives the power of contracting its central aperture from this nerve, paralytic expansion of the pupil always accompanying complete palsy of it. 7. In the "Lancet" of 1849-50, Mr. France published a paper read before the Physical Society of Guy's, describing a new mode of relieving a common effect of facial palsy—dropping and eversion of the lower lid. Of the two cases related, in which the deformity and constant annoyances of this state were removed by operation, one was of many years' standing, and obviously incurable by medicine; the other had originated in mechanical division of the facial nerve, and was beyond the possibility of relief in any other way. 8. In 1848, Mr. France undertook, at the suggestion of the author, a new edition of "Morgan's Lectures on Diseases of the Eye." To this work he made extensive additions in the form of notes, embodying his own experience at the Eye Infirmary, and prefixing a memoir of his friend, who died shortly after intrusting the publication to him.

Mr. France is surgeon to the Eye Infirmary, and lecturer on Ophthalmic Surgery at Guy's Hospital. He married in the early part of the current year, and resides at 24, Bloomsbury-square.

### WILLIAM JOB COLLINS, ESQ.

Mr. William Job Collins was born in the year 1819,

and is a native of that famous city of learning, Oxford. His entry on the study of medical science was as the pupil of the late Mr. Ward, of Oxford, in the year 1837. Under that gentleman he laid the foundation of that knowledge which has proved of so much utility to himself and to his patients. In 1842, he studied under Drs. A. T. Thomson and Fownes, the professors of chemistry and botany at the Pharmaceutical Society, London. In 1844, he entered as a student of University College, London, and it was here that he made the greatest addition to his stock of knowledge, nor could it be well otherwise, considering that, coupled with the ability, the desire, and the determination to study, he had, as his instructors, Liston, S. Cooper, T. Morton, in surgery; Potter and Quain, in anatomy; Williams and Walsh, in medicine, &c. In 1846, he was admitted a member of the Royal College of Surgeons of England, and in 1846-7, visited the hospitals, &c., in Paris, where he more completely prepared himself for the arduous character of actual practice. On his return from Paris, he commenced practice in Park-street, Camdentown, and, in a comparatively short space of time, has, by skill and assiduity, enlarged it to an extent which few of the older practitioners in the district can surpass. He passed his examination in obstetric medicine this year (1853) at the Royal College of Surgeons.

Mr. Collins is partial to works of art, and, at his residence, No. 46, Gloucester-road, Regent's-park, he gives, during the winter months, a series of soirées, which are attended by his friends. Each gentleman, in turn, reads a paper upon any scientific subject he may think proper to select, which is afterwards discussed at the conclusion of the lecture. To propose and carry out such a plan of mutual instruction and amusement, redounds to the credit of the energetic promoter, and renders him deserving of great commendation.

J. COURTENAY, ESQ.

WM. H. COVEY, ESQ.

G. W. H. COWARD, ESQ.

JOHN W. S. COWARD, ESQ.

THOMAS C. COWARD, ESQ.

W. COWARD, ESQ.

THOMAS W. COWELL, ESQ.

HENRY COX, ESQ.

(Vide "London Medical Directory," 1853.)

### WILLIAM ISIDORE COX, ESQ.

This gentleman was apprenticed in Glamorganshire, to Abraham Verity, Esq., a practitioner of great local reputation, and studied under the late Mr. Dermott, of whom, as well as of Dr. C. J. B. Aldis, he was a favourite pupil. Having attended the usual course of practice at Charing-cross Hospital, he passed both College and Hall in the year 1848. In 1850, he settled in practice at Kensall-green, and married, in the same year, the widow of the late J. B. Abereromby, surgeon, of that place.

Mr. Cox had great experience in the Asiatic cholera during the visitation of 1849, and originated the sulphuric acid treatment of that malady. He is totally opposed to the saline, and also to the stimulant and opiate treatment. He has published several papers in the "Lancet" on the subject, and also a pamphlet, in which the value of Dr. Ayre's mode of treatment (modified by the use of sulphuric acid, ice, and other remedies) was insisted on. He also read, in January, 1851, a paper on the same subject, with statistics, before the Epidemiological Society, advocating the same system of treatment.

Mr. Cox has devoted considerable attention to the diseases of children, especially those of a convulsive character, and is of opinion that our most valuable remedies in these cases, are chloroform and hydrocyanic acid. He read a paper on the subject in December, 1850, before the Medical Society of London, and has published several essays



on the same in the "Lancet" and the "Medical Circular."

He is a determined enemy of every kind of quackery, especially the homœopathic, and published, in 1852, an exposure of the globulists in the form of a pamphlet, a second edition of which is now in the press.

Dr. Cox is a Fellow of the Medical Society of London, and a member of the Epidemiological Society. He is a frequent contributor to the medical and other journals, and is the author of a prize essay on "Education."

CHARLES CRADDOCK, ESQ.

J. L. CRAIGIE, ESQ.

(Vide "London Medical Directory," 1853.)

## Reviews.

*Commentaries on the Surgery of the War in Portugal, Spain, France, and the Netherlands, &c. Revised to 1853.* By G. J. Guthrie, F.R.S. Fifth Edition. London: Henry Renshaw.

The present work is not strictly so much a fifth edition of an old work, as a revision and re-arrangement of Mr. Guthrie's works on surgery, some of which have already run through four editions. The present work appeared first in the "Lancet," in the form of lectures, abstracts of which have already appeared in the "Medical Circular." It would be, therefore, a work of supererogation for us to give a minute detail of the present volume. We are glad, however, to see the result of Mr. Guthrie's labours thus comprised in a single volume, constituting an imperishable record of his great ability, and his invaluable improvements in the science of surgery. We have only to mention his treatment of wounded arteries, of erysipelas phlegmonodes, of wounds of the chest, hospital gangrene, &c., to recall to the mind of the reader the claims which our great military surgeon has upon the respect of his countrymen and the gratitude of mankind. These commentaries will, doubtless, take their place on the bookshelves of every practitioner in this country who is desirous of keeping up his acquaintance with the most important improvements in surgery. The work is well got up, and is of a very convenient size.

*Observations on Filey as a Watering-place, or a Guide to Visitors.* By Edward Wm. Pritchard, M.D.

This is a well-written brochure, giving an account of the medicinal waters of Filey, and pointing out the class of diseases to which they are best suited. Eruptive diseases, serofula, and dyspepsia, are those which seem to be most benefited by their influence. Some general instructions are given with respect to sea-bathing, and there is an agreeable description of the town and surrounding neighbourhood, with many minor details necessary to form a useful guide-book to the visitor. Filey will, doubtless, become what it deserves to be, a favourite resort of the invalid.

*A Reply to the Charges made by Dr. Edward Smith, in a Pamphlet addressed to the Governors of Charing-cross Hospital, upon his Dismissal from the Lectureship of Anatomy in the Medical School.* By a Governor of the Hospital.

The College of Surgeons having determined to continue their recognition of the Charing-cross Hospital School, the disturbances have virtually terminated. Nevertheless, as we have given some attention to the statements that have been made by some of the parties concerned, we think that our time would be appropriately spent in noticing the pamphlet the title of which heads this article, inasmuch as it is offered as a reply to the pamphlet published by Dr. Smith. The force of Dr. Smith's pamphlet chiefly consisted in its personalities, and with the view of showing

the hollowness of these attacks, the writer of this pamphlet makes Dr. Smith answer himself, by quoting from his introductory lecture, delivered at the opening of the present session. It appears that Dr. Smith then spoke of Dr. Golding, whom he has since with considerable bitterness disparaged, in these terms:—

"I need not remind those students who have passed a session here, that we are ever under the kind but vigilant inspection of one whom we are delighted to honour: of one, whose post of observation is above our heads, and whose varied excellencies will entitle him to that distinction; of one, to whom we owe this theatre, in which we are met to-day, and the foundation of the school, with which it is our happiness and honour to be connected; of one, whose unceasing exertions have raised without incumbrance, the noble building, of which this formed a part, and who is still adding to its extent and influence. Through the means which he originated, very many have passed from those benches to positions of distinction and usefulness in the world: hundreds of thousands have been the recipients of medical and surgical skill, which you well know is of the highest order: and these, from all the counties lying within a comprehensive circle, cherish the name of the Charing Cross Hospital with the deepest gratitude. We are still favoured with the presence of the same guiding mind, and it is fitting that you and I should open the Session with a hearty recognition of the virtues of our excellent Director, Dr. Golding."

This is a sufficient specimen of the evidence of this kind to be found in the pamphlet. Dr. Chowne is "a respected and talented teacher and physician;" Mr. Avery "an accomplished surgeon;" Mr. Hancock "my esteemed colleague;" Mr. Hogg "a greatly-esteemed former pupil of this school;" and Mr. Canton "my accomplished colleague." The three last-named gentlemen do not now occupy so exalted a position in Dr. Smith's good opinion.

In the course of his pamphlet, Dr. Smith assiduously endeavoured to separate the free from the paying students of the hospital, as, we think, in very bad taste; but what ought we say to the Doctor after reading the following statement made by the writer of the pamphlet?

"It has always been the desire, not only of the Managers of the School, but of the Lecturers generally, that the names of the free pupils should only be known to the authorities of the Hospital and to the Lecturers of the School; and it has been reserved for Dr. Smith to be the first to violate this custom, and to attempt to cast a slur upon gentlemen who may not be so fortunately circumstanced as others. Dr. Smith, with equal regard to truth as good feeling, states that these students 'receive gratuitous education in the school, not as a reward for proficiency, but for certain purposes of the Medical Committee,' and we feel that these assertions reflect but little credit upon Dr. Smith when I state the fact that *he applied for and obtained a free scholarship for his own brother*, who is attending the Hospital at the present time, and whose conduct has been marked with the greatest propriety throughout."

We do not think that we should be doing much good to quote with more minuteness from this pamphlet. The quarrel should be allowed to subside, and a united effort made to correct the shortcomings and abuses of the hospital, so that it may become, what it might easily be made, one of the best schools for professional instruction in this metropolis.

**ST. MARY'S HOSPITAL.**—The governors having resolved upon expending £8000, to be raised by subscriptions, in enlarging this hospital. The proposed improvements include a mortuary, a medical school, an accident ward, and chapel accommodation. In the expenditure is also reckoned the outlay that the Charter of Incorporation will involve. The cost of the mortuary is estimated at £750.



## Original Communications.

CASE OF TUMOUR IN THE CEREBELLUM;  
EFFUSION OF SERUM INTO THE VENTRICLES  
OF THE BRAIN; DEATH.

\*By PATRICK STIRLING, M.D.

I was called, on the 13th of April, to see Robert Greene, a young man about 26 years of age, a furnaceman, of a somewhat pale countenance and phlegmatic constitution. He had been complaining, for three or four weeks, of headache, accompanied with slight fever and loss of appetite. His pupils appeared as if dilated, giving him a somewhat staring and vacant look. It was asserted by his friends that he had always had this peculiar appearance. He still complained of the headache and want of sleep, with a little thirst and tendency to vomiting; urine rather scanty and high-coloured; skin dry and harsh to the touch, and bowels constipated. Was ordered a sinapism to the epigastric region, and

R Calomel, gr. vi.

Pulv. Ipecacuanha co. gr. xii. M.

In pulv. vi., dividend. Sig. One immediately, and the other in six hours, to be followed by a purge of inf. sennæ and sulph. magnesiae.

Very slight diaphoresis followed the administration of the powders, and by the 19th headache rather less, nausea increased, and appetite quite gone. As the headache was somewhat improved, and the functions of the stomach completely prostrated,—being impressed with the idea that the radical cause of the malady was situated in the latter organ, I ordered some pills, consisting of sulph. quiniæ and pulv. rhei., of each two grains, one to be taken night and morning. On the 26th, as the headache was considerably worse, I ordered a number of leeches to the temples, and the pills to be continued a few days longer. The head symptoms fluctuated, sometimes better, sometimes worse, till the middle of May, and the stomach had regained its functions so far as to be able to retain some of the lighter kinds of food, such as Granada arrow-root, and the like; but by the 17th the pain in the head became dreadfully aggravated, assuming a lancinating or darting character, coming on in violent paroxysms, at irregular intervals, and attended occasionally with delirium and partial loss of vision. Pulse slow and labouring. Tongue white. Bowels pretty regular. Urine still scanty and high-coloured. Was now bled from the arm to twenty ounces, and a large blister applied to the occipital region and nape of neck. Blood buffed and cupped.

R Calomel. vi.

Pulv. opii, gr. ii.

,, cassiæ, gr. viii. M.

In pulv. viii. dividend. Sig. One every six hours.

On 27th paroxysms of pain of head less frequent. Pulse regular, but weak. Appetite nearly gone. As signs of mercurial salivation were appearing, the powders were stopped, and

R Iodid. potassii, ðiv.

Aqua, ʒij. S.

Sig. A teaspoonful every eight hours, in half a glass of port wine.

By the 20th of June the paroxysms of pain were gone. Appetite much improved. Urine abundant in quantity and natural in colour; and although his vision was still indistinct, he expressed himself as feeling much better. He continued to make very slight improvement for about three weeks, and was even able to be out of bed a little. But this state of health was of short duration, for the paroxysms of pain returned, although in a mitigated form, with renewed violence; and as he was still very weak, and displayed a tendency to mental imbecility, I gave up all active treatment. He died rather suddenly, on the night of the 4th of August.

*Inspection.*—I made a post-mortem examination, in company with my friend Robert Caldwell, Esq., surgeon, 36

hours after death. Body somewhat emaciated, but countenance has rather a full and fresh appearance. Having removed the cranial integuments and calvarium, there was considerable venous congestion of membrane, with marks of adhesions in the frontal region. Having separated the attachment of the dura mater, and turned out the cerebral mass, about six ounces of perfectly transparent serum escaped into the vessels in which it was placed. The fluid seemed to flow from the infundibulum, immediately behind the optic commissure; and upon tracing its course in prosecuting the dissection, the lateral ventricles still contained about 4oz. of water. The corpora striata optici thalami and other parts constituting the walls of the ventricles seemed perfectly normal in their appearance, with the exception of complete obliteration of the septum lucidum and some very trifling appearances of inflammatory action. We now proceeded to examine the cerebellum, and at the junction of the fibres of the corpus pyramidale with the left lateral lobe there was situated a tumour, fully larger than a pigeon's egg. When cut into it had a pale yellow colour, of the consistence of cheese, but firmer and more elastic. It had somewhat the appearance of a fibrous or carcinomatous tumour. In other respects the cerebellum seemed quite healthy in structure. None of the other viscera were examined.

*Remarks.*—There are two points which I consider are of great importance in connection with the history of this case. First. The difficulty of forming a correct diagnosis in the early stages of the disease; and, Second, Was the treatment correct, or could any course of treatment be of advantage? In regard to the first, viz., the difficulty of diagnosis, we would be most apt to look to the stomach as being the source of the evil, and that the head symptoms were merely sympathetic—and at the first glance at the case I rather felt so myself—but by a closer observation we would perceive that the slightly-dilated pupil and loss of vision, coupled with the attacks of headache, even in its early stage, were sufficient indications that the root of the disease was situated in the brain.

In regard to the second part, whether the treatment was correct, I have no hesitation in saying that the course pursued was fitted for the case, and that it not only mitigated the symptoms very much, but was the means of prolonging the patient's life. And although, under the circumstances, a complete cure could never be effected, still the patient's sufferings could be relieved, and his life rendered more tolerable.

Johnstone, Renfrewshire, August 10, 1853.

## TREATMENT OF EPIDEMIC CHOLERA.

BY WILLIAM J. COX, M.R.C.S., ETC.

As my views concerning the pathology and mode of treatment of Asiatic cholera differ in some respects very materially from those expressed by your correspondent Mr. Askwith, in your last number, perhaps you will allow me space for a few words in commentary on his communication.

My experience of the malady in question during 1849 was very great; and I enjoyed extensive opportunities of witnessing the result of various modes of treatment on a large scale. The conclusions at which I ultimately arrived, with tabular reports of nearly one hundred of my own cases, were published by me at the time, both in the columns of the medical journals and separately in the form of pamphlet. They are briefly as follow:—

1. That there are but three remedies, of those tried up to the present time, which can be said to have any the least avail in the treatment of malignant cholera, viz., calomel (on Dr. Ayre's plan), sulphuric acid, and ice.

2. That stimulants, of every class and description, are in the highest degree pernicious, and this in proportion to their potency, the most powerful stimulants being the most hurtful and dangerous. Turpentine was given by myself in nine cases (see "Lancet," Jan. 26, 1850), of which seven proved fatal. And I witnessed its admini-



stration in twenty more cases, sixteen of which resulted in death. In fact (excepting the saline mode), it is by far the most murderous method of treatment yet adopted or suggested.

3. That sulphuric acid and ice (but especially the former) are the grand, and indeed the only, serviceable agents for the purpose of relieving the cramps and checking the purging,—all the other important indications being fulfilled by the calomel.

I am happy to find that Mr. Askwith has been so successful by means of the calomel treatment. It is undoubtedly most rational. From Mr. Askwith's own statement it seems evident that his sixteen cases were cured by the calomel, and not by the turpentine. One marked effect I invariably noticed to follow the exhibition of the stimulant, viz., a fearful increase of the vomiting and general distress, necessarily attended with an intensified condition of the collapse.

Query. In Mr. Askwith's cases, might not the beneficial effect which he attributed to the turpentine be in reality more justly ascribed to the creosote with which it was combined?

I dare not further encroach at present on your valuable space. Permit me, however, to threaten you, at no very distant period, with a memoir (on which I am now engaged) on "The Treatment of Cholera and Diarrhoea by Sulphuric Acid."

Kensall Town, August 12.

## Correspondence.

### THE VACCINATION EXTENSION BILL.

To the Editor of the "Medical Circular."

Dear Sir,—The contemptible system of not paying, or of merely nominally paying, medical men for the performance of professional duties which are deemed of sufficient importance to the public to demand legislative enactments, with all the coercion of fines and penalties, was again exemplified on Friday evening, 12th instant, when "the House" went into Committee on the Vaccination Extension Bill. A brief resumé of this Act, I doubt not, will prove acceptable to the profession at large, and will afford me the opportunity of explaining my opposition to several clauses in the Bill, which was very inadequately reported in the daily journals.

The Bill itself comprises thirteen clauses. The first places the Act under the direction of the Poor Law Board—in my opinion a very objectionable proceeding, and calculated—by giving the compulsory vaccination, afterwards provided for, an appearance of *parish relief*, a thing most repugnant to the feelings of the people—to interfere seriously with the working of the Act. To this clause I moved as an amendment, "that the Act be under the superintendence of the Registrar-General of Births and Deaths." "That the medical officer should be *appointed*" rather than "contracted with," as the engagement to vaccinate is courteously named!

Clause 2 provides that children shall "be vaccinated within four months after birth, by the medical officer appointed by the parish authorities, unless he shall have been previously vaccinated by some duly qualified medical practitioner, and the vaccination duly certified." No provision made for the payment of such certificate.

Clause 3 provides that the child be inspected on the eighth day after vaccination by the practitioner by whom the operation was performed.

Clause 4 enacts, "upon, and immediately after the successful vaccination of any child, the medical officer or practitioner who shall have performed the operation, shall deliver to the father or mother of the said child, a certificate under his hand, to form (schedule A), that the said child has been successfully vaccinated; and shall also transmit a duplicate of the said certificate to the Registrar of Births and Deaths of the sub-district." No

remuneration is provided for the "practitioner's" time and trouble in giving and sending these certificates.

Clause 5. "If any medical officer or practitioner shall be of opinion that any child is not in a fit state to be fully vaccinated, he shall thereupon and immediately deliver *without fee or reward* to the parents, &c., of the child a certificate, to form (schedule B), which shall remain in force two months; when, if necessary, it must be renewed for a second period of two months, and so on every two months a new certificate must be given *without fee or reward*, until the child be vaccinated!!!"

The 6th clause provides that the sum "contracted to be paid for every person successfully vaccinated at the residence of the medical officer, or within two miles therefrom, shall be a sum not less than *one shilling and sixpence*, and for every person successfully vaccinated at any place beyond two miles from such residence, any sum not less than *two shillings and sixpence*;" to which I moved an amendment that the sums two shillings and sixpence and three shillings and sixpence be respectively substituted, which was negatived.

Clause 7 provides, "in the event of any medical practitioner being of opinion that any child that has been vaccinated by him is insusceptible of the vaccine disease, he shall deliver to the parents, &c., a certificate, (form D)." Again no payment.

The remaining clauses refer to the Registrar, and to the inflicting a fine of twenty shillings upon parents who shall neglect having the vaccination performed.

Whether or not the Act as a *compulsory* measure be in accordance with the spirit of the British constitution, I will not discuss; but the very able and excellent "Report on the state of Small-pox and Vaccination in England and Wales and other Countries," of the Vaccination Committee of the Epidemiological Society, clearly shows that in those countries where vaccination is compulsory, as Sweden and Norway, the per centage of deaths from small-pox is far higher than in those countries (as France and Belgium) where honorary distinctions and rewards are held out as inducements to medical men exerting themselves for the advancement of vaccination; and this important fact I strenuously brought before "the House," and endeavoured to point out the inference—that it would be found here impossible to carry out fully the provisions of this act, however desirable, unless these "operatives" were treated with some small degree of consideration, and were somewhat better remunerated than a cab-driver!

The redress, however, of all these grievances rests with the profession itself. Until medical men combine together to bring their really very powerful influence into action at the hustings, and there obtain from candidates a pledge that some amount of their attention shall be paid to questions bearing on their especial interests, it will be hopeless to look for a "House" to support the efforts of any one or two members who may be anxious to uphold the dignity and the claims of medical men.

I most earnestly hope that the profession will at once, one and all, denounce the Bill, as being insulting in the highest degree. Just fancy an educated man having to walk or ride two miles for one shilling and sixpence, and beyond two miles, no matter how far; for the munificent sum of two shillings and sixpence, *not even getting back fare!!* I say, Mr. Editor, that medical men have now a glorious opportunity of vindicating the honour and dignity of their calling, and of showing at the same time both the House of Commons and the country that they are not to be insulted with impunity. They must not, and certainly ought not, to enter into any *contract* with Poor Law Guardians under the new Vaccination Act.

I would here incidentally call attention to the practice of young men holding *honorary* offices at dispensaries—such subterfuges—dishonourable as they really are, should be done away with, inasmuch as charity has nothing to do with such services, whilst the profession is degraded and injured by them.

Lastly, I have to tell you that the House of Commons,



within the last ten days, voted a sum of twenty-eight thousand pounds as fees under the Patent Act, to the two law officers of the Crown. Contrast this with the payment of medical officers. And this large sum was for less than six months' duties, and those duties performed for the most part by deputies.

I have the honour to be, dear Sir, faithfully yours,  
JOHN BRADY.

1, Warwick-terrace, Belgrave-road, Aug. 18, 1853.

#### TURPENTINE IN PURPURA HÆMORRHAGICA.

*To the Editor of the "Medical Circular."*

SIR,—Having seen in your paper some letters relative to the use of Turpentine in Purpura Hæmorrhagica, I take the liberty of stating that for more than ten years I have treated the disease with a full dose of turpentine and castor oil, exhibited every night (in some cases up to 3 iv. of each), and hyper-acidulated quinine mixture three or four times daily, the doses of each medicine regulated according to circumstances. I adopted this plan of practice after mature consideration, guided by what I believed the pathology of the disease, and the rational principles of medicine justified this line of treatment. I have found it productive of the best results, and in fact followed by a success beyond my hopes or expectations.

I am, Sir, your obedient servant,

WM. SAUNDERSON.

Aughtenaragh, August 9, 1853.

#### EXTRAORDINARY SUCCESS IN LITHOTOMY.

*To the Editor of the "Medical Circular."*

SIR,—Your "Directory" notices every professional distinction, both official and literary.

Your Journal presents a medium for matters of a practical character, and I offer one worthy of record relating to a gentleman resident in this town, Mr. E. Gutteridge, who, though unconnected with any hospital, has operated for stone, by the ordinary lateral method, *fifty-two times*, and by the bi-lateral method six times, in all fifty-eight times, and with a result unequalled, I believe, by any lithotomist of past or present times. Only one patient out of all the fifty-eight has died, and that one nineteen days after the operation, and from causes quite distinct from the operation. This approximation to uniform success in this eventful and proverbially dangerous operation, is *unique*.

The mention of the fact would gratify me and many of his friends, and would, I apprehend, be quite in accordance with your rule of noting professional achievements.

Your obedient servant,

M.D.

Birmingham, August 8, 1853.

#### Hospital Reports.

##### ST. BARTHOLOMEW'S HOSPITAL.

*Cases of Lithotomy in which the Operation was performed by a New Method (Recto-Urethral).*

(Under the care of Mr. LLOYD.)

Our readers will, no doubt, remember that we alluded, some weeks ago, to two cases in which Mr. Lloyd had performed lithotomy after a novel manner, and promised, when they should be complete, to report their entire details. Since that time, a third patient on whom Mr. Lloyd operated more recently, in a similar manner, has left the hospital quite well; and, as the first two, although not yet cured as regards the perfect closure of the wound, have been for some time convalescent, we now proceed to redeem our pledge. Before doing so, however, it may be convenient if we introduce a short statement of the reasons which led to the adoption of this new operation, as we have gathered them from Mr. Lloyd's clinical observations on the subject. From consideration of the

fact, that death, after the usual lateral method, is commonly caused by one or more of three causes, viz., hæmorrhage, peritonitis, or unhealthy inflammation of the cellular tissue around the neck of the bladder and lower part of the rectum, Mr. Lloyd was led to believe that, by a modification of the methods known as lithectasy, and the recto-vesical operation, the risks involved under these several heads might be, to a very great extent, avoided. The modification which he proposed, was, to perform the first half of the operation as if for recto-vesical lithotomy, and the second after the manner done in lithectasy, or that by dilatation of the urethra. He determined to make an incision from the median line of the perinæum into the rectum, dividing the posterior three-fourths of an inch of the former structure, and about the same length of the lowest part of the front wall of the rectum, thus including the anterior commissure of the sphincter ani and the facia and cellular tissue contained in the recto-perineal angle. The next step was to consist in dissecting upwards from the wound just made, still keeping in the median line, to the membranous urethra; and having entered the groove in the staff, and slit up the whole length of that part of the canal, the prostatic portion was to be dilated sufficiently to admit of the extraction of the stone, *without any incision into either prostate or bladder*. By keeping strictly to the median line, there could be no risk of wounding any important artery of either natural or irregular distribution, since none but the inosculating capillaries and small twigs from the opposite halves of the body are there found. Should any of the hæmorrhoidal branches, which perhaps form an exception to this remark, be wounded, their ligature, in an open and comparatively superficial wound, like the one described, would be a matter of perfect ease. If an objection were made, that there was risk of wounding the bulb, the remark might be repeated by way of answer, since it has been proved, that it is not from injury to the bulb itself, but to the artery of the bulb, that dangerous bleeding is to be apprehended. Respecting inflammation of the cellular tissue between the bladder and rectum, Mr. Lloyd believed, that by making a directly depending wound, freely dividing the sphincter ani, and the angle formed by the rectum and perinæum, the possibility of the occurrence of its cause, viz., infiltration of urine, would be almost entirely removed; in fact, as a preventive measure, the exact proceeding would have been adopted which Sir Benjamin Brodie has recommended with some confidence, and practised with success, for the relief of this condition after its occurrence. That the new operation would be attended with but little risk of exciting peritonitis, Mr. Lloyd thought was evident from the consideration of the circumstances, that urinary infiltration would be prevented, that the wound would be made entirely from below, and at a considerable distance from the vesical layers of that membrane, and that neither the bladder nor the prostate would be injured. Having thus satisfied himself of the theoretic advantages which would attend his plan, Mr. Lloyd next proceeded by experiments on the dead subject to demonstrate its practicability. In one case in which it was tried (an adult), the necessary incisions having been made, the prostatic urethra was found to dilate so rapidly, that it was remarked that a turkey's egg might have been extracted, yet on dissection afterwards, it was proved, that the gland had not been cut. By this result the most apparent objection to the plan, namely, that the structure of the prostate was of too unyielding a nature to permit of the extraction of a stone, was got rid of, at least as far as calculi of ordinary size are concerned. To the suggestion that wounds connecting the bladder and rectum were not prone to heal, but often left fistulæ, Mr. Lloyd replied, that in the proposed operation there would be only a connection between the membranous urethra and the rectum; that it was notorious, that wounds of the rectum, attended even with complete division of its sphincter, usually closed favourably, as also openings from



the perinæum to the membranous urethra (as in the perineal section of strictures), and stated that he could see no reason why a combination of these two conditions should not heal just as well as either of them singly. In addition also, to the preceding advantages, it was thought, the bladder would be much more easily reached in the median line, and the stone extracted with greater facility through a direct than through a lateral incision. Having premised thus much explanatory of the views of the operator, we will now pass to the cases themselves, in the course of which the details of the operation will again come under notice: extracting many of the particulars of their after progress from the daily notes taken by Mr. Jowers, one of Mr. Lloyd's dressers.

*Case 1.*—Frederick Coley, aged 6, was admitted, April 14, on account of an abscess on the outer side of the left elbow, but complaining also of frequent and painful micturition. He was a pale, cachectic-looking boy, of light complexion, and had, since an attack of scarlet fever, about eighteen months ago, been especially delicate. It appeared that he had complained of increasingly severe symptoms of urinary irritation for about a year, and that the abscess over the elbow had commenced about three months ago, without apparent cause. The skin being tense and thin, Mr. Lloyd at once made an opening into it, and evacuated about two ounces of flaky serofulous matter; a poultice was afterwards applied, and in about ten days the wound was healed. On April 21, the boy had a severe epileptic fit, which lasted several hours; it appeared on inquiry, that he had experienced a similar one for the first time about five weeks before admission. On the 23rd, Mr. Lloyd examined the bladder by sounding, and detected the presence of a stone. The urine was ammoniacal, and deposited a thick mucous sediment; examined by the microscope, it was found to contain pus, blood, and crystals of triple phosphate. A mixture, in which the nitro-muriatic acid was the principal ingredient, was prescribed, and under its use the condition of the secretion much improved; after a little more than a month's treatment, the boy seemed to have gained health sufficiently to permit of the performance of the operation.

*Operation, May 31.*—Chloroform having been administered, the boy was tied in the ordinary lithotomy position, a curved staff, with a rather deeper and wider groove than usual, was introduced into the bladder, and the stone was again distinctly felt. The staff being taken charge of by Mr. Paget, and held in the usual position, Mr. Lloyd next introduced into the rectum a metallic *speculum ani*, which differed somewhat from those in general use. Its peculiarity consists in its having a constricted neck, by which its retention within the contracted sphincter is rendered easy. This instrument having been introduced with its aperture turned upwards to the front commissure of the gut, its handle was given in charge to an assistant, and Mr. Lloyd next proceeded to the incisions. The angle formed by the junction of the perinæum and rectum was transfixed and divided with a narrow-bladed scalpel, the knife being pushed with its edge directed downwards into the median line of the perinæum, about half-an-inch from the verge of the anus, allowed to enter the front wall of the rectum, at about three-quarters of an inch up the gut, and then, by a single sweep, made to cut its way out downwards into the cavity of the speculum. The next step consisted in dissecting upwards and inwards to the membranous urethra, the operator keeping his left fore-finger in the wound, and feeling for the staff. Having found the groove in the latter, the finger was placed, in order to serve as a guide to the knife, on the anterior border of the prostate, at which point the knife was made to enter the groove, and by cutting forwards, division of the whole length of the membranous urethra was accomplished. A pair of small straight polypus forceps were next passed along the groove in the staff, into the neck of the bladder, and the dilatation of the prostatic urethra was accomplished by gently opening their blades, and then closing and re-opening them several times. During

this process, which occupied perhaps nearly a minute, several gushes of urine escaped. The dilatation having been effected to such an extent that the fore-finger could be very readily passed, Mr. Lloyd withdrew the staff, leaving his finger as a guide, on which a pair of slightly curved extracting forceps were immediately introduced. The stone was at once found, but, apparently, from its occupying the upper and front part of the bladder, it several times eluded the grasp of the forceps, but when once firmly seized, it was extracted with great ease. In order to prevent the roughness of the stone from injuring the important structures in the floor of the prostatic urethra, Mr. Lloyd endeavoured, as much as possible, to hold the blades of the forceps with their convexities directed upwards and downwards, while passing through that part. The calculus proved to be about the size of a small damson plum, being quite smooth on one side, in which its nucleus, probably lithates, was displayed, but very rough on the other, from irregular phosphatic incrustations. Having examined the bladder with his finger, and ascertained that no other concretions were present, Mr. Lloyd introduced through the wound, into the bladder, a short gum elastic canula, and attached it by means of a suture to one edge of the incision. The quantity of blood lost had been unusually small, and the operation had occupied but a short space of time.

June 1st.—The boy has slept well, and states that he feels quite comfortable. Appetite good, no thirst; abdomen full, soft, and free from tenderness; tongue covered with a thin white fur; skin warm; pulse quick, and of moderate volume, compressible. Urine passes freely from the canula, it is of clear colour, and free from blood.

2nd.—Has again passed a good night, takes his nourishment freely, and, excepting slight soreness around the wound, is quite free from pain. There is no tenderness whatever on pressure over the abdomen. Tongue less furred, moist; pulse not so frequent as yesterday. He is taking milk diet, with arrow-root. The canula is to be removed.

3rd.—The tongue is now quite clean, and he is in every respect still further improved. Sleeps and eats well; aspect cheerful; bowels open once daily.

5th.—Progressing favourably; the abdomen bears firm pressure in every part, without any pain being produced.

Subsequent to this date, as indeed before, the history is one of uninterrupted recovery, the only annoyance complained of being the smarting produced by the urine on passing through the wound. On the tenth instant it began to pass per urethram in small quantity. On the 12th, having been complaining previously of headache, the patient suddenly went off into an epileptic paroxysm, which lasted two hours. Until the 29th, the urine continued to pass chiefly by the wound, but after that date, though it occasionally came by the wound, yet a much larger portion flowed by the natural passage. Mr. Lloyd on one occasion, applied oil of turpentine to the edges of the wound, which had, however, throughout looked well. On July 3, Mr. Lloyd introduced, without difficulty, a No. 7 catheter; the commissure of the sphincter ani appeared perfectly united, and the boy was able to hold his motions any length of time.

July 30th.—There is still in the perinæum, near to the margin of the anus, the orifice of a small fistulous canal, communicating with the urethra. The boy always passes his urine voluntarily, and almost entirely by the natural passage; occasionally, however, during the act, a few drops force themselves through the unhealed wound. Excepting having had several convulsive fits during the last week, he has appeared to be in good health.

The two other cases we shall refrain from quoting.

It may be remarked, regarding the above three cases, that they have, in most respects, completely borne out Mr. Lloyd's anticipations. In all of them, the operation itself was performed with great facility, and the quantity of blood lost was unusually small. The amount of consti-



tutional disturbance developed afterwards was not worth mentioning in any one of them, and did not exceed that which often follows the most trivial operations. As regards the healing of the wounds, we may observe that in the last and most successful case, the patient acquired voluntary power over the expulsion and retention of his urine and faeces on the seventh day; on the ninth, his urine ceased to flow by the wound at all; and at the end of about three weeks the latter was quite healed. In the two cases first operated on, however, the process of healing has been much more tardy, and even now, after the lapse of two months, is not quite complete in either. In both of them, however, the sphincter has re-acquired its efficiency within a few weeks of the operation; neither of the patients is troubled with incontinence of urine, but only with the occasional escape during micturition of a small quantity by the fistulous canal. It must be remembered, that these patients were both of them in ill-health, passing phosphatic urine at the time of the performance of the operation, and that one of them has since repeatedly passed small calcareous fragments of a character very likely to keep up irritation, and to prevent the final closing of a wound. Mr. Lloyd has, as yet, adopted no especial means to induce the healing of the remaining sinus, having been desirous to observe the progress of the wound when left to itself. The reader must bear in mind that the fistula is perineo-urethral, and does not in any way involve the bowel, the whole of which is perfectly healed. We shall not neglect to report the further progress of these cases at some future time.—*Medical Times and Gazette*, Aug. 6.

### SPECIAL HOSPITALS.

#### CENTRAL LONDON OPHTHALMIC HOSPITAL.

Observations from the practice of HAYNES WALTOR, Esq., F.R.C.S., Surgeon to the Hospital, Assist.-Surgeon to St. Mary's Hospital, &c.

#### OPERATIONS FOR CATARACT.

When the most experienced and successful surgeons are agreed on a point in practical surgery, we are warranted in respecting their opinion, and when that unanimity is based on anatomical and pathological data, we may receive their dictum as decisive. Now this bears on the two operations for hard cataract—displacement and extraction. There are few British surgeons of the modern school, engaged in ophthalmic practice, who do not advocate extraction when it is admissible; the greater skill required for its performance being no longer, as heretofore, urged as an argument against it, the splendid result which is attainable being the chief point regarded. Although extraction is of old date, its details have been considerably improved in our own times, and the operation rendered much more successful. Patients are better prepared, more efficient instruments are used, and the after-treatment is better conducted—all of which is due to the better education of modern surgeons.

As the chief value of Hospital Reports consists in the principles that they embody, we shall, in the present instance, dispense with the detail of cases, and give concisely, under three heads, the chief features of Mr. Haynes Waltor's practice of extraction during the past season.

*Preparation of Patient.*—In this, perhaps, is to be found the greatest alteration of modern practice. The former—and it may be said the general—method was to reduce the patient's power, and very frequently to produce anæmia, a result that could scarcely be prevented when all persons were treated alike. We have heard Mr. Waltor say that he has been desired, during his pupillage, to bleed a patient in preparation, to a number of ounces that was not half reached before fainting ensued. Mr. Waltor, on the contrary, rejects all who are decidedly enfeebled in a ratio beyond their years, postponing to operate till, by regimen and other means, their strength is renovated; for he finds that if the operation be done without a certain amount of constitutional vigour, failure is risked. Hence a person of fifty may be unsuited for it, while another of eighty may, on

the score of health, offer the best prospect of success. Age, in the abstract, may be put out of the question. When the healthy action which is so essential for repair is not established, the eye perishes from the lower type of inflammation that supplies its place. The cornea, being extravascular, its vitality depending on the quality of the blood circulating around, succumbs quickly to any injury when ineffectually fed. It is a well-known physiological fact, that ulceration and slough of this structure are effects of starvation.

The extraction knife that Mr. Waltor employs is, we believe, the smallest of any in general use. It is Beer's knife diminished. Mr. Tyrrell had previously reduced its length. It measures, from point to shoulder, eight-tenths of an inch, and in breadth four-tenths. Mr. Waltor maintains that when these dimensions are exceeded, the knife is not only uselessly large, but disadvantageously so, and particularly when the eye is sunken, or the narrowness of the palpebral commissure prevents the eyelids being sufficiently opened. He advocates the upper section of the cornea, and always stands behind the patient; consequently, on the left eye, he operates with the left hand, preferring this to standing in front and committing the care of the upper eye-lid and the steadying of the eye-ball to an assistant, who scarcely ever acts in proper concert with the operator.

The effectual laceration of the capsule of the lens is an act ever requiring delicacy, and often it is one of difficulty, arising out of the restlessness of the patient. But this step has been rendered very simple by Mr. Waltor's ingenious "guarded curette." The instrument is introduced shut, when it is, of course, blunt; on the capsule being reached, it is opened by pressing a spring in the handle, used, again closed, and withdrawn. By this contrivance, the operation for extraction is certainly facilitated and simplified. Young operators very frequently entangle the ordinary curette in the iris, and owing to this risk in the hands of all operators, however experienced, the curette is not generally used as freely as it should be.

*After-Treatment.*—Under this head we shall restrict our report to what may be called the physical treatment, and this is not less important than the general. Many eyes are lost from ignorance of what is requisite, as also from inattention to recognised principles. Mr. Waltor never uses any description of pad or bandage on the eye-ball, for he stoutly maintains that any degree of pressure is hurtful, and consequently deprecates the old system of placing a pledget of wetted lint, and retaining it by compress. For the most part he directs the patient to keep the eye closed, an order generally complied with; indeed the eye-lids soon become agglutinated; but when this instruction is not likely to be observed, or when a patient thinks that he shall not be able to follow it, he uses a narrow strip of court plaster. However, he employs a large and stiff shade to protect the eye from any accidental injury, the most common of which is derived from the contact of the patient's own hands during sleep, or in an absent mood. This shade passes from temple to temple, and reaches to the tip of the nose.

We have never heard Mr. Waltor more emphatic on any of the steps of after-treatment than on that of not opening the eye till at least five clear days have elapsed. He declares that irreparable mischief is frequently inflicted from thus injudiciously interfering with the reparative process. We subjoin the following paragraph on the subject, from his masterly work on Operative Ophthalmic Surgery:—"The pernicious practice of opening the eye at an early period cannot be too strongly deprecated. An examination of this kind must be useless if the progress is favourable; if otherwise, it is certain to aggravate the mischief, and in no instance can it disclose symptoms for guidance more certain and more valuable than those of the patient's sensations, and the state of the eye-lids, particularly the upper. Without any valid reason there is often a desire to see the cornea, but as this cannot be exposed by the patient voluntarily, the upper lid, which is always very tender, is raised, pain is produced, and involuntary resistance follows; at-



tended by spasmodic action of the orbital muscles. Several times I have observed the first bad symptoms immediately after this unhappy mistake. If nothing worse ensues, pain is sure to follow, which may last for hours or days. Should the cornea not be healed, prolapse of the iris by a gush of aqueous humour is most probable, and if already prolapsed there will almost certainly be an increase in the protusion; but what is most to be feared is the accession of acute inflammation."

## Medical Notes and Queries.

### NOTE.

**HABITUAL COSTIVENESS.**—Sir,—For the promptness with which "replies" have appeared in the "Circular," to endeavour to relieve "the ills that flesh is heir to," I feel obliged. To the request of "Spec" I briefly will give him such particulars relative to my case—habitual costiveness, &c.—as will aid him in the choice of a remedy. My temperament is nervous; rather spare habit, and tall in stature; appetite fair. In the spring especially acne is a very troublesome companion, and is rather suspiciously prominent, seeing the temperance I study. The bowels require moving, by mild aperients and warm-water enemata, two or three times weekly, unless when I eat chiefly, or twice daily, oat cakes. Frequently, when moved by aperients, slight hæmorrhage and slight prolapsus ani, or descent of the hæmorrhoidal tumours, is the consequence. There seems to be an "atony" in the peristaltic movements of the intestines, more particularly in the lower part of the gut. In the lumbar region I feel weak, extending to the inferior extremities, rendering my gait not unfrequently accompanied with unsteadiness, which I refer to the spinal nerves.

NIL DESPERANDUM.

August 1, 1853.

### QUERIES.

**NEW REMEDY FOR DROPSY.**—Will "Anti-Trocar, L.S.A.," who wrote a note in the "Medical Circular" for July 6th last, entitled "New Remedy for Dropsy," have the kindness to inform your readers: 1, Where an account of the *chamælæa tricoceos*, or "widow-wail," may be found; 2, The mode of preparation of the malagma of the herb; 3, The mode and frequency of the application; and, 4, if he has tried its use in any other case than the one referred to.

M.D.

August 16.

### REPLIES.

**DYSPNŒA.**—To Mr. T. Buchanan, in your last Number, I would recommend the following prescription, which I have on various occasions, both in hospital and in private practice, found serviceable in asthenic and emphysematous dyspnœa:

[R Chloric ether  
Tinct. hyos., aa gtt. xv.  
Mist. camph.  
Aq. menth. pip. aa 5 vi. M.  
Fiat haust. Bis terve die sumend.

**DENTIFRICE.**—I consider well-powdered charcoal, with a little prepared chalk, as good a tooth-powder as any, as a clarifier, antiseptic, and deodoriser.

M.D.

August, 1853.

**DENTIFRICE.**—Sir,—In answer to your correspondent "Dentifrice," in the last number of the "Medical Circular," I beg leave to subjoin a formula for cleansing and preserving the teeth:

R Precipitated chalk, 1oz.  
Powdered Peruvian bark, ½oz.  
" Myrrh, ½oz.  
" Cuttle-fish bone, 3 drachms  
Sesqui carbonate of soda, 1 drachm  
Otto de rose, 3 drops. M.

P.S.—I have found the carbonate soda an excellent addition, as it neutralises the acid that deposits on the teeth.

Your obedient servant, D. L. R.

Manchester, August 14, 1853.

**THE USE OF THE LEFT HAND.**—In reply to the query of "Pater Infelix," in the last "Medical Circular," I beg to state that I, too, have a left-handed boy, now six and a half years old. He has required constant reminding in reference to his knife and spoon. Even yet, when he is in haste to commence operations on his soup or pudding, his spoon is sure to get into his left hand, when a gentle hint from mamma or myself causes an instant translation from left to right, but without a blush, the rogue! His master has taken care that he writes with the right-hand. For many of his own purposes, such as driving nails and cutting sticks, I perceive he prefers the left. He throws stones admirably with the right. In fact he is growing up with two *right* hands. All that Pater Infelix has to do is simply to *educate* his little boy, by gentle reminders (harshness in such a case is out of the question), to the use of the right-hand in cases where society expects the right should be used, such as that of the knife or spoon, and leave other things to his own discretion. His masters will take care of his writing. In this way he will, likely, grow up an ambidexter, a distinction which the late Mr. Liston used to say every surgeon should aim at.

CHIRURGUS.

Teesdale, August 5.

**THE USE OF THE LEFT HAND.**—Sir,—“Pater Infelix” asks in your last Number, if it can be explained why his child should prefer to use the left hand rather than the right, and states that this preference was first perceived when the child was ten months old.

Now, sir, in the absence of ocular demonstration, and in the absence of more positive data than have been given, I would suggest to “Pater Infelix” the probability of denatation being the remote cause, and muscular debility the proximate cause. It frequently happens that the irritation of teething, or other irritation in the young child, shall bring about a degree of muscular debility, not to say paralysis, of the arm or of the leg; and this may be to such an extent only, that a critical examination alone shall detect it. It is plain that, if such were the case, preference would be given to the sound rather than to the affected limb. Also, it may arise, from some slight injury to the shoulder joint, perhaps; the former is, however, not an unfrequent, but also a probable cause.

I remain, Sir,

Your obedient servant,

BETA.

August 11, 1853.

## Parliamentary Intelligence.

### ROYAL COLLEGE OF SURGEONS.

Mr. Ewart has given notice that he will move for returns of the number of persons who presented themselves for examination, to be admitted members of the Royal College of Surgeons of England, in each year, from the 11th day of July, 1834, to the 18th day of August, 1853, stating the number of rejections in each year, the average duration of each examination, the subjects examined on, the average age of candidates, the number educated at each Medical School in Great Britain and Ireland, or Foreign Schools, and the number rejected belonging to each school.—Of the number of persons admitted to the Fellowship of the Royal College of Surgeons of England, in the years 1843-44, and the rules observed by the Council in regulating their admission.—Of the number of persons who presented themselves for the examination of Fellowship in each year, since the 1st day of January, 1845, to the 6th day of July, 1852, stating the number who were members of the College, the number of rejections in each year, together with the number refused examination.—Of the number of candidates for the classical examination required for the Fellowship, since the 1st day of January, 1850, to the 18th day of August, 1853, stating the number who were already members of the College, the number of members rejected for this examination, together with the gross amount of rejections, and the subjects examined



on.—Of the number of candidates for examination for the Fellowship, from the 6th day of July, 1852, to the 18th day of August, 1853, stating average age, and number rejected.—Of the number of members of the College of Surgeons of England, admitted for the Fellowship by seniority, on payment of ten guineas, since the 6th day of July, 1852, to the 18th day of August, 1853, stating the number refused admission, and the number on whose admission divisions of the Council took place.—Of the various fees received by the Council and Court of Examiners.—Of a detailed statement of the annual income and charges, and of the actual receipts and payments of the College, during the last three years, ending the 18th day of August, 1853.—Of the different professors, office-bearers, and servants, of the College of Surgeons of England, from the 1st day of January, 1834, to the 10th day of August, 1853, the names of the different officers, together with the amount of salary or gratuity paid or voted to each and every such professor, officer, or servant, with the dates of appointment, dismissal, or resignation.—Of the different editions of the bye-laws of the College of Surgeons of England, regulating the education and examination of candidates for the Fellowship and Membership, from the 1st day of January, 1834, to the 18th day of August, 1853.—Of the number of Medical Schools and Hospitals from which the recognition of the College of Surgeons has been withdrawn, within the last three years, ending the 18th day of August, 1853, together with a list of Schools and Hospitals that have applied to be recognised as Schools of instruction for medical students, in the same years, and the causes which led to the withdrawal of any Schools or Hospitals.—Of the number of volumes purchased for the Library of the College of Surgeons, from the 1st day of January, 1834, to the 10th day of August, 1853, together with a list of the number presented.—Detailed accounts of expense of the Library of the College of Surgeons of England, for the last three years, ending the 18th day of August, 1853.—Of the expense of Museum of the College of Surgeons of England, for three years, ending the 10th day of August, 1853.—Of the expense of entertainments to the Council and Court of Examiners, of the College of Surgeons of England, in each year for the last three years, ending on the 18th day of August, 1853.—And of all monies paid to each Member of the Council and Court of Examiners, within the last three years, ending the 10th day of August, 1853, stating the amount paid in each year.

### Obituary.

April 25.—WILLIAM BEAUMONT, M.D., at his residence, St. Louis, United States, in the 68th year of his age. "Dr. Beaumont was a native of Lebanon, Connecticut, where he was born 1785. In 1812, after studying medicine at St. Albans, Vermont, for two years, he joined the 6th Infantry, with the appointment of Assistant-surgeon. For more than twenty years he was a member of the medical staff of the regular army, being stationed at various points on the northern frontier, and through the war of 1812, with distinction—being present, among other occasions of interest, at the capture of Fort George, in May, 1813. In 1830, he was stationed at Jefferson Barracks, and afterwards in the Arsenal at St. Louis, taking up his residence in New York about 1834. Two or three years later he resigned from the army, and subsequently has resided constantly in St. Louis, enjoying an extensive practice and high professional reputation up to the period of his late illness. Dr. Beaumont is widely and most honourably known in the literature of our profession, by his "Physiology of Digestion and Experiments on the Gastric Juice," based on, and containing an account of, experiments conducted by himself upon a Canadian (Alexis St. Martin) whom he attended at Michilimackinac in 1825. The work has been reprinted in Great Britain, France, and Germany, with the highest commendation

from the profession, and has become an acknowledged authority in matters where speculation had hitherto taken the place of observation. Dr. Beaumont had lived in St. Louis for many years engaged in arduous professional duties, and wherever he was known it was as the kind-hearted, generous gentleman. In his social relations, he was most happy, diffusing at all times cheerfulness and contentment to those around him."—*New York Journal of Medicine*.

August 3.—C. BROMLEY, M.D., at Cleveland-place, Dawlish, Devon, much regretted.

August 18.—BRANSBY BLAKE COOPER, Esq., F.R.S., F.R.C.S., (Hon.) 1843; suddenly, at the Athenæum Club. It is with feelings of profound regret that, in the course of our duty, we are called upon to record the untimely death of this eminent surgeon. We have so recently given an account of his professional career,\* that it is unnecessary to recapitulate its various incidents; but we cannot refrain from renewing on this solemn occasion the testimony of esteem for his character, and respect for his abilities, which we then unfeignedly expressed. The trials he had undergone, and the contests he had sustained, will be buried in his tomb, while his professional skill and his moral worth will long survive in our recollection—a lesson to the youthful, a memorial to his contemporaries, and an example to all. He had for some time past been labouring under severe illness, but had partially recovered. On Thursday afternoon last he visited the Athenæum Club, of which he was a member, and whilst crossing the hall, stopped, and called for a glass of water; but before this could be brought, blood spouted from his mouth; he fell, and was almost instantly a corpse.

Latently.—DR. BANKIER, R.N., late of Her Majesty's ship *Mindon*. He had been upwards of ten years on the station, and had the management of the military medical department. His death is deeply deplored by the military, navy, and civilians, to whom he was endeared by his kind, benevolent, and conciliatory demeanour.

Latently.—M. ADRIEN DE JUSSIEU, Member and President of the Academy of Sciences, Professor of Botany at the Museum of Natural History, etc. The burial was attended by a large number of friends and admirers of the deceased.

Latently.—DR. PRAVOY, at Lyons.

\* In No. 52 of the "Medical Circular," for June 29.

### Medical News.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and receive certificates to practice on Thursday, August 11th, 1853:—Robert Austen Allen, co. Tyrone, Ireland; John Fox, Weymouth, Dorset; Alfred William Stocks, Salford.

KING'S COLLEGE UNIVERSITY, ABERDEEN, AUGUST 12th, 1853.—The degree of M.D. was conferred on the following gentlemen, who, after examination in the various branches of medical science, were found duly qualified:—John Campbell, E.I.C.S., Bengal; Alfred Richardson, London; Charles G. Hewson, Devonshire; Henry Callaway, London; Joseph Kidd, London; Charles C. Hayman, West Malling; Perry Dicken, Ashby-de-la-Zouch; Edward H. Greenhow, Tynemouth; William R. E. Smart, R.N.; John S. Taylor, Liverpool; John V. Hawkins, London; Joseph Nash, Box, Wilts; Charles H. Payne, London; William Smith, Weyhill, Hants; James R. Hancorn, London. At the same time, the degree of M.B. was conferred on Henry Polson, Old Aberdeen, and John Ross, Aberdeen.

UNIVERSITY OF LONDON.—MATRICULATION, 1853.—*Zoology*: E. S. Prout, New College (prize of books); T. M. Herbet, Spring-hill.—*Botany*: A. G. Black (prize of



books), St. Paul's School; P. M'Owan, private tuition.—*Chemistry*: G. C. Foster, University, and A. Marshall, Westminster Hospital, equal; W. H. Broadbent, private tuition, and G. W. Lawrence, King's equal; F. Howlett, private tuition; J. J. Muskett, St. Bartholomew's Hospital; H. Carnley, Hull School of Medicine, and E. S. Prout, New College equal; W. Whitaker, University; E. R. Cook, University; T. J. Walker, private tuition; J. R. Traer, King's; T. M. Herbert, Spring-hill; E. S. Earle, St. Bartholomew's Hospital.

**MEDICAL APPOINTMENT.**—DONEGAL UNION, IRELAND.—Richard Hudson Courtenay, M.B., Lond., &c., has been appointed Medical Officer to the workhouse.

**THE CHOLERA.**—COPENHAGEN, July 31.—The cholera seems to have diminished here somewhat in intensity, as there are only 237 new cases, and 115 deaths. Up to the present time the 45th part of the population has been carried off by the malady. Our accounts from Copenhagen, up to the 4th instant, show the cholera to be somewhat on the decrease, the new cases seldom exceeding 150 per day. The whole number at present announced amounts to 5996, with 3219 deaths. It is to be observed, however, that now that the disease has attacked the middle-classes, who, for the most part, were treated at their own houses, the number of cases published would always be considerably under the truth. The last news from Persia announces, that the cholera is making great ravages in Astrabad, Mazraderam, and the desert of the Turcomans. In one of these provinces, the number of deaths amounted to 150 a-day. The Shah and his Court had retired to Imama. To complete the distress, the towns of Shiraz and Surham had nearly been destroyed by earthquakes. The River Zaindowd was dried up, so that, from its muddy bed, innumerable bands of grasshoppers proceeded, destroying everything in their progress.

## Notices to Correspondents.

**SINEAD.**—Whether Valentine Greatrakes "cured diseases by the influence of mesmerism or not," we do not profess to know. Whether he were more impostor or enthusiast, is also a mystery—at this time of day hardly worth the solution. He is said to have cured ague, palsy, epilepsy, deafness, and the diseases of the nervous system, by stroking the hands after the manner of the mesmerists, and his fame, at the time of the Restoration, was as popular and extensive as that of Mesmer himself has been since. His wonderful cures astonished the country, and he was, generally, reported to possess miraculous powers, which, indeed, he affected. The truth is, all these men produce results by the same agency—mental agency—but explain it according to their own prejudices and hallucinations. Dr. Braid, of Manchester, has clearly shown that it is within the power of most men to produce all the physical effects wrought by the mesmerists, but he rationally attributes them to known causes, which are competent to explain all the phenomena. Greatrakes fancied it was a spiritual influence; Mesmer a vital power; Reichenbach a new physical agent, that enabled these worthies, and others like them, as they state, to straighten crooked legs, cure cancers, read sealed letters, witness the vital processes going on in their own and others' organisation, and hold conversations with our lost navigators in the Arctic seas. That many of the effects recorded are true we do not doubt, and since every effect must have a cause, we must admit a power in nature equal to produce them; but this cause is one of the ordinary powers of our organisation, hitherto unstudied, unapplied, and neglected to be reduced to a systematic form. The phenomena are, however, so extraordinary, that we may doubt if they will ever be wholly taken out of the province of miracle-mongers and quacks.

**BRINENSIS** writes us a bitter letter relative to the subject of one contained in the first column of our last "Notices to Correspondents." We are unwilling to publish it, as we have no desire to arraign the "Medical Press" before the tribunal of medical opinion in this country.

**AN OLD MEMBER OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.**—You should not write without a full knowledge of what you are writing about. Your observations

are amiable, but, as we think, not required by the circumstances. With respect to the declogue, our correspondent may read Paley with advantage; he would then learn that among learned men and Christians there may be wide differences of opinion upon the point disputed; besides, we never alluded to the matter. When you remind us that "beneath the rose there may be a thorn that will bite deeper than the playful *Lancet* has yet done," you make a comment on our words that more than ratifies their truth. We have never insinuated anything so sinister against your friend. You see that it is easy to write, but not so easy to measure the force of words. You have not denied the truth of what we have published, but have simply bespattered us with censure for having done that which came in the order of our duty at that particular time. As for jealousy of the "Association Medical Journal," we really feel a profound sense of humiliation at the charge. We did not believe that we had sunk to this possibility. After all, we believe that Dr. Cormack has more sense than to feel hurt in spirit because we quizzed the formality of his "tie." The days for indulging in a juvenile vanity are gone, we believe, both for him and for us. A man must be excessively sensitive and thin-skinned who shudders at the idea of the world's knowing that he wears a "cambric garrotte." Have we not said that, once upon a time, we wore the same thing ourselves? If you are prepared to prove, what, indeed, you do not affirm, that Dr. Cormack is a "genius," we shall be happy to insert the article if you will send us your name. You are at perfect liberty to write us down if you can, and we will lend our pages for the purpose. But we assure you that we would rather have your goodwill, which we did not think we should risk by a little lively banter.

**MR. JOHN DALE** (Yarm).—Communication received, with thanks for the information it conveys.

**\*\***—A correspondent writes to ask—1st, If it be true that the Directors of the New Equitable are down for a policy of one thousand pounds each, in addition to their salaries, without paying any premium on the same? 2ndly, How it is that the name of Wakley now never appears in the public advertisements in connection with the concern? In answer—with respect to the policy of £1000, we, at present, know nothing, but of the latter policy there can be no doubt.

**T. N. J.**—Some of our correspondents appear to think we are omniscient, *e. g.*—**DEAR MR. EDITOR**,—Will you oblige me by answering the following questions:—Do you know any thing of the Matrimonial Alliance Institution, 12, John-street, Adelphi? Is it a *bona fide* concern, and is Mr. Cuthbert, director, a *genuine article* or a *humbug*? He has, also, chambers in Robert-street, Adelphi, as a *Clerical Agent*. Is the New Equitable Assurance Office a *good one*, 449, Strand, Charing-cross, or would you prefer the Medical, Legal, and General, 126, Strand, London? Are you personally acquainted with any member of the *Detective Police*? I hope shortly to send you some jottings of rather an eventful life.—Yours faithfully,

T. N. J.

[Our friend shall have a private note and good advice.]

**"Q."** inquires "whether it can be true that Dr. Tyler Smith, physician-acconcheur at St. Mary's Hospital, has promised to lecture at the 'Royal Free'?" We, unhesitatingly reply that it cannot be true—such an act implying an unmanly desertion of his present colleagues,—conduct of which, we are quite satisfied, Dr. Tyler Smith could not be guilty. The report has been spread by some malicious person, with an intent to injure that gentleman's character.

**MEDICUS.**—It is rarely that there is anything in the "*Lancet*" worth quoting, the best writers and teachers declining to contribute to that Journal, so that it is probable we may take your hint, and pass over the "*Lancet*" in our "*Mirror of Periodical Literature*." The few individuals who still superstitiously cling to that Journal, may henceforth revolve in their minds the prudence of so doing.

**DR. BORRETT.**—Communication received, and kept for use.

**DR. PATRICK STIRLING.**—Communication received.

**MR. RAYNER**, (Birstall).—It is true, and is *very unjust* under present arrangements.

**L. S.**—It is not improbable that the cholera may arrive here during the winter; and we have little doubt that arrangements would soon be made by the local authorities for the organization of a Medical Staff. Past neglect has been, however, scandalous; and, notwithstanding all the boasting of the press, we do not believe that there has been any important improvement in the sanitary condition of our large towns. To stir, however, at present, would be premature.

**\*\*** Communications received from Mr. G. Johnston, Vindex, Mr. Braid, Guglielmus, O. P. Q., Dr. J. Jones, and others.



## ADVERTISEMENTS.

### MR. HOOPER'S IMPROVED INVALID WATER OR AIR CUSHIONS, AND MATTRESSES OR BEDS.

Being made of prepared India-rubber, without the admixture of cloth materials, Leakage is avoided.  
See the "LANCET," Jan. 25, 1851.



**CUSHIONS FOR BED-SORES.**—Whether threatened with Sloughing, or in which Sloughing has taken place, Fractures, Diseased Joints, Ulcerated Cartilages, Coldness of the Stomach, Pain in the Bowels, Spasms, Lassitude, Typhoid and other Fevers, Gouty and Rheumatic Affections, Cancer, Ovarian Dropsy, Coldness of the Stomach and Feet, Consumptive and all Bed-ridden Patients. They are simply placed on an ordinary mattress, and covered with two or three blankets and a sheet as an ordinary bed.

For further reports of their utility, see Mr. Cæsar Hawkins's Letter in the "Laneet," Oct. 27, 1849; Dr. Hake's Letter in the "Provincial Medical and Surgical Journal," Nov. 1, 1850; Dr. Thorn's Letter, "Medical Times," March 20, 1851; also the "Institute," February 8th, and the "Laneet," Jan. 25th, and Feb. 15th, 1851.

### To all Bad Writers.—Mr. T. H.

CARSTAIRS continues to give LESSONS to Ladies and Gentlemen in his highly improved METHOD OF WRITING, enabling all those who require it to obtain a command and freedom seldom (if ever) equalled. Prospectuses of terms, &c., may be had at the Establishment, 81, Lombard-street, City.

### Professional Protection—Medical

PRACTITIONERS, SOLICITORS, and others, secured a provision in the event of permanent sickness, or disability from following their ordinary occupation, by payment of a trifling annual premium to the LAW, PROPERTY, ASSURANCE AND TRUST SOCIETY.

HEALTHY AND DISEASED LIVES ASSURED ON ADVANTAGEOUS TERMS.

WILLIAM NEISON, Actuary and Secretary,  
30, Essex-street, Strand, London.  
Agents wanted.

### Webb's Fetlock Boots and Knee-

caps.—The purpose of utility arising from their shape is, that they are retained in the desired position on the horse's leg. They are composed of vulcanised india-rubber, to enable them to be easily drawn over the hoof, and retain their position without exerting too great a degree of pressure on the leg.

Wholesale and retail, at Benham and Co.'s Macintosh Warehouse, 18, Oxford-street, (corner of Regent-circus).

### Allsopp's Pale Ale, in Imperial

QUARTS AND PINTS.—Baron Leibig says:—"The specimens of your Pale Ale sent to me afforded me another opportunity of confirming its valuable qualities. I am myself an admirer of this beverage, and my own experience enables me to recommend it, in accordance with the opinion of the most eminent English physicians, as a very agreeable and efficient tonic, and as a general beverage, both for the invalid and the robust.—Giessen, May 6."

Influenced by so eminent an authority, I have resolved to sell Allsopp's Ales exclusively, at 5½, Pall-mall. I guarantee it first, genuine, as from Burton-on-Trent; secondly, in the finest condition; and thirdly, to be bottled in quarts and pints of IMPERIAL MEASURE ONLY.

	Per Dozen.
Allsopp's Pale Ale, in Imperial Quarts.....	8s. 0d.
Allsopp's Pale Ale, in Imperial Pints.....	5s. 0d.
Allsopp's Pale Ale, in Imperial Half-pints.....	3s. 0d.
Allsopp's Mild Ale, in Imperial Quarts.....	8s. 6d.
Allsopp's Mild Ale, in Imperial Pints.....	5s. 6d.
Allsopp's Strong (the Old Burton) Ale, in Imperial Quarts.....	10s. 6d.
Allsopp's Strong (the Old Burton) Ale, in Imperial Pints.....	6s. 6d.
Allsopp's Pale Ale, 18-gallon Cask.....	30s.
Allsopp's Mild Ale, 18-gallon Casks.....	33s.
Allsopp's Strong (the Old Burton) Ale, 18-gallon Casks....	45s.

HARRINGTON PARKER, Beer Merchant, 5½, Pall-mall.

STAYS SUPERSEDED.

### Great Exhibition Elastic Bodice.

—Stiff Stays destroy natural grace, produce deformity, and implant disease. Curvature of the spine, consumption, and a host of evils arise from their use. MARTIN'S ELASTIC BODICE is without whalebone or lacing, at the same time furnishing a sufficient support, and imparting to the figure that natural elegance, which is quite impossible under the pressure which is the great aim, as mischief is the certain end, of all kinds of stays. The time and patience of the wearer are also spared, by a simple fastening in front, to obviate the trouble of lacing. As there are several imitations of these celebrated Bodice, it is necessary to inform the Public that they can be obtained only of the Inventors and Manufacturers, E. AND E. H. MARTIN, 504, New Oxford-street.

A Prospectus, &c., on receipt of a stamp, can be sent by post.

BANKS OF DEPOSIT AND SAVINGS BANKS.

INVESTMENT OF CAPITAL.

NATIONAL ASSURANCE & INVESTMENT ASSOCIATION

TRUSTEES.

The Right Hon. the Earl of Besborough.  
The Right Hon. Lord George Paget, M.P.  
The Right Hon. Lord Templemore.  
The Hon. Henry Fitzroy, M.P.  
The Rev. Joseph Prendergast, D.D. (Cantab.), Lewisham.  
George Stone, Esq., Lombard-street.  
Matthew Hutton Chaytor, Esq., Reigate.

### Persons desirous of investing Money

are requested to examine the Plan of this Association by which a high rate of Interest may be obtained combined with perfect security.

Prospectuses and full information may be had at the Office, or sent post free, on application. PETER MORRISON,

Managing Director

1, St. Martin's place. Trafalgar-square, London.



### Pure and Healthy Leeches.—

POTTER and HAILEY beg to assure the Profession, Druggists, &c., that the Leeches they offer are such as can be recommended for Purity, Health, and Readiness of Biting.

Importers of Leeches and Turkey Sponge, Herbalists, &c., 66, Farringdon-market, London.

Established upwards of Forty Years.



## Medical Agency, 50, Lincoln's-inn-fields, Conducted by

**MR. BOWMER, M.R.C.S.L.**

All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.

(OFFICE HOURS, 11 TILL 4.)

## Dispensing Assistant.—A respectable Young Man, who is a neat and correct dispenser, and will be disengaged in a fortnight, is open to an engagement as DISPENSING ASSISTANT. Good references can be given. Address H. W., "Medical Circular" Office, 123, Strand.

## Board.—A Medical Man in

Edinburgh, whose house is conveniently situated for the Public Schools, can receive into his family TWO YOUNG GENTLEMEN as BOARDERS. To those studying Medicine an opportunity would be afforded of seeing a little practice. Apply to A.B. *Guardian* Newspaper Office, Edinburgh.

## Jozeau's Copahine-mege, or Sac-

charated CAPSULES, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhoea, Gleet, and Leucorrhoeal Discharges, on an average of six days (see "Lancet" of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by G. Jozeau, sole French Chemist, 49, Haymarket, London; and Jozeau, Pharmacien, 161, Rue Montmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with his name of Gabriel Jozeau printed thereon.

## Madame Caplin, 58, Berner's-street,

OXFORD STREET, obtained the only prize granted for CORSETS in the United Kingdom at the Great Exhibition, 1851, awarded by the Medical Juror, Class 10, Scientific Section.

Madame Caplin, Inventor and Patentee of the Hygienic and Corsetiform Corsets, Elastic Bodices, Belts, &c., &c., which, from their anatomical construction, admit of a variety of adaptations suited to all ages and to every case.

Madame Caplin invites ladies to inspect the above, of which they will find an extensive assortment at her Establishment, together with the Invisible Scapula Contractor, or Chest expander, which will be found one of the most valuable inventions ever offered to the public for the prevention of narrow chests, high shoulders, and the general stooping of the body.

The above are recommended by the most eminent medical men, both in England and France, and a description of their merits will be found in Dr. Tilt's great work, "Elements of Female Hygiene."

## New Inventions by Madame Caplin,

58, Berners-street, Oxford-street.—The Compressing Self-adjusting Belt, for the support and diminution of the abdominal muscles, adapted without lacing or straps, thereby avoiding all the inconveniences arising from ordinary belts. It is recommended by the first medical men, who have pronounced it one of the most valuable inventions of the kind hitherto brought before their notice. Also, the Contracting Belt, to be worn immediately after accouchement; it is light in its construction, embraces the whole of the lower part of the body, and becomes stationary by its entire new mode of fastening, whilst the requisite motion is provided for with elastic material being inserted in various parts, and may be regulated at pleasure by the wearer.

## Teeth.—By Her Majesty's Royal

Letters Patent.—Newly-invented and Patented application of Chemically prepared White India-rubber in the construction of Artificial Teeth, Gums, and Palates.—Mr. EPHRAIM MOSELY, Surgeon Dentist, 61, Grosvenor-street, Grosvenor-square, sole Inventor and Patentee.—A new original, and invaluable invention, consisting in the adaptation, with the most absolute perfection and success, of CHEMICALLY-PREPARED WHITE INDIA-RUBBER as a lining to the ordinary gold or bone frame. The extraordinary results of this application may be briefly noted in a few of their most prominent features, as the following:—All sharp edges are avoided; no springs, wires, or fastenings are required; a greatly increased freedom of suction is supplied; a natural elasticity, hitherto wholly unattainable, and a fit perfected with the most unerring accuracy, is secured; while, from the softness and flexibility of the agent employed, the greatest support is given to the adjoining teeth when loose, or rendered tender by the absorption of the gums. The acids of the mouth exert no agency on the chemically-prepared white India-rubber, and, as it is a non-conductor, fluids of any temperature may with thorough comfort be imbibed and retained in the mouth, all unpleasantness of smell or taste being at the same time wholly provided against by the peculiar nature of its preparation. To be obtained only at 61, Grosvenor-street, London; 22, Gay-street, Bath; 34, Grainger-street, Newcastle-on-Tyne.

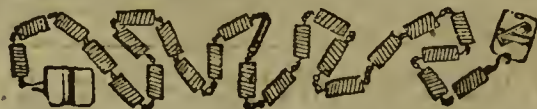
## A New Era in Medical Electricity

is opened by PULVERMACHER'S PATENT PORTABLE HYDRO-ELECTRIC CHAIN BATTERIES.



One Hundred and Twenty Plates permanently connected and arranged, so as to be at all moments ready for instantaneous use, communicating shocks through eight to ten persons—ALWAYS IN THE SAME DIRECTION, and primary VOLTAISM, not secondary currents, as in the old Coil Machines—producing powerful contractions, decomposing distilled water, &c., &c. WEIGHT ABOUT EIGHT OUNCES, and CAN BE CARRIED IN A POCKET-BOOK.

At present a medical man may, at a reasonable expense, carry with him in his daily practice an inexhaustible source of primary Galvanism always ready for instantaneous use wherever a cup of vinegar can be procured, and producing all the effects that he can desire—a circumstance, the importance of which can scarcely be overrated, whether we look to cases of sudden emergency (swoons, fits, catalepsy, asphyxia, uterine hæmorrhage, &c.), or to the frequent opportunities and the facilities thereby afforded of applying ONE OF THE MOST POWERFUL AND UNIVERSAL THERAPEUTIC AGENTS, which has hitherto been kept back only through the difficulties attendant upon its use.



WEAKER CHAINS are constructed on the same principle, to be worn on the body under the garments, communicating a MILD but CONTINUOUS current to the system, which has been found of the most eminent benefit in many various forms of CHRONIC Diseases, where a mild but lasting stimulus of the functions of the nerves is indicated, and to assist the effect of specific remedies, THE ACTION OF THE CHAINS BEING MADE LOCAL OR GENERAL, AT WILL.

The Invention has been demonstrated with great success before

THE ROYAL COLLEGE OF PHYSICIANS,  
THE ROYAL COLLEGE OF SURGEONS,  
THE ROYAL PHARMACEUTICAL SOCIETY,  
THE ROYAL BRITISH ASSOCIATION,  
THE ACADEMIE DE MEDICINE (voted thanks to the Inventor).  
THE ACADEMIE DES SCIENCES AT PARIS,

And is already in extensive use in nearly all the Hospitals in London, Edinburgh, Paris, and Vienna.

Extract of a Letter from that distinguished Physician of Guy's Hospital, Dr. GOLDING BIRD, M.D., F.R.S., F.R.C.P., &c., &c. (Published with his kind permission):

"We have in this ingenious Invention that which has long been a desideratum, viz., an apparatus of the smallest possible bulk, capable of evolving a CONTINUOUS uninterrupted current of Electricity, of moderate tension, and always in one direction. . . . I can scarcely recommend Dr. Pulvermacher's Invention too strongly to the notice of my medical brethren."

A FULL DESCRIPTION OF THIS IMPORTANT DISCOVERY, WITH SPECIFIED DIRECTIONS FOR THE USE, Testimonials from high Scientific Authorities, &c., may be had (by post for two stamps), AND THE CHAINS MAY BE FREELY TESTED, at Mr. CH. MEINIG's head depots, 103, Leadenhall-street, and 71, Regent-street, London (at Paris, 45, Rue Richer, and 12, Boulevard des Italiens), and from all C. MEINIG's Agents in town, country, and the colonies.

## Shower and all Domestic Baths.—

Purchasers of these valuable and important family requisites, should immediately inspect DEANE, DRAY and Co's extensive Stock, warranted the best manufactured, both for finish and durability. Deane, Dray, and Co's RECUMBENT SHOWER-BATH, forms at the same time an excellent Sponging-bath, and may also be used as a Hip-bath, thus affording to all the members of a family the various applications of the bath. Shower-baths of improved construction; hip, plunging, sponging, vapour, and other baths, of various sizes, and patterns. An illustrated pamphlet on baths and bathing may be had on application, or free by post.

Established A.D. 1700.

Deane, Dray, and C. (opening to the Monument), London-bridge.

The Publisher of the "MEDICAL CIRCULAR," in answer to several enquiries from the country, begs to state that the following are the terms for inserting Advertisements:—

Four lines and under	£0 2 6
Every additional line	0 0 6
Whole Column	2 15 0
Whole Page	5 5 0

London: Printed by WILLIAM TROUCH, at his Office, No. 9, Curial-street, Chancery-lane, in the Parish of St. Andrew, Holborn, in the County of Middlesex; and published by CHARLES JAMES HARRIS, at No. 123, Strand in the City of Westminster.—August 24, 1853.



THE  
**MEDICAL CIRCULAR**  
AND  
**General Medical Advertiser.**

No. 35, NEW SERIES. }  
No. 61.

WEDNESDAY, AUGUST 31, 1853.

{THREEPENCE.  
STAMPED, 4d.

**TABLE OF CONTENTS.**

	Page		Page
<b>Leading Articles:</b>		Correspondence ... ..	168
The Pains and Pleasures of Medical Journalism ... ..	157	Medical Notes and Queries... ..	170
The County Lunatic Asylums and their Medical Officers ... ..	157	Medical Societies ... ..	171
Mirror of Periodical Literature... ..	158	Doings in the North ... ..	172
Contents of the Medical Journals ... ..	162	Stray Leaves from a Doctor's Scrap Book ... ..	173
Bibliography ... ..	163	Our Note Book ... ..	173
Books received for Review ... ..	163	Obituary... ..	174
Hospital Reports ... ..	164	Medical News ... ..	175
An Epitome of Toxicology ... ..	165	Notices to Correspondents ... ..	175
Reviews ... ..	166		

DR. STEGGALL.

**Students' Books for Examination.**

I.  
"A MEDICAL MANUAL FOR APOTHECARIES' HALL AND OTHER MEDICAL BOARDS. Eleventh Edition. 12mo, cloth, 10s.

II.  
A MANUAL FOR THE COLLEGE OF SURGEONS; intended for the Use of Candidates for Examination and Practitioners. Second Edition. 12mo, cloth, 10s.

III.  
GREGORY'S CONSPECTUS MEDICINÆ THEORETICÆ. The First Part containing the Original Text, with an Ordo Verborum, and Literal Translation. 12mo, cloth, 10s.

IV.  
THE FIRST FOUR BOOKS OF CELSUS; containing the Text, Ordo Verborum, and Translation. 12mo, cloth, 8s.  
\*\*\* The above two works comprise the entire Latin Classics required for Examination at Apothecaries' Hall.

V.  
A TEXT-BOOK OF MATERIA MEDICA AND THERAPEUTICS. 12mo, cloth, 7s.

VI.  
FIRST LINES FOR CHEMISTS AND DRUGGISTS PREPARING FOR EXAMINATION AT THE PHARMACEUTICAL SOCIETY. 18mo, cloth, 3s. 6d.

London: John Churchill, Princes-street, Soho.

**WORKS BY MR. COULSON.**

SURGEON TO ST. MARY'S HOSPITAL.

I.

**On Lithotrity and Lithotomy;**

with Engravings on Wood. 8vo, cloth, 8s.

"The most complete monograph upon the subject which has yet appeared in our language."—*Association Medical Journal*.

II.

ON DISEASES OF THE BLADDER AND PROSTATE GLAND. The Fourth Edition, revised and enlarged. 8vo, cloth, 10s. 6d.

"Mr. Coulson's work may be stated to be full and practical, to fill a vacant space in medical literature, and to be highly valuable to both students and practitioners."—*Medical Times*.

"The practical and comprehensive character of Mr. Coulson's volume claims for it a place in the library of every surgeon who desires to be on a level with modern improvements."—*London Journal of Medicine*.

London: John Churchill, Princes-street, Soho.

**WORKS ON CHEMISTRY.**

**Fownes's Manual of Chemistry.—**

Edited by H. BENICE JONES, M.D., F.R.S., and A. W. HOFMANN, Ph. D., F.R.S. Fourth Edition. Feap. 8vo, cloth, 12s. 6d.

CHEMISTRY, AS EXEMPLIFYING THE WISDOM AND BENEFICENCE OF GOD.—Second Edition. Feap. 8vo, cloth, 4s. 6d. By GEORGE FOWNES, F.R.S.

PRACTICAL CHEMISTRY; including ANALYSIS. With numerous Illustrations on Wood. By JOHN E. BOWMAN, Professor of Practical Chemistry in King's College, London. Feap. 8vo, cloth, 6s. 6d.

A HAND-BOOK OF MEDICAL CHEMISTRY. With Illustrations on Wood. By JOHN E. BOWMAN, Professor of Practical Chemistry in King's College, London. Second Edition. Feap. 8vo, cloth, 6s. 6d.

INSTRUCTION IN CHEMICAL ANALYSIS, as practised in the Laboratory of Giessen. By C. REMEGIUS FRESSENIUS. Edited by LLOYD BULLOCK.

QUALITATIVE. Third Edition, 8vo, cloth, 9s.

THE FIRST STEP IN CHEMISTRY. By ROBERT GALLOWAY. Post 8vo, cloth, 3s.

"We heartily commend this unpretending work to the heads of schools who are anxious to initiate their pupils into the principles of a most fascinating and most useful branch of human knowledge."—*London Journal of Medicine*.

By the same Author, post 8vo, cloth, 4s.

A MANUAL OF QUALITATIVE ANALYSIS.

"This is really a valuable little book. We have not for a long time met with an introductory manual which so completely fulfils its intention."—*Athenæum*.

CHEMISTRY OF THE FOUR SEASONS; SPRING, SUMMER, AUTUMN, WINTER.—Illustrated with Engravings on Wood. By THOMAS GRIFFITHS. Second edition. Feap. 8vo, cloth, 7s. 6d.

London: John Churchill, Princes-street, Soho.

Just published, feap. 8vo, cloth, 6s. 6d.

**On Ovarian and Uterine Diseases**

By ROBERT LEE, F.R.S.

"The cases related amounted to about five hundred; they constitute, we hesitate not to say, the most valuable and extensive collection of clinical facts that has yet been published in this department of medicine."—DUBLIN MEDICAL PRESS.

"A durable monument of Dr. Lee's careful industry, and a valuable store of facts for the practitioner and professional author."—MEDICO-CHIRURGICAL REVIEW.

London: John Churchill, Princes-street, Soho.



## ADVERTISEMENTS.

### The Medical Circular.—The Pub-

lisher respectfully announces that the STUDENTS' NUMBER of this Journal, for the MEDICAL SESSION 1853-4, will be Published on WEDNESDAY, the 22nd of SEPTEMBER next.  
—Prospectuses of the Schools and Advertisements should be forwarded without delay.

### Essays on Mental Derangement.

By JAMES VEITCH, M.D., Edinb., and formerly, for years, Medical Chief of the Royal Naval Lunatic Asylum. S. HIGLEY and Son, 32, Fleet-street.

### On True and False Spermatorrhoea :

With a view to the Correction of wide-spread Errors in relation to the Treatment and Cure of the Impuissant and Sexual Hypochondriacs, in general. Translated from the German of Dr. PICKFORD. Baillière, 219, Regent-street, & 290, Broadway, New York

### Guide to Filey.—Just Published.

Neatly printed in crown 8vo., ultramarine cover, illustrated with Six Lithographic Views, price 1s. (sent by post on receipt of 18 postage stamps), OBSERVATIONS ON FILEY AS A WATERING PLACE, or a GUIDE FOR VISITORS. By EDWARD WM. PRITCHARD, M.D., M.R.C.S.E., Corresponding Member of the King's College Medical Society, London, and late Surgeon in the Royal Navy. Applications to be addressed to E. W. P., Hummanby, Scarborough, Yorkshire.

NERVOUS and MENTAL DISORDERS.

### Eastgate House, Lincoln, a Private

Establishment for the Residence of a limited number of Ladies of the Upper and Middle Classes. Conducted by MR. GARDINER HILL, M.R.C.S., Eng., originator of the system of Non-restraint in Lunacy, and Mrs. HILL.—Physician, R. ELMHIRST, Esq., M.D., Cantab.

### Medical Tutor.—a First-class man

in Medicine and Arts, prepares Gentlemen, privately or in class, for the Matriculation, Medical, and Arts Examinations at the University of London, and the preliminary Examination at Apothecaries' Hall.—MS. notes forwarded.—Last July all his Pupils were First Class. There is one vacancy for a private Pupil, who may be apprenticed.—W. B. G., 11, St. George's Villas, Canonbury, Islington.

### To Surgeons Emigrating, & Others.

—SURGICAL INSTRUMENTS.—The friends of a Surgeon, lately deceased, are desirous of disposing of his surgical instruments, consisting of—Amputating, Trephining, Lithotomy, Ophthalmic, and other instruments, all of which will be sold at a very moderate price. Also an Anatomical figure adapted for Lectures. To be seen at the Office of this Journal, between the hours of 10 and 5 o'clock.

### St. Mary's Hospital, Cambridge-

place, Paddington.

Physicians—Dr. Alderson, Dr. Chambers, and Dr. Sibson.  
Assistant Physicians—Dr. Handfield Jones, Dr. Sieveking, and Dr. Markham.  
Surgeons—Mr. Coulson, Mr. Lane, and Mr. Ure.  
Assistant Surgeons—Mr. H. Spencer Smith, Mr. H. Haynes Walton, Mr. James Lane.  
Physician Accoucher—Dr. Tyler Smith.  
Surgeon Accoucher—Mr. I. Baker Brown.  
Ophthalmic Surgeon—Mr. White Cooper.  
Aural Surgeon—Mr. Toynbee.  
Dentist—Mr. Nasmyth.  
Resident Medical Officers—Mr. Trotter, Apothecary; Mr. Bullock, and Mr. Lawrence.

Fees for the Practice of the Surgeons:—

Six months ... ..	9 guineas.
Twelve months, or such time as is required by the College of Surgeons for Membership... ..	20 guineas.
Perpetual ... ..	30 guineas.

Clinical lectures will be given upon medical and surgical cases in the Hospital by the physicians and surgeons, and upon the diseases of women and children, ophthalmic surgery, and aural surgery, by the special officers.

There are three resident medical officers, who board in the Hospital and are appointed for 18 months, two non-resident medical officers, a curator, a medical registrar, and a surgical registrar, who are appointed by the Weekly Board on the recommendation of the Medical Committee. These offices are open to competition among the qualified pupils of the hospital. Clinical clerks and dressers will be selected from the best qualified students, without extra fee.

Further information may be obtained from any of the medical officers, or from the Secretary of the Hospital, who is authorized to enter the names of pupils.

Board-room, August 26, 1853.

S. SHEPHERD, Sec.

### Charing-cross Hospital Medical

School, West Strand, London :

WINTER SESSION, October 1853, to March, 1854.

Anatomy—Mr. E. Canton.

Chemistry—H. H. Lewis, A.M.

Demonstrations and Dissections—Mr. Gofesbro.

Physiology and Pathology—Mr. E. Canton.

Medicine—Dr. Chowne and Dr. R. Rowland.

Surgery—Mr. Hancock.

SUMMER SESSION, May, 1854, to end of July.

Materia Medica—Dr. Steggall and Dr. Willshire.

Botany—F. W. Headland, B.A.

Midwifery, &c.—Dr. Chowne and Mr. Hird.

Medical Jurisprudence—Dr. G. Birkett and Mr. Hird.

Practical Chemistry in the Laboratory—H. H. Lewis, A.M.

All the Lectures required by the College of Surgeons and Society of Apothecaries, £45, without Practical Chemistry, which is £2 2s.

HOSPITAL PRACTICE.

Consulting Physician, Wm. Shearman, M.D.

Physicians—Dr. Golding and Dr. Chowne.

Assistant Physician—Dr. Rowland.

Surgeons—Mr. Hancock and Mr. Avery.

MEDICAL PRACTICE.—Full period required, £15 15s. Surgical, £15 15s. Both Medical and Surgical practice, full period, £26 5s.

JOHN ROBERTSON, Hon. Sec.

### Westminster Hospital Medical

SCHOOL.—The Session 1853-4 will commence on Monday, October 3rd, with an Introductory Address by Mr. Guthrie, F.R.S., at 4 p.m.

LECTURES.

PHYSIOLOGY—Mr. Hillman.

ANATOMY—Mr. Holthouse.

SURGERY—Mr. Holt and Mr. Charles G. Guthrie.

MEDICINE—Dr. Hamilton Roe and Dr. Basham.

CHEMISTRY—Mr. Harman Lewis, M.A.

DENTAL SURGERY—Mr. Clendon.

SUPERINTENDANCE OF DISSECTIONS—Mr. Power.

SUMMER SESSION.

MATERIA MEDICA—Dr. Basham.

MIDWIFERY—Dr. F. Bird.

FORENSIC MEDICINE—Dr. Fincham.

BOTANY—Dr. Radcliffe.

NATURAL PHILOSOPHY—Mr. Brooke, F.R.S.

Hospital Practice daily. Clinical Lectures are given every week by Physicians and Surgeons. General Fee for all the Lectures required by the College of Surgeons and the Society of Apothecaries, exclusive of Practical Chemistry, Forty Guineas; for Hospital Practice, Twenty-six Guineas. Clinical Assistants, Clinical Clerks, and Dressers are selected from the best qualified pupils without extra fee.

Prizes and Certificates of Honour will be awarded at the commencement of the Summer Session.

Prospectuses and further particulars may be obtained on application to  
F. J. WILSON,

Secretary to the Hospital.

1853-4.

### Sydenham College, Birmingham.—

THE WINTER SESSION will commence on MONDAY, October 3rd, 1853.

Anatomy, Physiology, and Pathology,—JOHN WHITE KEY-WORTH, M.B.

In the course of the Session, Microscopical Demonstrations of Healthy and diseased Tissue, will be given by DR. RUSSELL.

Practical Anatomy and Demonstrations.—Messrs. GEORGE ELKINGTON, FROWD JONES, and JOHN POSTGATE.

Principles and Practice of Medicine.—BELL FLETCHER, M.D., F.R.C.P.L., Physician to the General Hospital.

Principles and Practice of Surgery.—MR. ALFRED BAKER, F.R.C.S., Surgeon to the General Hospital.

Chemistry.—MR. ALFRED HILL.

THE SUMMER SESSION

Will commence on MONDAY, May 1st, 1854.

Therapeutics.—DR. RUSSELL, formerly Senior Physician to the Birmingham General Dispensary.

Materia Medica.—MR. JOHN BASSETT.

Midwifery and Diseases of Women and Children.—DR. ELKINGTON, Consulting Accoucher to Lying-in Hospital.

Practical Chemistry.—MR. ALFRED HILL.

Botany.—MR. FREDK. WESTCOTT, Assoc. L.C.

Forensic Medicine.—MR. ORFORD, Medical Officer to Lying-in Hospital.

The Toxicological Part of the Course will be delivered by Mr. Alfred Hill.

Clinical Courses will be given by those Lecturers who are attached to the various Public Institutions of the town.

The INTRODUCTORY LECTURE will be delivered by DR. RUSSELL, on MONDAY, October 3rd, at Three o'clock in the afternoon, in the Theatre of the College; after which the Prizes will be distributed to the meritorious Students of the past year.

Further particulars may be obtained on application to the Principal or Secretary.

ALFRED HILL, Honorary Secretary.



## The Medical Circular.

WEDNESDAY, AUGUST 31, 1853.

### THE PAINS AND PLEASURES OF MEDICAL JOURNALISM.

WHEN Sir Charles Hastings' "sanguine friend," Dr. Cowan, delivered his assurance, last year, that the expenses of the new "Association Journal" would not amount to more than £1,300 per annum, he made a public confession of his ignorance of the details of a trade into which he was, nevertheless, ready to rush, and, as might be expected, within six months the facts recorded in his ledger have rebuked his prophecy. The expenses have exactly doubled the estimate. We find that during the last six months the payments on account of the Journal have amounted to £1,330 6s. 10d., which sum, doubled for the whole year, gives an aggregate of £2,660 13s. 8d.! figures rather startling to the inexperienced eyes of the members of the Provincial Association.

In the Editor's opinion the expenditure ought not to end here, for he holds, as it seems, with the approbation of the Committee—otherwise, by publishing the letter in which the claim is made, they have done him an injustice—that his salary—already £250 per annum—should be doubled; and when that *rosy* time arrives, the members will have the supreme felicity of seeing one-fourth of their subscriptions safely deposited in their Editor's breeches' pocket. We quote the following sentences from Dr. Cormack's letter to the Committee:—

"While I unconditionally accept the terms offered by the Committee, I trust that I may be permitted to say that an ultimatum of £250 per annum is not a sufficient encouragement to any one to embark in this enterprise with the needful toil and determination.

"If £250 were given for editing a fortnightly Journal, it does not seem wrong to point out the propriety of giving to the editor of the weekly paper an opportunity of getting a larger sum without taxing the Association."

Now, although in these and other sentences Dr. Cormack anticipates an increase of his salary from the augmented funds derived from the Journal, yet, if his claim be a just one, the Association must be a very illiberal fraternity if they do not liquidate it, irrespectively of all incidental sources of income.

It was a clever stipulation on the Doctor's part to strike for £500 a year at the time of accepting the editorship, though he was sufficiently canny to take half the amount rather than lose the office. We do not think that Dr. Cormack has estimated his services beyond their value. Five hundred a year is a mere trifle weighed in the scale against his uncommon attainments, and we wish he may get it. The mere suggestion of such a salary made our fingers itch excessively, and we immediately began to count upon them, one by one, the various titles we might establish—to the satisfaction, doubtless, of our

own proprietary—to a modest thousand! Well done, Dr. Cormack! Henceforth we accept you as our champion. If the Association will not pay you the five hundred pounds, we will have an editors' strike, and then what will the profession do for leading articles? Ay, what? They will be obliged to write them themselves, and publish them, too, in the "Association Journal," and won't we slip into the grammar?

The enormous expenditure entailed on the Association by its experiment in literature, has already necessitated important changes. The sum of £200 was voted, last year, to the Reform Committee to meet their expenses: this year that sum will be withheld. The abandonment of the volume of "Transactions" is contemplated, and will, without doubt, take place. The secretary's salary will go next! Then the Benevolent Fund! What a descent! From charity to cheese-parings! From science to merchandise! From politics to puffing! From legislating for the profession to angling for advertisements!

Since the Association is content to lie under the ineffable disgrace of competing, as journalists, with the private trade, it is no longer entitled to our respect as an independent and disinterested scientific body, and we shall, for the future, treat it as a company of joint-stock speculators, having no other object in view but how to get the largest possible return for their capital. They have descended to the level of traders, and, so long as they continue their occupation, we must regard them in the same point of view as we regard others engaged in similar enterprises.

We observe that in the Report of the Council not one word of approbation of the Journal is expressed, and even the pledged friends of the change, the Journal Committee, have contented themselves with declaring their "high satisfaction" with Dr. Cormack in one sentence, and their "approbation" of the printer and publisher in another! but not a line is written in eulogy of the periodical. They were right: the Journal will not bear panegyric, and, for the first time in the course of these events, the Journal Committee have evinced that they are not devoid of good sense and discretion.

### THE COUNTY LUNATIC ASYLUMS AND THEIR MEDICAL OFFICERS.

MANAGING committees, like individuals, are long in acknowledging their deficiencies, even if they are fully satisfied that such exist; but pressure from without must, in time, produce its effects, and sooner or later, with good or bad grace, committees who manage public institutions must yield to public opinion.

For a long time has the Norfolk Lunatic Asylum been to medical ears a proverb and a bye-word, having gained, in 1845, the notoriety of being the institution for the insane wherein the highest amount of mortality took place; thus, for the five years ending 1844, the average number of deaths was about 20 per cent. on the average number



resident, and the average number of cures about 10 per cent. on the admissions, this state of things being, in a great measure, due to want of medical attention and its consequences, deficiency of food, bad drainage, and improper clothing. Attention was directed to the state of the institution, in 1842, by Dr. Hull, senior physician of the Norfolk and Norwich Hospital, who had witnessed the distressing results of shutting up this asylum, and of the general system of its government, but he failed to bring about what he desired. His bread was cast upon the waters, and now appears to be found, for we have just seen a circular which states that the Lunatic Asylum of Norfolk is, in future, to be open upon stated days to the members of the medical profession, and the visiting magistrates appear, at last, by granting this privilege, to be acknowledging the usefulness of their medical officer, at whose request and suggestion, we understand, this arrangement has been made. On two days in each week the profession are, in future, invited to attend, and we believe that this publicity will do more good than the regular visits at stated periods, once a week, or otherwise, of learned magistrates.

It would seem that the magistrates are conscious that something more is required than, as Dr. Hull says, the mere superintendence of "the Bæotian governor who knows that the man is mad." What an admirable term this seems to be! The magistrates seem to have become convinced that the governor in chief "*should not* be a layman—that the medical domination must be supreme where every movement must have an injurious or healthy influence on the disease. Rest and its degree, exercise and its period, the food, the clothing, amusements, intercourse or isolation, converse or taciturnity, ablution, the pipe; all must be regulated by the physician, who alone appreciates the operations of moral and physical influences on man."

The man who from physical strength, mental acquirements, habits, manners, tastes and pursuits, would make an excellent workhouse master or governor of a jail, cannot be said to be the fit person to govern the delicate mental machine of the insane.

We will not linger on the past, but look forwards to the future, and trust that the next Report of the Commissioners in Lunacy may be everything that can be desired, and that the Norfolk Lunatic Asylum will take its place among the county asylums of the country as a hospital for the cure of the insane. Hanwell, with its advantages, although it has *permitted* a few students to attend a certain number of days in the course of three months, has never been opened to the regular visits of the profession.

**POISONING.**—It is stated, on the authority of several pharmacutists in Manchester, that the red chromate of potassa is, in all probability, extensively resorted to for secret poisoning, since the sale of arsenic was placed under legal restrictions.

## Mirror

OF

### PERIODICAL LITERATURE

(From the "Lancet," August 20, 1853.)

CASE OF ERECTILE TUMOUR OF THE ORBIT, CURED BY INFILTRATION WITH THE SOLUTION OF THE LACTATE OF IRON AND PUNCTURE WITH HOT NEEDLES, AFTER THE LIGATURE OF THE CAROTID ARTERY HAD FAILED.

Dr. Brainard, Professor of Surgery in Rush Medical College, Chicago, recapitulates the details of this interesting case, the nature of which is sufficiently explained by the title of the paper. Ligature of the carotid artery having failed, and puncture with hot needles having been found ineffectual, Dr. Brainard says:—

"It was therefore determined to change the treatment, and inject a fluid into the centre of the tumour capable of effecting its obliteration. For this purpose a solution of the lactate of iron, of the strength of eight grains to one fluid drachm of distilled water, filtered through paper, was preferred. The reasons for believing in the safety and efficiency of this remedy will be given below.

"Dec. 14th.—I punctured the tumour at its most prominent part, with the infiltrating canula, carrying it to the depth of about an inch; on withdrawing the stylet, arterial blood followed. A fluid drachm of the above-named solution was immediately thrown in with a small syringe, constructed for the purpose, and the canula withdrawn. The immediate effect was an intense pain in the left temporal region and a flushing of the face, which latter only lasted a few seconds. A chill followed, accompanied with nausea and vomiting. Reaction took place in an hour, but the vomiting continued, and for twenty-four hours all drinks were ejected; pulse 63.

"15th.—Vomiting continues; pain less; upper lid much swollen; pulse 65.

"16th.—Vomiting less; no pain; has slept well; pulse 60; swelling increased, and so tender as not to bear the slightest touch.

"23rd.—For the last six days the vomiting has gradually diminished; the pulse is natural; the tumour is less tender, firm, and the pulsation perceived only at the external angle, frequent lacerating pain is felt in the orbit.

"During the whole of this treatment, both of punctures and infiltration, the head has been kept enveloped in bladders filled with a freezing mixture of pounded ice and salt, which was very grateful to the patient. He now began to complain of its being too cold. The heat in the head was reduced to the natural standard, and from the time of the infiltration, neither thrill nor sound has been perceived. The veins of the face are much diminished in size, and the pulsation of the arteries reduced to its natural state. A slight pulsation was still perceptible at the external angle of the eye, for which a puncture was made at that point with a hot needle, on Jan. 4, 1853.

"Jan. 10th.—From the time of the last puncture no pulsation has been perceived, the swelling subsiding. At this time an opening was found to exist on the anterior surface of the globe of the eye, which still remains protruded between the lids. This was followed by severe inflammation of the globe, which lasted several days. The discharge from the opening was at first the humours of the eye, afterwards pus, but no blood.

"Feb. 5th.—Swelling gradually subsiding; tumour firm, no pulsation; put little pain. The patient slept for the first time for more than a year, without some one to keep wet cloths upon the eye, dressed himself, and walked about the house; health good.

"March 5th.—Swelling entirely disappeared; the globe of the eye perfectly collapsed; lids closed.



"June 6th.—The patient has been pursuing his ordinary occupation for three months; his health appears perfectly restored. The left orbit seems entirely excavated and free from disease.

"At this time he was presented at the annual meeting of the Illinois State Medical Society, and examined by a large number of its members, who concurred in the opinion that the case might be regarded as perfect.

"REMARKS.—It will readily be understood that so serious an operation as throwing a fluid ounce of a solution of the lactate of iron, at a point almost to saturation, directly into the current of the circulation, would not be ventured upon without the most satisfactory reasons for regarding it, firstly, as safe; secondly, as effectual. I propose now to offer briefly some of the reasons for so regarding it.

"In 1850 I was engaged in making inquiries concerning the effects of this salt in certain diseased states of the system, and was induced, from theoretical views, to try the effect when thrown into the veins. Before doing this upon the human subject, I tried it upon a dog, dissolving, rather imperfectly, ten grains of it in one fluid ounce of distilled water. This was thrown at once into the saphena vein of a middle-sized dog, and the experiment was twice repeated without any ill effect.

"In December, 1851, I first used it upon the human subject, using in the course of eight weeks nineteen grains of the salt in solution. The largest amount injected at one time was three grains, dissolved in three drachms of distilled water. The number of times it was employed in this subject was nine. It had no ill effects, but the contrary; what is pertinent to our present subject is, that each of the veins into which it was thrown at the bend of the arm was found after a certain length of time to be obliterated, and converted into a firm cord, without there being produced either pain or perceptible inflammation. I have since used it in four other cases,—in two of them once, and in the other two twice each,—without any unfavourable effects. In one of these cases, in which it was used twice, a vein was opened a second time, three days after the first operation, but it was found filled at that point with coagulum, which of course was not disturbed, but the injection made by another vein. Its tendency to obliterate the veins by a gradual process of thickening their coats and obstructing the circulation, was thus made sufficiently apparent, while its safety, used with requisite precautions, was clearly demonstrated. As these cases related solely to the veins, before using it in the case of tumour of the orbit, in which it might enter directly into the arterial circulation, it was thought proper to try it upon an artery in a dog. Accordingly, three grains of the lactate dissolved in three fluid drachms of distilled water, were thrown into the carotid artery of a small dog, and the vessel tied. The only effect was a slight irregularity of the action of the heart, which continued but a few seconds. As this entered directly into the cerebral circulation, its safety when used in much smaller quantity in the human subject might legitimately be inferred. The result, as used upon the tumour, fully justified its employment, although the effects produced were somewhat severe. They were greatly less so, and less dangerous, than those resulting from the ligature of the carotid artery; and used in smaller quantity, repeated if necessary, it seems to promise relief without the necessity of resorting to that operation.

"I may add here, that I have since used the same solution upon an erectile tumour of a venous character, of the size of a pigeon's egg, upon the inside of the lower lip, by injecting it at three different times, without any other effect than a slight tenderness, followed by gradual diminution of size and induration of tissue; but the cure is not yet complete.

"The applicability of this practice to the treatment of varicose veins and aneurisms will readily suggest itself, but further experiments will be required to determine to what extent it can be relied upon in these cases. The

number of the *Revue Médico-Chirurgicale de Paris* for May, 1853, contains some interesting experiments by M. Pravaz, M. Giraldes, and M. Debout, on the coagulation of the blood in the arteries of animals by the injection of a solution of the perchloride of iron, and also three cases in which it had been used for the treatment of vascular tumour in the human subject, in each of which suppuration, and in one gangrene, followed. These results are not of a nature to encourage further trials of that substance; but if we take into consideration that the solution of the perchloride of iron is a substance foreign to the normal constitution of the blood, and produces instant coagulation when brought in contact with it, whereas the solution of the lactate of iron is composed of elements which enter into the composition of the blood; that when thrown into the living vessels it does not coagulate it, but produces a thickening of the coats and a deposition of coagulable lymph from subacute inflammation; the difference between the two results will be readily understood. It is probable that the solution of the lactate, when thrown into the vessels, immediately undergoes decomposition, the acid combining with the soda of the blood, and the base passing into a higher state of oxydation in which it naturally exists in that fluid. In no case has this solution, when thrown into the blood or into a vascular tumour, shown a tendency to produce suppuration, but in slow inflammation of an adhesive kind and limited extent. In one case, where it was inadvertently pressed in small quantity into the subcutaneous cellular tissue, instead of into the vein as intended, a hard swelling, having all the appearance of a boil or small carbuncle, was the result; but even this effect will not be produced by it, when used in that manner, unless the solution be in a certain degree concentrated."

Aug 27.

#### PRACTICAL OBSERVATIONS ON YELLOW FEVER, AND ITS TREATMENT WITH SPIRITS OF TURPENTINE.

The author of this paper, Mr. Laird, R.N., thus shows the "reasonableness" of this mode of practice:—

"During the epidemic, it was first prescribed by Dr. King in five very bad cases of this disease, with the view solely, I believe, of restraining passing hæmorrhage, when its peculiar salutary influence was so strikingly observed. This happened on the 27th of August, about a month after the fever had broken out, a revulsive plan of treatment, including general and local bleeding, to a large extent, having up to this period been practised with very unsatisfactory results. After these experiments on the five cases alluded to, all of whom remarkably recovered (and two were reported as having had black vomit), the turpentine was afterwards given in every case and in every stage of the disease, with what success documents then sent into office will show. When I joined the hospital on the 19th of September the epidemic may be said to have been at its height, and there were then 103 cases of fever under treatment. The general mode pursued was a moderate bleeding at the commencement (from twelve to twenty ounces), followed by cupping or leeching if it seemed necessary.

"If the patient had received no medicine prior to admission, the *prima viæ* were cleared out by a purgative dose of calomel or blue pill, along with solution of Epsom salts, and the turpentine then given in doses of twenty minims in a little camphorated water three times a day. In consequence of stranguary, it was occasionally administered in combination with sweet spirits of nitre; but this troublesome symptom was happily but of rare occurrence, and then generally consequent on the application of blisters. Small doses of tincture of opium, and also castor oil, were occasionally combined with it in cases attended with frequent bloody and otherwise vitiated dejections, or in an opposite state of the bowels. The auxiliary treatment comprised sinapisms and blisters to the epigastrium, emollient enemata, and during the stage of debility, wine negus, beef-tea, &c., and chinchona injections.



The principal remedy being, therefore, the turpentine, since in the generality of cases nothing else was given. I consider it, without any prejudice whatever, as a remedy in bilious remittant fever, not only perfectly consistent with, but particularly indicated by, the symptoms during life, and also the appearances after death, for the following reasons:—first, the hæmorrhagic character of the disease, depending doubtless on some change either in the chemical or vital properties of the circulating fluid; secondly, from the speedy embarrassment of the different excretory functions, particularly that of the kidneys, a diminished or suppressed excretion of urine having been particularly observed here as the most unfavourable symptom, and proved by the frequently contracted and empty condition of the bladder in fatal cases. As regards the first proposition, since this medicine is universally acknowledged as producing certain styptic and other salutary effects, melæna and ordinary passive hæmorrhage, is it not reasonable to infer that it will be equally effectual in fevers not recognizing inflammation as their proximate cause, and attended with a somewhat similar pathological condition? In regard to the second proposition, its well-known physiological influence on the renal and cutaneous vessels proved it to be, as a diuretic and sudorific, the very remedy which nature points out, in the means she herself adopts in the spontaneous cure of malignant fever. Besides these long and well-known properties, and also its acknowledged action on the nervous system, (a) I believe that turpentine possesses antiseptic or antiscorbutic qualities, as I have in several instances observed in scurvy, and particularly in scorbutic ulcers of the leg, indicated by their florid, healthy appearance, after a few doses of this medicine. That it is not in the doses above-mentioned a stimulant, but on the contrary, an indirect sedative, and therefore not counter-indicated in the first stage of yellow fever, our experience here most satisfactorily proved in hundreds of cases, as it has also since done in the treatment of dysentery. Unprejudiced as I hope I am, and being anxious to bring this really valuable remedy more into notice by an honest appeal to plain ascertained facts, I beg leave respectfully to state, in the most earnest and unqualified manner, that instead of exciting the circulation, it quieted it, and allayed the urgency of the primary pyrexia by quickly (and in some cases almost immediately) restoring the pent-up secretions. The moderate bleeding which was generally practised at the commencement, and found essentially necessary to divert local determinations, no doubt materially assisted it in its action on the skin and kidneys, and on this account must be considered as a very important step in this mode of treatment.

"Turpentine is, therefore, a mere simple, innocuous remedy, which, besides its sedative, styptic, and antiseptic properties, possesses also the peculiar power, in its action on the secretions and excretions generally, of re-establishing and keeping open the two great natural drains of the system—viz., those by the skin and kidneys, the functions of which, we all know, are among the first to be impaired or impeded on an attack of fever. That it claims attention from its having the advantage over specific medicines in this disease, such as quinine, calomel and quinine, and biberine (mercury being now considered not a specific, of which we had numerous proofs), is sufficiently obvious, from the nature of its action being readily explained, and from its use being equally beneficial in the last as in the first stage of the disease, I mean, when black vomit, bloody dejections, and low delirium have set in, and as a testimony to its good effects, we had several recoveries from black vomit, attributable entirely to its influence. (b)"

(a) See Dr. Graves's Clinical Medicine, p. 166.

(b) STATISTICS OF MORTALITY.

1. Showing the comparative success of different modes of treatment in 164 cases of fever, as they are entered in the books of the Royal Naval Hospital, Bermuda, from the commencement of the epidemic; and the same number of cases taken in the

#### CASE OF ARTIFICIAL ANUS SUCCESSFULLY TREATED ON THE PRINCIPLE OF MECHANICAL PRESSURE CONSTANTLY ACTING WITHIN THE RECTUM.

Dr. Macdonald, of Glasgow, states that the patient in whom the results recorded were observed had an artificial anus, the consequence of a penetrating wound into the abdomen. During the progress of this case the intestine adhered to the edge of the opening in the parietes of the abdomen. Dr. Macdonald remarks:—

"About seven months ago I accidentally met the patient in question. I inquired after his health. He replied that his existence was a burden to him, and that all the fæces were now evacuated by the artificial anus at the groin, and that nothing but a little mucus came by the natural passage. On the spur of the moment I urged that he should remain in bed for some days to come, and during that period that he should constantly employ a pretty long piece of brown soap, shaped like a large wax candle, besmeared with olive oil, and kept well up in the rectum by a compress, and that in order to provoke the descent (in part at least as formerly) of the fæces by the natural passage, I also urged that a cataplasm of bean-meal should at night be kept to the artificial anus, while during the day it was to be dusted over with finely-powdered chalk, and moreover that he should take an alternative course of tincture of gentian and tincture of iodine, say five drops of the latter to a teaspoonful of the former three times daily, followed by castor oil twice a week.

"At the time that I urged the employment of the mechanical pressure within the rectum, this measure was solely recommended in order to provoke in part the descent of the fæces towards the natural aperture. But great was my surprise and great was the delight of my patient, when it was found that daily there was less and less fæces passed out of the artificial anus by the agency of the pressure within the rectum, and at the end of two weeks the artificial anus was completely healed by the constant pressure.

"After the cure was effected, I began to ascertain the real cause of my success. It was certainly very simple, and obviously quite accidental as far as I am concerned; and although not recommended at the time, it was employed on the basis of scientific data; yet the experience of the event is well calculated to establish the value of the discovery. Thus the constant mechanical pressure of the soap within the rectum, and over the sphincter and levatores ani, caused a constant tenesmus or desire to evacuate the contents of the alimentary canal, just as is produced by volition and the reflex action of the nervous system in the abdominal region during the effort of voluntary straining at stool. Again, in the constant exercise of this tenesmus, or straining as at stool, thus produced by the constant employment of the mechanical pressure, it is obvious that a farther pressure of the parietes of the abdomen is called into constant exercise, whereby a contractile force is further applied to the three

same order from the 27th of August 1843, when the spirit of turpentine was first administered.

Treatment without Turpentine.				Treatment with Turpentine.			
No. of cases.	Died.	Rates of mortality.		No. of cases.	Died.	Rates of mortality.	
164.	25.	1 in 6.6.		164.	19.	1 in 8.6.	
Recoveries from black vomit. 1				Recoveries from black vomit. 4			

2. Showing the number of cases treated with turpentine at the Royal Naval Hospital, Bermuda, between the 27th of August and the cessation of the epidemic in December, 1843:—

Total number of cases.	Died.	Rates of mortality.
882.	80.	1 in 11.
Recoveries from black vomit... .. 24		

3. Showing the number of cases of yellow fever admitted into the Royal Naval Hospital, Bermuda, during the epidemics which prevailed there in 1818, 1819, and 1837:—

	No of cases.	Died.	Rates of mortality.
1818	105	28	1 in 3.8.
1819	106	25	1 in 4.2.
1837	140	22	1 in 6.4.



membranes of the intestinal canal—viz., the peritonæal, muscular, and villous coats, and thus by the combined contractile agency of all these various tissues was the artificial anus completely cured, solely by pressure.

"The patient in question was quite well for four months, and would, as I think, have been quite rid of the unpleasant consequences of the artificial anus during the whole period of his natural life, were it not for an accidental fall into the hold of a vessel, having coals on board, about three months ago, by which fall he came in contact with an angular piece of coal, which unfortunately for him, struck him over the very seat of the old artificial anus, and burst the integument, through which the fæces passed out involuntarily and as formerly. Yet the employment of the same remedies as before healed the artificial anus again, in about the same period of time as before noted, and it remained whole for several weeks, and would have remained whole, as I think, also during this patient's life; but I must add, and I do so with regret, that within a few weeks my patient happened to be engaged in a tumult with some inebriated friends, and in the fray he received a kick over the artificial anus again, which lately remained re-opened. The patient was then informed that whenever he gave up the vice of drinking ardent spirits to excess, and whenever he was desirous of employing the former remedies, I had not the slightest doubt but the said remedies would be crowned with success, as on the two former occasions."

(From the "Medical Times and Gazette," Aug. 27, 1853.)

#### CANCER OF THE STOMACH.

An elaborate paper on this subject is communicated by Dr. Budd, of King's College. The seat and varieties of the disease are well described, and the method of treatment judiciously laid down.

#### THE CURE OF SQUINTING BY THE USE OF PRISMATIC SPECTACLES.

Mr. Spencer Wells has contributed the following paper:—

"Dr. Kurke, a Dutch physician, first recommended prismatic spectacles for the cure of squinting. He has recorded one case cured by their use in the Dutch journals. Dr. Von Grafe, of Berlin, has since employed them very extensively. During a recent visit to Berlin I had frequent opportunities of observing their effects upon his patients, and I think that the results of his experience should be made known to the Profession in England.

"The glasses are fitted in ordinary spectacle frames. They are simple prisms of various degrees, from 1 to 20. It would be possible to make them achromatic; but I have only seen the ordinary ones in use.

"The operation upon the sound eye, as explained by Dr. Von Grafe, is as follows:—When a prismatic glass is held before one eye on any point of sight in the converging direction of the optic axis, the light falling upon this eye is diverted from its former course, and no longer arrives upon the macula lutea, but forms a more or less excentric picture, according to the refracting power of the prism. From its position, this is no longer combined with the central picture on the other retina into one perception, but is perceived separately. Thus the object upon which the optic axes converge is seen double.

"Theoretically this phenomenon should be observed when a prism of very moderate power is used; but observation teaches us, on the contrary, that no diplopia follows when weak prisms are employed, especially if the base be directed outwards. This might be explained in two ways. Either the picture on one retina is suppressed, or the eye which sees through the prism takes a new position, which is not perceived by the observer, so that the picture is not formed excentrically, but falls, like that of the other eye, upon the macula lutea. The improbability of the first supposition at once appears from the fact that no diplopia is produced by weak prisms, while more

powerful ones produce it at once, and the greater the excentric position of the picture the more easily it would be suppressed. The truth of the second explanation is established by a more exact observation of the position of the eyes. On applying the prism we see the optic axes deviate from their former position and return to it as the prism is removed. At the moment of removal the object is seen double, because both axes are not directed upon it. Thus in order to prevent diplopia, an involuntary strabismus occurs and we can produce this in any direction by corresponding positions of the prism, but most decidedly so inwards, less so outwards, much less so downwards, and least of all upwards. We can also produce strabismus in this manner in diagonal directions.

"It follows that by the use of prismatic glasses we have the power of altering the tension of any given muscles of one eye without producing any alteration in the other. This is the peculiar advantage which none of the ordinary orthopædic means formerly employed possessed. On the contrary, the result hoped for from their employment was not only frequently frustrated by the movements of association of the two eyes, but sometimes, as in cases of recent muscular paralysis, an effect directly the reverse of that desired was brought about.

"The increased contraction called for from the relaxed muscle by the use of prismatic glasses is the source of their curative power. For example, in a case of convergent strabismus with diplopia a prism with its base directed outwards alters the position of the excentric picture on the retina of the squinting eye so greatly, and brings it so near the macula lutea that single vision follows any voluntary power conveyed to the abductor muscle. Consequently, the angle of the squint is somewhat diminished. As it becomes less, and the power of the abductor increases, prisms must be used gradually diminishing in power, until at last a perfectly accurate corresponding position of the eyes is attained at all distances,—in other words, the squint is perfectly cured. I have seen patients of Dr. Von Grafe's, who were thus completely cured in about six weeks, commencing with strong glasses of the numbers from 15 to 20, and gradually wearing them less and less powerful. They are principally applicable in young persons, who squint but slightly, and in case of diplopia biocularis where the abnormal position of one eye is only observed when an object some feet distant is regarded, they are the only certain means of cure.

"In more marked degrees of strabismus the muscle must be divided, because the use of strong prisms, and the efforts of the patient to avoid diplopia, become very troublesome; and if the union of the two images causes too great an effort, an effect is produced exactly the opposite of that desired; for if the diplopia cannot be removed, the double images separate still further from each other, because, when distant, they are not so intolerable as when near.

"In many cases after operations for the cure of strabismus by division of the muscle in one or both eyes, although great improvement follows, the cure is not perfect. Some degree of squint still persists in one eye, and probably some diplopia when objects at certain distances from the eye are attentively regarded. In such cases, the prismatic glasses suffice to complete the cure commenced by the operation. I saw several instances in which this proved to be the case in the practice of Dr. Von Grafe.

"I have patients under my care at present who are wearing these spectacles, and I shall take a future opportunity of making the results known. Messrs. Watkins and Hill, opticians, of Charing-cross, have had the glasses ground and fitted for me, and make them at any angle which may be required. Messrs. Bland and Long, of Fleet-street, also make them.

"NOTE.—Of three patients who have used the glasses, two have been greatly improved, and still go on favourably. In the third, where the power of the squinting eye was very much less than that of the opposite one, the strongest prism which could be worn without producing



diplopia was ineffectual, and I had to recur to the old method of exercising the squinting eye while the other was covered. I do not use an ordinary shade or bandage as a covering, but have an India-rubber ring, which fits the orbit, covered on the outside with silk, and fastened by a ribbon. This allows free motion of the eye and eyelids, while the light is perfectly excluded."

(From the "Dublin Medical Press," Aug. 17, 1853.)

#### OVARIOTOMY BY A NEW METHOD.

Professor Howard reports the following case:—

"Miss R. J., aged 17, of Franklin county, Ohio, consulted me in August last, on account of a tumour in the abdomen. She informed me that in March last she had an attack of measles, and recovered from the disease without any unusual symptoms. In May following she experienced a pain in her left side, which was persistent and crescent in its character. About the 1st of June she detected a "lump in the lower part of her bowels." This rather rapidly increased in size until the time of the consultation referred to. On examination I found a regular oval tumour filling the whole cavity of the abdomen, and distending to a considerable extent its walls. Obscure fluctuation revealed more or less fluid in the centre of the tumour. The hymen was absent, but the uterus was found, on examination per vaginam, to be in a healthy condition and unconnected with the diseased ovary.

"On the 18th of September I visited Miss J., and found her labouring under considerable general disturbance, and pain in the right side, apparently from the pressure of the tumour. Her pulse was remarkably frequent, beating some 130 to 140 per minute. The symptoms being of a distressing character, rapidly becoming worse, I, in consultation with Drs. G. W. and J. Helmick, decided to tap the tumour. On introducing the trochar, about a gallon of very thick albuminous fluid escaped which completely relieved the patient of all her urgent symptoms. She remained quite comfortable for about two weeks, when the rapidly accumulating fluid and the increase in the solid growth, caused a return of all the distressing symptoms.

"On the 8th of October I tapped her again, drawing off about the same quantity of fluid, with precisely similar results; but in a few days the tumour could be observed to grow from day to day, and it became evident that something more effectual must be done, if the life of the patient was to be rescued from the fatal result that awaited the progress of the disease.

"On the 14th of October a consultation was held with the attending physicians adverted to, and several leading physicians of Columbus, all of whom, without a dissenting voice, approved of an operation for the removal of the tumour at once. The proper arrangements being made, and the patient placed upon a table, and fully under the influence of chloroform, I made an incision from three inches above the umbilicus on the linea alba to the pubis, dividing the integument, fascia, tendon, and peritoneum. The ovarian tumour was fortunately found free from adhesions, but its attachments to the uterus, &c., were rather extensive. I now adopted an expedient to which is due, *mainly*, the success of the operation. Fearing the effect of the ligature on the delicate peritoneum, I divided it completely around the neck of the tumour upon a grooved director. In the groove or channel made by this dissection, I applied the ligature, which sunk deeply and readily into the loose cellular structures as I tightened the knot, without impinging in the least degree upon the contiguous peritoneum. The neck of the tumour was divided about one inch from the ligature, and the wound dressed in the ordinary manner. The whole operation was performed and the patient placed in bed without the least consciousness of pain on her part. Since the operation not an unfavourable symptom has occurred. The ligature came away, and the parts healed kindly; and now, December

9th, we believe she is perfectly well. I had omitted to mention that the patient had several attacks of intermittent fever in August and September, and that she had not menstruated for near three months before the tumour was removed. I have not learned whether her menses have returned since. I desire to call the attention of surgeons to that part of the operation wherein the peritoneum was divided for the purpose of excluding it from the action of the ligature. I am not aware that the operation has been performed in this manner before, and yet it may have been, as I have not, on account of the pressure of my engagements, made myself familiar with the literature of Ovarian Surgery. I deem this step in the operation worthy of the highest consideration, and considering the proclivity of the peritoneum to inflammatory affections, particularly under the influence of mechanical injury, I am only surprised that this proceeding has not been universally adopted."—*Ohio. Med. and Sur. Jour.*

#### CONTENTS OF THE MEDICAL JOURNALS.

**Lancet**—(No. IX. Vol. II. August 27, 1853).—CLINICAL LECTURES on Diseases and Injuries of Joints. By Samuel Solly, Esq., F.R.S., Surgeon to St. Thomas's Hospital. On Diseases of the Skin, in reference to their Constitutional Origin and Treatment. By Thomas Hunt, Esq., F.R.C.S. Practical Observations on Yellow Fever, and its Treatment with Spirits of Turpentine. By Jas. Laird, Esq., L.R.C.S. Edin., Surgeon R.N. Record of Midwifery Practice. By Arthur Priest, Esq., M.R.C.S. and L.S.A., Waltham Abbey. Case of Artificial Anus Successfully Treated on the Principle of Mechanical Pressure constantly acting within the Rectum, causing Union of the Artificial Anus by the Constant Agency of the Reflex Action of the Nervous System thus Excited and kept up by the Pressure on the Sphincter and Levatores Ani of Consequence. By Wm. Macdonald, M.D., Glasgow. Case of Hydrophobia Treated by Asparagus Officialis. By Dr. A. Chairétes, Inspector of the Royal Botanic Gardens at Athens.—HOSPITAL REPORTS.—St. George's Hospital: Tumour in the Right Hypochondriac Region; Numerous Abscesses of the Liver; Death; Autopsy. St. Thomas's Hospital: Diarrhoea; Death; Autopsy.—REVIEWS AND NOTICES OF BOOKS.—A Reply to the Charges made by Dr. Edward Smith upon his Dismissal from the Offices of Lecturer and Demonstrator of Anatomy at the Charing-cross Hospital Medical School. By a Governor of the Hospital. Encyclopædia Britannica. Vol. II. Eighth Edition. The Invalid's Own Book: a Collection of Recipes from Various Books and Various Countries. By the Hon. Lady Cust.—NEW INVENTIONS.—Levilly's Thalassone, or Sea-sickness Preventive. (With an Engraving).—A Brief Sketch of the Life of the late Bransly Blake Cooper, Esq., F.R.S., Senior Surgeon to Guy's Hospital. (With a Portrait).—LEADING ARTICLES.—The Charitable Trusts Bill: the English Universities and the City Hospitals. The Ruinous Effects of Gratuitous Medical Services. The London and Provincial Medical Directory and Quackery.—MEDICAL SOCIETIES.—Royal Medical and Chirurgical Society: On Intermitting Diabetes, and on the Diabetes of Old Age. An Account of a Dissection of an Ovarian Cyst which contained Brain.—Twenty-first Anniversary Meeting of the Provincial Medical and Surgical Association.—CORRESPONDENCE.—Dr. Ayre on Malignant Cholera. Gratuitous Advice. The Medical Benevolent College. The Medical Profession and Life Assurance Offices. The Registrar-General's Reports.—House of Commons.—Cholera at Hamburg; Assistant-surgeons, R.N.; Metropolitan Sewers Act Continuation Bill; Lunatic Asylums.—Military and Naval Intelligence: Promotions, Exchanges, &c.

**Medical Times and Gazette**.—(No. CLXV. August 27, 1853).—ORIGINAL LECTURES.—Lectures on the Organic Diseases and Functional Disorders of the Stomach. By George Budd, M.D., F.R.S. Lecture V.—ORIGINAL COMMUNICATIONS.—Navy Medical Reports. No. IV.—Extracts from a Report on Scarlatina in Her Majesty's Ships Agamemnon and Odin in 1853. By Sir John Richardson, Knt., C.B. On Excision of the Knee-joint. By Henry Smith, Esq. Examination of a Fibrous Tumour, which presented some Points of Resemblance with a True Cystic Growth. By Holmes Coote, F.R.C.S. The Cure of Squinting by the Use of Prismatic Spectacles. By T. Spencer Wells, F.R.C.S.—HOSPITAL REPORTS.—King's College Hospital: Abstract of Eighteen Cases



of Typhus Fever, treated by the Free Exhibition of Brandy, etc. Central London Ophthalmic Hospital: Severe Double Epicanthus Cured by Operation. Statistical Report of the Principal Operations performed during the Month of July. New Instrument for Injecting the Perchloride of Iron in Cases of Nævus, etc. County Lunatic Asylums, Colney Hatch: Case of Wound of the Neck, implicating the Larynx, Pharynx, and Superior Thyroid Artery, and Puncture of the Abdomen, in Attempted Suicide by a Lunatic.—EDITORIAL ARTICLES.—Medical Reform. The Swansea Meeting of the Provincial Medical and Surgical Association. Compulsory Vaccination. Parliamentary Intelligence.—REVIEWS.—Beitrage zur Vergleichenden Pathologischen Anatomie der Gelenkkrankheiten. Von Dr. E. Gurlt. Twenty-third Annual Report of the Belfast District Hospital for the Insane. Cretins and Idiots. A Short Account of the Institutions for their Relief and Cure. Report from Bethlem Hospital.—PROVINCIAL CORRESPONDENCE.—Scotland: Doings in the North.—REPORTS OF SOCIETIES.—Royal Medical and Chirurgical Society: Observations on Cystic Disease of the Testicle; Remarkable Deformity of Lower Limbs; Case of Hypertrophy of the Tongue; on Small-pox and Vaccination.

**Association Medical Journal.**—(No. XXXIV. August 26, 1853).—LEADING ARTICLES.—Medical Meteorology. Our Weekly Programme.—ORIGINAL COMMUNICATIONS.—On the Topical Treatment of Hooping-Cough. By Eden Watson, A.M., M.D. On Cholera, and its Treatment by Cold Water Affusion or Douche. By E. M. Macpherson, Esq.—PERISCOPIC REVIEW.—Surgery. Cases of Chronic Inflammation of the Knee-Joint. Secondary Disease of the Knee-Joint from Disease and Injury of Neighbouring Structure. Contraction of the Knee-Joint: Division of the Hamstring Tendons. Angular Ankylosis of the Knee-Joint treated by Forcible Extension.—Diseases of Children: Inflammation of Lymphatic Glands in a Child, following Vaginal Catarrh.—ASSOCIATION INTELLIGENCE.—Midland Branch: Notice of Quarterly Meeting. Suffolk Branch: First Soirée Médicale.—EDITOR'S LETTER BOX.—Chloroform in Midwifery: Reply to Dr. Simpson: Letter from J. C. Bloxam, Esq.—NEWS AND TOPICS OF THE DAY.—Sir James L. Bardsley, M.D. Vaccination: Supply of Lymph. Ozon: Dr. Schonbein's Ozonometer. General Board of Health. Apothecaries' Hall: Pass List. Appointments. Obituary. Books received.

**Dublin Medical Press.**—(No. DCCLXIV. Vol. XXX. August 24, 1853).—SELECTIONS FROM MEDICAL JOURNALS.—Two Cases of Tracheotomy for the Relief of Epilepsy. Chloroform in Midwifery. On the Treatment of Dysentery with Acetate of Lead and Balsam of Copaiba. Two Cases of Painful Tubercle. Hydrate of Magnesia an Antidote to numerous Poisons. Treatment of Aneurism by Galvano-puncture.—REVIEWS AND NOTICES OF BOOKS.—Popular Errors on the Subject of Insanity, Examined and Exposed. By James F. Duncan, A.M., M.D., Fellow and Censor of the College of Physicians, and Physician to Sir P. Dun's and Simpson's Hospitals.—LEADING ARTICLES.—The Pharmacy Question: Medical Evidence of James Arthur Wilson, M.D., before a Select Committee of the House of Commons. Shanagolden Dispensary District. Medical Manslaughter.—MISCELLANEA.—Cure of the "Vegetarian" Disease. Extraction of Teeth with the Key. On the Manufacture of Glycerin. Removal of a Gold Ring from a Lady's Finger. "Surgeons" to Emigrant Ships. The "Jerks." Adulteration of Citric Acid. Treatment of Hæmorrhage from Extraction of a Tooth. Adulteration of Pulvis Acacie.

#### BIBLIOGRAPHY.

NEW WORKS IN MEDICINE AND THE COLLATERAL SCIENCES, PUBLISHED FROM THE 30TH OF JULY TO THE 13TH OF AUGUST.

A Discourse on the Birth and Pilgrimage of Thought. By Walter Cooper Dendy. Square, pp. 150, cloth, 5s. 6d. Homœopathy Fairly Represented: in Reply to Dr. Simpson's "Homœopathy Misrepresented." By William Henderson. Post 8vo. (Edinb.), pp. 266, cloth, 3s. 6d.

Hufeland's Art of Prolonging Life. Edited by Erasmus Wilson. Fcp. 8vo. paper cover, 2s. 6d.

The Vegetable Kingdom; or, the Structure, Classification, and Uses of Plants, illustrated upon the Natural

System. By John Lindley. 3d edition, with corrections, royal 8vo. pp. 900, 500 illustrations, cl. 36s. A Pathological and Practical Treatise on Epidemic Cholera; its History, Causes, various Forms, and Treatment. By O'B. Mahony. 12mo. pp. 198, cloth, 5s. Woman's Medical Guide: containing Essays on the Physical, Moral, and Educational Development of Females, and the Homœopathic Treatment of their Diseases in all periods of life; together with directions for the remedial use of Water and Gymnastics. By J. H. Pulte, M.D. 8vo. pp. 230, half-bound, 6s. The Dwellings of the Labouring Classes; their Arrangement and Construction. By Henry Roberts. 3d edition, imp. 8vo. pp. 60, with plates, 24s. A Manual of Materia Medica and Therapeutics; including the Preparations of the Pharmacopœias of the London and Edinburgh. By J. Forbes Royle, M.D., F.R.S. 2d edition, 12mo. pp. 302, 12s. 6d. On the use of an Artificial Membrana Tympani, in Cases of Deafness dependent upon Perforation or Destruction of the Natural Organ: to which is added, a Paper entitled, Ought the Tonsils or Uvula to be excised in the Treatment of Deafness. By Joseph Toynbee. 8vo. pp. 48, sewed, 1s. 6d.

#### AMERICAN.

Transactions of the Medical Society of the State of New York, at its Semi-Annual Meeting, held in June 1852, at the City of New York, and at its Annual Meeting in the City of Albany, held February 1853. 8vo. pp. 352.

#### FRENCH, GERMAN, ETC.

Annales de l'Observatoire physique central de Russie publiées par A.-T. Kupffer. Anné 1849. 3 Nos. 4to. (St. Pétersbourg) 21s. Grundzuge der Experimentalphysik m. Rücksicht auf Chemie u. Pharmacie. 8vo. (Heidelberg) 8s. Lehrbuch der speciellen Pathologie u. Therapie des Menschen. 5th edition. by H. E. Richter. 3 vols. Grundriss der inneren Klinik. 8vo. (Leipz.) 15s. Handbuch der Pathologie u. Therapie. Part XIV. 8vo. (Stuttgart) 3s. 6d.

#### BOOKS RECEIVED FOR REVIEW.

A Manual of Materia Medica and Therapeutics, including the Preparations of the Pharmacopœias of London, Edinburgh, and Dublin, with many New Medicines. By J. Forbes Royle, M.D., &c. 2nd Edition. London: John Churchill.

The Gulstonian Lectures—on the Acute Specific Diseases. By Wm. Jenner, M.D., Lond., &c.

CHARGES OF FELONIOUS ASSAULT IN DUBLIN.—The *Dublin Freeman's Journal* contains the account of three trials which the Government brought on in cases of alleged criminal intercourse with children, the fact being, that these children were discovered by their friends to be labouring under infantile leucorrhœa, and then the usual consequences, detailed by Cooper and others, followed. The children were questioned as to connexion; threatened severely if they did not confess; names were suggested to them; accusations made; parties taken up; police doctors swear that the appearances "may be the result of violence;" two men are sent to prison; and the cases come on before the Commission. The result was that, in one instance, the Crown abandoned the case; and in the other the jury at once acquitted the prisoner. But for the pains taken to elicit the truth on this occasion, one or both men would have been transported for life, the Crown being very determined, and the judges dead against the doctors.

MEASLES.—The ship *Constitution*, which arrived at New York, July 26, with 819 passengers, had more than 90 cases of measles at one time during the voyage.—*New York Daily Tribune*.



## Hospital Reports.

### KING'S COLLEGE HOSPITAL.

#### ABSTRACT OF EIGHTEEN CASES OF TYPHUS FEVER, TREATED BY THE FREE EXHIBITION OF BRANDY, ETC.

Under the care of Dr. Todd.

We have recently watched with great interest a series of severe cases of typhus fever, under the care of Dr. Todd in this hospital, in which an almost uniform plan of treatment, by means of the very free exhibition of stimulants, more especially brandy, has been resorted to with great success. Reflecting instructively, as these cases do, on one of the most important questions in the whole range of practical medicine, we hasten to bring their chief features before our readers. The series consists of eighteen cases; and as we cannot, of course, find space for the details of the whole, we shall content ourselves by recording, by way of example, the particulars of a few of the more interesting, and append to them a brief synopsis of the rest. The whole having occurred within the last few months, and several of them within a few weeks, they present, we believe, fair specimens of the form of fever lately and still prevalent in the metropolis. They do not, however, comprise all which have been under Dr. Todd's care during the time referred to, but only those of well marked typhus type, and which agreed in presenting the following symptoms previous to the commencement of the treatment:—A copious eruption of scattered measles-like spots (mulberry or typhus rash); bowels either confined or but slightly relaxed; great prostration of strength; delirium (in six cases coma was present); a small and very rapid pulse. It may be well to premise, that they were treated, as is done in almost all general hospitals, in the open wards, their beds being purposely arranged so as to occur at some distance from each other, in order to prevent the accumulation of contagious emanations. The treatment pursued consisted in administering, either every hour or half-hour, day and night, from half an ounce to an ounce of brandy, with a draught every second hour, containing *sp. æth. chlorici. ℥xx., ammoniæ carbonatis gr. v., aq. pur. ℥j.* The patients were induced to drink as much strong beef-tea as possible; the head was always shaved; and in most, a blister was applied to the scalp. We are indebted to the careful observations, noted daily by Mr. Macnamara, the clinical assistant in charge of the cases, for the whole of the particulars respecting them. The first to which we shall allude was a very severe attack, and happened to an elderly and unfavourable subject; the beneficial effects of the alcoholic stimulant is strikingly shown, and there even appears some cause to infer the superiority of brandy over wine.

Elizabeth B., aged 70, was admitted June 16, 1853. She complained of severe headache, and of much pain in her limbs; was very deaf, and could see but very indistinctly. Her daughter stated that the two latter symptoms had commenced four days previously, and the illness was of about a fortnight's duration, having begun with aching pains in the limbs and head, and great prostration of strength, followed, after four or five days, by several successive shivering fits. Pulse 122; tongue thickly furred.

*R Tinet. opii. ℥xxx., h. s. sumend.*

*R Sp. am. arom. ℥xxx., aq. pur. ℥jss. 4tis horis sum.*

18th.—The skin of chest and abdomen is covered with an eruption of measly spots. The patient has been delirious during the night; her tongue is dry and furred; pulse 124; the bowels have acted but once since admission. Pt.

18th.—Has been very delirious; pulse 126; other signs as before.

*Am. carbon. gr. v., sp. æth. chloric. ℥xv., aq. ℥jss. 3tis horis. Wine ℥xiii. per diem.*

21st.—Much worse: lies in an almost comatose condition, and allows her urine and feces to pass into the bed.

Pulse 130. The head is to be shaved, and a blister applied. Instead of the wine, half an ounce of brandy is to be given every half-hour.

*Rep. mist.*

22nd.—Pulse 124. The half comatose condition still continues, and is only interrupted by low, muttering delirium.

23rd.—Pulse 120. The coma is passing off, and the delirium is less constant during its intermissions. The spots have now entirely disappeared from the skin. The patient takes her beef-tea much better than she did.

24th.—Pulse 114. This morning the head symptoms are much less severe; and on being questioned, the patient occasionally returns rational answers. The bowels act daily but are not loose. To continue the same treatment.

25th.—Pulse 96. The skin for the first time is moist. The patient states that she feels much better, and can be got to understand clearly where she is, which has not been the case on any previous occasion since her admission.

26th.—Pulse 90. To take an half an ounce of brandy every two hours.

From the last date she continued to improve. To aid her convalescence, quinine and other tonics were administered. She was discharged, quite well, six weeks after admission.

In the next case, the progressive decrease in the frequency of the pulse subsequently to the employment of the stimulant, was equally well marked as in the above. It occurred in a much younger subject.

James E., aged 18, began to feel ill on the 27th of June; and on the 29th, was seized with shiverings, pain in the limbs, and great prostration of strength. He was admitted into the hospital on July 5th; and at that time the skin was hot and dry, and covered with the typhus rash. The ocular conjunctiva of each eye was red and congested, and the tongue brown and furred. Pulse 112.

*Ordered R Am. carb. gr. v., aq. pur. ℥jss. ter die. Beef-tea ad libitum.*

July 6th.—Pulse 120. The bowels have acted once today. Delirium was present during the night.

*Rep. mist.*

7th.—Pulse 124, very weak. The delirium has been so constant, that the nurse has found it impossible to induce him to take any nourishment. *Rep. Mist.* The head is to be shaved, and half an ounce of brandy to be administered every hour.

8th.—Pulse 120, still very feeble. Bowels act daily.

9th.—Pulse 112. The delirium is much abated, and the patient takes his beef-tea well.

11th.—Pulse 100, much improvement. The brandy is to be continued.

12th.—Pulse 92. For the first time the skin is moist and perspiring. From this date the patient gradually recovered.

At one time, most of the members of an Irish family living in a dirty alley in the neighbourhood were in the hospital together, all suffering from the same type of fever. The following case is that of one of the sons:—

John C., aged 15, admitted June 28, having being seized on the 23rd with shivering, pains in the limbs, prostration of strength, and severe purging. He had, at the time of admission, the usual symptoms of fever, was very restless, and at times slightly delirious. The bowels were not much relaxed; there was loud rhonchus heard over both lungs. Pulse 115; skin hot and dry. To drink beef-tea.

29.—Pulse 118, very feeble. The delirium is increased. Half an ounce of brandy every hour.

July 1.—No improvement. Pulse 120, and very weak. The boy lies in a semi-comatose condition. Believing that the administration of the stimulant had not been administered, Dr. Todd ordered a special nurse for the case, and directed that the brandy and beef-tea should be regularly given day and night.



2nd.—Pulse 100. The patient is less stupid, and seems to understand the questions which are put to him.

4th.—Pulse 92. There is no delirium present. The tongue is much cleaned, and the respiration is unattended by any degree of rhonchus.

5th.—Pulse 80. The skin is moist. The brandy is to be given every two hours.

8th.—Is rapidly getting better. The brandy is discontinued, and two pints of porter per diem substituted for it. From this time the patient very quickly recovered.

Out of the whole eighteen cases, but one terminated fatally. The subject of it was very violently delirious on the day of her admission, and no account of her previous symptoms could be obtained. Death occurred on the third day afterwards. On making the autopsy, the brain was found to be slightly congested, and the grey matter was of a darker colour than usual. Peyer's patches in the small intestines were enlarged and very distinct, but not ulcerated. The spleen was enlarged, full of blood, and very soft, but all the other organs appeared to be in a normal condition.

Excluding, then, this fatal case, we will now examine the condition of the circulation in the remaining 17, more especially with regard to the influence of the treatment upon it. On the day that the administration of brandy, etc., was commenced, the pulse had, in five cases, a frequency of 136 per minute; in three, of 125; in seven, of from 120 to 126; and in one, of 116. After the measures above specified had been pursued for four days, the pulse had, in eight cases, fallen to 92; in five others it had fallen below 95 on the fifth day; and, in the remaining four, to below 90 on the sixth. Again, taking the day on which treatment was commenced as our starting point, the skin, previously hot and dry, relaxed, and became moist and perspirable, on the fifth day, in nine cases; on the sixth day, in five cases; on the twelfth day, in one case; and in the remaining two the date of this crisis was not recorded.

The degree of success exhibited by the above facts, is, we suspect, very considerably beyond that usually obtained in cases of so severe a type as those under consideration, and is very encouraging to a pursuance of a similar plan of treatment in future. That the success did really depend on the treatment, appeared to be conclusively evidenced in several cases in which the pulse, progressively increasing in frequency up to the time that the brandy was ordered, steadily fell from that day forwards. The relapses of one or two, in consequence of the accidentally inefficient administration of the remedy, also afford important support to the same conclusion. In respect to the numerical age of the fever at which the brandy treatment was commenced, it varied so much in the different cases that there does not appear to be any practical advantage in attempting to state it. In all, however, the first stage had passed, and low "typhus" symptoms had become fully developed. Dr. Todd is continuing the same plan of treatment on the fever patients now under his care, and hitherto with very pleasing results. We shall probably return to the subject at some future time.—*Medical Times and Gazette*.

#### CENTRAL LONDON OPHTHALMIC HOSPITAL.

##### SENERE DOUBLE EPICANTHUS CURED BY OPERATION.

Under the care of Mr. HAYNES WALTON.

The deformity learnedly known as Epicanthus, and which consists in the congenital extension outwards of a fold of skin from the nasal commissure of the eyelids in such a manner as to overlap and conceal part of the eyeball, although sufficiently common among some tribes of the Calmucks to have become a national characteristic, is, fortunately, a very rare one in this country. We very seldom indeed see examples of it, and the following case, which has been treated most successfully by operation at this hospital, seems worthy of a short mention:—

Henry F., aged 18 months. The affection was quite symmetrical, the fold of skin in each eye extending so far

outwards as to conceal the inner margin of the cornea from sight. The bridge of the nose was, as Mr. Walton remarked that he had commonly observed it to be in these cases, unusually flat. The mother of the child stated, that she had shown the case to an ophthalmic surgeon some time previously, who had discountenanced interference, and that she had now been induced to seek advice again by having observed that the inner lashes of each lid were becoming turned in on the eyeball, and producing great irritation. Mr. Walton found that by pinching up a fold of skin on each side of the nose, the deformity might be entirely removed, and the inversion of the lashes rectified; and, under these encouraging circumstances, he determined to attempt an operation. Having ascertained by experiment the amount of skin it would be necessary to remove, two elliptical portions, one from each side of the nose, were accordingly excised, great care being taken to make the incisions symmetrically and in a vertical direction, in order to decrease, as much as possible, the deformity produced by the cicatrix. To prevent undue tension, the edges of the wound were then on each side dissected up so as to allow of their being readily brought into apposition; in which they were retained by small harelip pins and the twisted suture. On the fourth day, and before they had caused any suppuration, these pins were withdrawn, when the edges of the wounds were found to have united favourably. The most happy results ensued: the deformity, as well as the turning in of the lashes, were entirely removed. It is now eight months since the operation was performed; and Mr. Walton informs us that he has seen the patient within the last week, and that there has been no tendency whatever to a relapse. The child's eyes now present a natural appearance, and the small linear cicatrices are scarcely visible.

### An Epitome of Toxicology.

DESIGNED FOR THE BUSY PRACTITIONER  
AND ANALYTICAL CHEMIST.

(COMPILED FROM THE LATEST AUTHORITIES, EXPRESSLY  
FOR THIS WORK.)

(Continued from page 146.)

ALPHABETICAL LIST OF VARIOUS SUBSTANCES, WITH  
THE CHANGES THEY UNDERGO AND THE FORMS THEY  
ASSUME IN THE LIVING BODY. (CONTINUED.)

Substances.	Transformations, &c.
Mercury .....	Pure metallic mercury is innocuous when swallowed, and suffers no change in the body unless long retained there. (1) It is stated that a patient took two pounds daily without injury; (2) and it is a well-known fact, that very large doses have been given in obstruction of the bowels without proving deleterious. Cases are, however, recorded, in which salivation and other noxious effects have arisen from the use of metallic mercury. In these cases it had been long retained in the bowels, and, suffering partial oxidation, probably united itself to the albumen of the tissues, and the hydrochloric acid in the primæ viæ, forming mercurial salts. "Metallic mercury acts like a poison, whenever it remains long enough in the intestinal canal to be converted into the bichloride." (3) Four ounces are recorded to have brought on profuse salivation four days after administration. (4) Seven ounces retained in the body of a man for a fortnight,

(1) Christison. (2) Sue. (3) Trousseau and Reveil. (4) Zwinger.



occasioned excessive salivation, ulceration of the mouth, and other effects of mercurial poisoning. (1) Mercurial vapours are poisonous, owing to the finely divided state of the metal; (2) but according to some authorities, this activity arises from the oxidation of the metal before it is inhaled. (3) The ill effects of mercurial vapours on water gilders, looking-glass silverers, &c., are well known. The injurious action of metallic mercury applied externally, also, probably, arises from its combining with oxygen, for the skin may be exposed to its action for some time without any noticeable consequences; but when the contact is continued for a *very lengthened* period, salivation, &c., ensues. A fatal case of this kind is recorded of a man who wore a small leather bag of mercury on his breast for six years, as a prophylactic for the itch and vermin. When rendered soluble by oxidation and combination with acids, mercury is rapidly absorbed, and pervades every portion of the system, when it is either deposited in the solids, or eliminated by the excretory organs. Globules of mercury have been detected in the viscera and secretions, (4) and in a state of combination it has been found in every solid and fluid of the body. The character of these changes is undetermined. During salivation the blood exhibits an inflammatory crust; its colour deepens; its coagulability and quantity of fibrin decreases, and the "whole organic formation of the patient becomes less consistent and adhesive;" whilst the electric condition of the blood, which is *negative* in the healthy state, is changed to that of *positive*. (5) Of the nature of the action of mercury on the system, we know but little. Some writers believe it to act *mechanically*,—by its

weight, divisibility, and mobility. (1) Others adopt the *chemical* hypothesis, and refer its effects to affinity, decomposition, and neutralization; (2) whilst a third class assume its action to be *dynamical*, and regard it as a stimulant or excitant, (3) sedative, (4) tonic (5) alterative, (6) resolvent, (7) liquefacient, (8) or irritant, (9) or a liquefacient spasmogenic, (10) according as their favourite theory may lead them. (See Bichloride and Protochloride of Mercury.)

Metallic Salts ..... React chemically on the constituents of the organic tissues, forming metallic albuminates, some of which are soluble, whilst others are insoluble, but, in many cases, are gradually dissolved by excess of the albuminous liquid. In some instances double compounds are formed,—the one, a compound of the albumen with the acid of the salt, the other an albuminate of the oxide. These double albuminates are formed when acetate of lead, bichloride of mercury, chloride of zinc, nitrate of silver, sulphate of copper, and similar salts come into contact with albumen.

Morphia (and its salts) Have been detected in the milk and urine; form undetermined.

Mulberry (colouring matter) ..... } Eliminated by the kidneys, unchanged.

Musk (odorous principle) ..... } Has been detected in the blood, perspiration, and milk, slightly changed.

(To be continued.)

(1) Astruc and Barry.

(2) Mitie, Muller, Pressevin, and Swediaur, conceive that mercury acts in the same way on the syphilitic poison, as an acid does on an alkali. Girtanner supposes mercurials operate by giving up their oxygen. Cullen refers their action on the salivary glands to a particular disposition to unite with ammoniacal salts; and Dr. John Murray accounts for the same action, by the supposition that the muriatic acid, soda, and ammonia of the saliva, have a peculiar affinity for oxide of mercury, with which they unite to form a soluble salt. Recent chemical discoveries have upset these hypotheses.

(3) Hecker, Reil, and Schönc. (4) Conradi, Bertele, and Horn. (5) Dr. Murray. (6) Pereira. (7) An alterative solvent. (Voght.) (8) Sunderlin. (9) Hunter. (10) Pereira.

(1) Labordc. (2) Buchner and Orfila. (3) Christison and others. (4) Oesterlein and Buchheim. (5) Dieterich.

## MEDICAL BIOGRAPHY.

THE great interest which has been excited in the Profession and among a large section of the community by the publication of the Portraits and Biographical Sketches of Members of the Medical Profession in this Journal, leaves no doubt that their *re-publication*, in a separate form, will receive considerable support, not only from those who are individually interested, but from their numerous connexions, who naturally take pride in seeing a faithful record of the attainments, the status, and the good deeds of those for whom they feel affection or friendship. This laudable feeling is associated with a higher pleasure when such Biographies tend to the advancement and instruction of mankind, which must be especially the case with those which relate to persons engaged in a noble and eminently useful profession. The first Volume will include the Biographical Sketches of Members of the Profession, which have already appeared in the "Medical Circular," in addition to many others now waiting their turn, agreeably to the alphabetical arrangement of the "London and Provincial Medical Directory."

Further particulars of this important and most interesting Work will appear in a future Number

NOTICE.—We announce, with extreme regret, that, owing to an unexpected delay in the preparation of the Engraving, we are compelled to postpone the PORTRAIT and BIOGRAPHICAL SKETCH of Mr. ROBERT GARDINER HILL, to our next Number.



## Reviews.

*A Treatise on Auscultation and Percussion.* By D. Joseph Skoda. Translated from the 4th edition, by W. O. Markham, M.D., Assistant-Physician to St. Mary's Hospital.

The doctrines laid down by the immortal discoverer of Auscultation have been hitherto generally adopted with an unquestioning faith; but are they all correct? or does accumulating experience justify us in the belief, that many of the leading facts laid down by the French Physician, and at present almost universally accepted in our schools, require modification, or are altogether founded in error? This question Skoda answers in the affirmative; and he then comes to join issue with Laennec on the subject of Bronchophony, Ægophony, Pectoriloquy, &c., backed with the weight of his great practical experience in the art he treats of, and the results of physical experiments which he has instituted, and details.

Bronchophony, says Laennec, is the bronchial voice conducted to the ear by condensed pulmonary tissue. No, says Skoda: condensed pulmonary tissue is a worse conductor of sound than healthy tissue: try the experiment, and you will find it so; bronchophony is the consonance of the voice in bronchial tubes whose walls, naturally bad reflectors of sound, have become consolidated by inflammation, &c. Ægophony, according to Laennec, is the sure sign of pleuritic effusion. Skoda discards the sign altogether: for, says he, it is audible in certain perfectly healthy individuals; and it may attend simple pneumonia and tubercular infiltrations with or without cavities. Then, again, Pectoriloquy, as the representative of a pulmonary cavity, is rejected, and with emphasis, by Skoda; yet Laennec, and we now-a-days after him, have accepted the term and its signification as matters of undoubted truth! Who is right? the German or the Frenchman? Time settles the value of most disputed points, and will, doubtless, settle these. In the meantime, Skoda's voice must be heard; "his powers of diagnosis are unrivalled," as his translator tells us; and "he comes before us *les pieces a la main*, so that those who reject his doctrines must show, either that his data are faulty, or that his premises are not warranted by his conclusions." Suppose his theory of the production of Bronchophony by consonance turn out a wrong one, yet have we arrived, by its classification, at the now pretty widely admitted fact, viz., that neither is Laennec's the true one. Equally well might be shown the benefits of his critical examinations of Laennec's doctrines in many other particulars.

His chapter on Percussion has excited less attention than other parts of his work; but it is, nevertheless, one of the most valuable. Its perusal has convinced us that our ordinary method of dealing with this branch of Auscultation must be totally reformed; and that our present mode of teaching it in the schools is antiquated. This is an era of advance and reform. Science gallops on "fervidis rotis." "*A lung partially deprived of air,*" says Skoda, "*yields a tympanitic percussion sound. When it is much reduced in volume by compression, but still contains air, its sound is invariably tympanitic.*" Here is a fact of the highest practical importance in diagnosis, of whose truth we have no shadow of doubt, however opposed it seems to be to the laws of physics; but it is a fact hitherto unnoticed, and even now very little known amongst the majority of Auscultators. We strongly advise those of our readers who wish to know all they can in this matter, to peruse carefully Skoda's description of the percussion sound; they will find their account therein.

We can refer to no portion of Skoda's work without speaking highly of it. We have long been acquainted with his opinions, and experience confirms our faith in the truth of most of his deductions, and makes us very cautious in dissenting from any of them. He may be the countryman of Strauss and Tichte, but wild transe-

entalisms and learned ravings our readers need not dread to meet with here; these are not his reforming weapons. He takes his stand on physical experiments and clinical experience; and, until the "tables are turned" on Bacon, these only must be the physician's tools.

The cobbler, as the witty Frenchman informs us, recommended a fortification of leather when his native city was besieged; and our readers may perhaps imagine that Skoda, like most special writers on Auscultation, recommends the stethoscope as the one thing needful in diagnosis. Not so; he everywhere advises that *all* means of diagnosis should be practised. He teaches uncommon caution in the use of Auscultatory signs, and arranges a large class of them under the head of Indeterminate (*unbestimmte*) signs, of which, as indications of disease, no account whatever is to be taken. This is novel; may we profit thereby.

Very hard blows has he dealt the loquacious Frenchman, Tournet, and other like fertile producers of pathognomonic signs. "Don't tell me," he says, "of your *rale crépissant de la pneumonie*;" pneumonia has no rale peculiar to itself; what you hear there may result from other diseases. Cavernous rales! I defy you to point me out the difference between a cavernous and a bronchial rale—between cavernous voice and bronchophony; be assured of one thing, your attempts at such impossibilities will continually lead you to diagnose cavities, where consolidation exists. Don't force from Auscultation fruit which it will not legitimately produce; your fig tree will only bear you thistles." The effect of Skoda's reforming hand in this particular, *i.e.*, in the reduction of the signs of Auscultation to their true value, is, we perceive, already beginning to show itself amongst us in the shape of proposed reforms in its nomenclature.

We must hurry on, for our space is limited, and we can do no more than hint at the most valuable points in this remarkable work. The translator is perfectly justified in saying that it is the most original which has appeared since the days of Laennec. We prophecy that its results must be considerable reformation in the doctrines of Auscultation, as generally taught at the present day. Of one fact we have long been convinced, viz., that our pretences at correctness in Auscultatory diagnosis far exceed our *capacity*; and that, consequently, our methods of procedure are, in some particulars, seriously at fault in having led us to such pretences. Skoda points out, with a master's hand, where those faults are, and puts his finger on the wound. Here is another lesson for us.

A great portion of the work is occupied by a history of the diseases, diagnosis, and sounds of the heart and arteries. We believe that there is not in our language any author who has given so clear, practical, condensed, and trustworthy an account of these important matters as will be found in Skoda's work. Experience has convinced us that his readers may unhesitatingly entrust themselves to his charge, when he details the diagnostic signs of diseased conditions of the heart and its valves. We advise them to think twice before they give their adhesion to those who differ from him.

It is gratifying to those who have been long acquainted with Skoda's opinions, and who have long felt their value, to find the notice they are receiving in this country. No modern writer can touch upon auscultation without reference to his name; we may even say, that some of our countrymen would have done well if, while adopting his views, they had referred more freely to that same name. We need hardly say, after the eulogy we have passed upon his work—criticism here is out of the question—that we receive this translation with much satisfaction, and that we strongly recommend its careful perusal to the physician,—we say its *careful* perusal, for it cannot be read undigested to any profit, unless the attentive thought of him who reads is brought to bear upon it; it is not exactly of the class called Railway Literature, where men may read and run.

In concluding, we commend the work with pleasure



and confidence to the notice of our brethren. We think it fortunate that the learned author has had so admirable a translator—honour is thus done to both. It is the work of the day on auscultation, and cannot fail to command great attention in this country.

*Sketch of the Life and Character of the late Samuel McCulloch, Esq., Liverpool, M.R.C.S. Eng.* By David Thorn, D.D.

An interesting sketch of a good and excellent Surgeon. We like to see these things done; why should biographical honours be confined to divines, soldiers, and politicians?

*Full Announcement of the Penn Medical College of Philadelphia. Female Session.*

In America heterodoxy is the rule, orthodoxy the exception; and in matters medical, we find combined in one Institution the doctrines of our old friend Dr. Dickson and the instruction of ladies in the sacred mysteries of anatomy, physiology, and midwifery. We observe that in the Penn Medical College, Dr. Dickson is the Emeritus Professor of Surgery and Medicine, and a *Mrs. Harriet E. Longshore, M.D., Demonstrator of Anatomy!* Oh! *Mrs. Longshore*; and do you really demonstrate the wondrous mechanism of the human frame—every bit of it—glands and ducts, muscles and membranes, tissues erectile, bodies cavernous and spongy, and the secretions, too? You are an heroic woman, *Mrs. Longshore*, and ought to be breeched. When we make our tour in America we promise to attend the course, if our modesty will let us, or we dare trust ourselves in such seductive company. Till then, adieu.

## Correspondence.

### MEDICAL REFORM.

*To the Editor of the "Medical Circular."*

SIR,—In the "Circular" of the 10th inst., you are disposed to be rather severe on Lord Palmerston for not introducing his Medical Reform Bill this Session. It occurs to me it might be as near the purpose that the Profession should agree, previous to next meeting of Parliament, on a measure really worth contending for, and which would put medical men in a proper position with the public, and set the question at rest. As the writer of this happens, unfortunately for himself, neither to constitute a unit of the *Senatus Academicus* in a chartered University, or to be a Fellow of any Surgical body interested in passing young aspirants for the Surgical diploma, or, in fact, to have an interest, direct or indirect, in any association or shop for the manufacture of Medical Practitioners, he can, with perfect disinterestedness, propose a scheme of Medical Reform, which, he flatters himself, will meet with the approbation of the great body of the profession who can have no special or personal purposes to serve, but simply wish to uphold the honour of the body to which they belong.

Let Lord Palmerston deal next year with Medical Reform in the same bold, enlightened, and statesman-like spirit as he has done with more complex political questions before now; and although he is likely enough to be assailed by all those interested bodies who thrive by existing abuses, he will be backed by the mass of medical men throughout the nation, who have everything to gain from a well-digested and comprehensive measure of Reform.

As long as so many different Universities, Colleges, and chartered bodies have the power of manufacturing M.D.'s—L.R.C.S.'s—M.R.C.S.'s—L.F.P. and S.'s—M.R.I.A.'s—M.B.'s, and many others besides, each individual of them requiring different courses of study for their different degrees or certificates, it is little to be won-

dered at that the profession occupies the depressed and degraded position it notoriously does. Let, therefore, Lord Palmerston, in his new Bill, enact that each University, College, Association, or Faculty, that has now the power of granting degrees in Medicine or Surgery, be deprived of that power, but allowed to continue Professorships or Lectureships as at present enjoyed, care being taken at the same time that the lectures, whether delivered in Universities or in Medical Schools, be efficient, and that the proper attendance be given by the students. To compensate these bodies for the loss each may sustain in granting degrees, and to deprive each School of Medicine of any reasonable cause of complaint, would simply be matters of detail, which could easily be accomplished; but to state any of them here would occupy too much space. I shall only shortly allude to what I should look upon as the great ground-work of any really useful measure. Let a "General Medical Council" be appointed in the first place—its members to be chosen, say one, two, or three, from each University or College now possessing the power of granting degrees in Medicine or Surgery—and by this Council let a "Board of Examinators" be appointed annually, to meet once, or, if thought expedient, twice a-year, in London, Edinburgh, and Dublin, to examine those candidates for their degrees, either in Medicine or Surgery, who have finished their curriculum of study. Let this "General Medical Council" from time to time, draw up the course of study, to be followed up to the letter by every student, before he can present himself for examination either for his degree in Medicine or his diploma in Surgery. Let him (the student) attend lectures at any existing School of Medicine in the kingdom that he may prefer; and when he does pass the Examining Board, let him be at liberty to practice his art as Surgeon, or Physician, or General Practitioner, in any part of her Majesty's dominions, without let or hindrance; and at the same time be eligible to the Medical or Surgical appointments in the Army, Navy, and East India Company's Service, without undergoing any further examination. Let the "General Council," after the passing of the Medical Reform Bill, make it imperative on any student of medicine in the empire, aspiring to be a Physician or Surgeon, or both, to follow the same curriculum of study, undergo the same formal examination, and be, up to the moment of their being licensed, on a footing of perfect equality. Thus will soon be formed a body of men, starting into life on equal terms—equally well received by the public at large—and taking precedence of each other afterwards only from superior abilities, industry, good fortune, or the thousand accidents that raise one man above another in the social scale. Care must be taken that no "public lecturer," or no man having directly or indirectly any private pecuniary interest in the number of students attending any particular school, shall be eligible for an Examiner. The Examinators must be the *elite* of the profession, well remunerated for their labour, and be above all suspicion of favouring one school or division of the empire more than another.

As matters are conducted in the meantime, Medical and Surgical degrees are nearly worthless to their possessors; being obtained from so many different quarters, the generous public knows not which is the real article, and which the spurious; and, rather than be at the trouble to make the enquiry, sneers at the whole alike. Supposing a young man intends to study medicine at the present time. He gets hold of one of the Regulations of one of our Universities or Colleges of Surgeons, to see what he has to do previous to graduation. He finds he has first to attend the gown classes for four years, in order to become a "Master of Arts," and four years more must be devoted to the medical classes, previous to presenting himself for examination, either for the doctorate or a diploma in Surgery. All this he honestly does, and finds in the end that a man may be a perfectly trustworthy Surgeon in one end of the island, without being able to decline "*penna*," or conjugate "*amo*;" whilst



at the other end he cannot be a Surgeon at all without being a decentish classical scholar, a bit of a mathematician, and a trifle of a lawyer over and above all. Supposing him, moreover, to have treated himself to a diploma from each of these Colleges, to make security doubly sure, he may now practice the Surgical art from Kent to Cornwall, still he may be in no condition to hold a commission in the British army. He may have chemistry enough to dress the wound of any civilian, from the Premier downwards, but he has only got half enough for any of her Majesty's troopers, although he has a full third more of the chemical article than is required for the Admiral of the Mediterranean fleet. Sailors being proverbially a careful body of men, not liable to serious wounds, "Practical Anatomy" may be dispensed with altogether in Surgeons appointed to the Navy.

To compound for this, a third part less knowledge of "Mat. Medica" is considered sufficient for the Army than either for civilians or sailors. In the "practice of medicine," again, Jack has double what is required for a civilian, and a "sixth" more than his military friend requires. In Surgery, Jack, again, has decidedly the best of it, having "two-thirds" more than the civilian, and a sixth more than the soldier requires. As to "medical jurisprudence," the civilian has it all his own way—none of that commodity being required either for the Army or Navy. It may be the same in the Army, but there is a decided prejudice in the Navy, against "sea lawyers." As to "midwifery," the soldiers' and sailors' wives require twice as much of it as the civilians' wives do; and neither civilians nor sailors require their medical attendants to know anything of "Natural Philosophy," or "Natural History," whilst both are indispensable to the Army Surgeon. As to what qualifications the East India Company require in their medical officers, it is hard to say, the essential one being the nomination by a Director. Any young man having a Director as his friend, and a diploma from any licensing body, seems perfectly qualified to alleviate the diseases and dress the wounds of all nabobs, sahibs, rajahs, begums, and sepoy within the Indian Peninsula. This state of matters is surely a disgrace to a civilized and intelligent people, and would not have existed so long had it been generally understood. It must be obvious to the most unreflecting, when it is once pointed out, that the same knowledge of Anatomy and Surgery is necessary to the man who performs operations on the highest as well as the lowest of her Majesty's subjects: that the same knowledge of every branch of the healing art is indispensable to the man who practices generally in the meanest hamlet, as to him who practices generally in the heart of the most wealthy metropolis.

There should be no pariahs in our profession—men possessing equivocal diplomas that put them in a false position from the outset of their career. Let there be M.D.'s and Surgeons, if you will: but let the education and examination of both be such that they may take either or both degrees, as may suit their taste or the state of their finances at the time.

I have already trespassed too far on your columns in giving what, after all, is only a hint or two for the consideration of the profession; but I found I could not bring out my views, crude as they are, in less space. It must depend on you, Sir, and such as you, who conduct the Medical literature of the day, to prepare the public mind for a "Medical Reform Bill" which may alleviate the profession, and prove a blessing to humanity. If medical men over the empire would only for a time be induced to lay aside their little jealousies, and join heart and hand in devising a measure, not to prop this or that miserable monopoly, but a measure dictated by common honesty and common sense, no better man will be found than Lord Palmerston, not only to introduce, but to carry such a Bill, too, through the British Parliament.

I am, Sir,

COLOCYNTH.

## NEW REMEDY FOR SMALL POX.

To the Editor of the "Medical Circular."

SIR,—The deep interest you take in all matters that tend to the advancement of science and the public good, induces a hope that you will, on national principles, give publicity in the "Medical Circular," to the subjoined preparation of medicine, being my discovery,—a medicine, I guarantee, from long and unflinching experience, when thoroughly known, will effect a revolution in the healing art, as regards the prevention and cure, not only of small pox, but what without explanation, on first view, will appear still more extraordinary, that of measles and scarlatina also, in a manner more efficient and decisive than could ever have been anticipated even by the most ardent philanthropist. The wretched fate of the Isle of Skye emigrants on board the *Hercules*, attacked by virulent small-pox on passage, and recently in the Cork Hospitals, urged to this announcement in several of the public papers, independent of higher considerations; but I must here note, likewise, that the public attention was called to the salutary effects of these medicines over the above diseases in a small work on organic disease, published by me in 1847. A simple fact in connection with this highly-important subject must be admitted by all, viz., that if our best and warmest sympathies could be influenced by a subject more intensely than another, it must necessarily be that of acquiring a knowledge of how to arrest these scourges of our species, more especially in the first stage of their existence; a point this, so truly desirable, once gained, it follows as a matter of course that a vast amount of subsequent misery, expense, and death are thereby averted.

Therefore, on the first appearance of the fever or irritation ushering in any of these ailments, the subjoined mode of treatment should at once be entered on:—Take one grain each of digitalis, or foxglove, in powder (valuable in the ratio of its greenness), and one of sulphate of zinc; rub thoroughly in a mortar or other convenient vessel, with three or four drops of water; this done, add a noggin, or about four ounces, more water, with some sugar or syrup. Of this mixture a tablespoonful should be administered to an adult, and two teaspoonfuls to a child, every second hour, until all symptoms of the disease vanish. Thus conducted, convalescence, as if by magic, will ensue. The rapidity of an event so auspicious and unexpected will delight and astonish even the most incredulous.

It may, however, be necessary here further to observe, that, should the bowels become obstinate in progress of the disease, an event by no means common, then and in such case a drachm of the compound powder of jalap, with one grain of the herb treated as above, and formed with syrup into a pastil, should be given an adult, half the quantity to a child, a third part to an infant. This simple medicine shuts out all other drugs, as unnecessary, if not pernicious.

The *methodus medendi* of these medicines, capable of effecting results so gigantic, now remain only to be given, and appear as follows:—The herb, by its peculiar antifebrile properties, lays hold at once of the fever, whether simple, typhoid, or catarrhal—the prolific source of woe in all stages—which it strangles. This it does alike in any of these diseases, though dissimilar in name and other adventitious circumstances, whilst the zinc acts the part of a tonic, instantly restoring the equilibrium. These are the two great objects sought for by nature in effecting a cure, but are accomplished in these cases on principles so simple as to be found marvellous. The British colleges order the salt in doses of one grain and upwards, in a variety of other ailments, but in the class of diseases under review it is conveyed in quantities so infinitesimal as not to be perceptible.

This discovery, when viewed in relation to the amount of knowledge that exists, the uncertain, undefined mode of treatment of these diseases, especially under adverse circumstances, as at present known to the faculty, must, it



is hoped, in a national point of view, render it invaluable. Henceforth, it is obvious that these medicines should, as a matter of duty, be in the hands of all families and communities. No emigrant or government vessel should hereafter be allowed to put to sea without being provided with a few pence worth of these simple and efficient protectors.

I remain, sir, &c.,

M. LARKIN, M.R.C.S. ENG., &c.

47, Denzille-street, Dublin, August, 1853.

## ON THE VALUE OF HYDROCYANIC ACID AS A REMEDIAL AGENT.

BY BENJAMIN T. MOORE, M.D.

After the very high encomiums which have so recently been passed upon the remedy by Mr. Cox, when arguing its adoption in the thousand and one diseases to which man is said to be liable, further comment would appear unnecessary, and your readers, who have already received the full dose, will doubtless cry, "Quousque tandem abutere patientia nostra." Although I can bear full testimony to Mr. Cox's statements respecting the value of hydrocyanic acid in the daily practice of physic, it is not my intention to weary the gentle reader with the profuse illustrations which my own recorded cases could have afforded me, so I will proceed at once to consider some points in the principle of its application. But as the early workings of great minds have ever afforded matter of deep interest to those who have had the power to appreciate them, I would beg leave to inquire, with all due respect, by "what conjuration and what mighty magic" Mr. Cox has been led to stray so far beyond the beaten track of legitimate medicine? Verily, he hath wrought thereby an entire revolution in the theory and practice of physic, for the diseases which he declares to have been met most triumphantly by this new power, are classed, in the nosology of the learned Cullen, as diseases differing from one another entirely in their nature, and requiring, as a matter of course, like differences in treatment.

How the erudite members of our learned profession will boil with indignation when they thus see the distinctions of science—the very bulwarks, ruthlessly torn up, and all the learned dust which has been for centuries collecting within the sacred portals of our halls and colleges swept away as by a mighty whirlwind.

Mr. Cox passes over with contemptuous silence the vain distinctions of the schoolmen, when wading through the "Maladies of ghastly spasms, or racking tortures, qualms of heart-sick agony, all feverish kinds, convulsions, epilepsies, fierce catarrhs." These are offences, Mr. Editor, which will not, which cannot, be forgiven. The only classification which he feels bound to acknowledge is that, whether affecting the head or the heel; and in this way his prolusions are ridiculously resolved into the sections A, B, C, and D.

Seriously, are not Mr. Cox's cases beyond all doubt but so many illustrations of the unity of disease?—a doctrine which Sir Astley Cooper in his lifetime held valuable, and which Sir Henry Holland and others have since laboured to repress,—a doctrine which, for grandeur of conception and magnitude of useful results to man, is second to none in the whole history of the healing art, but whose real author, for his only crime of prior enunciation, during sixteen long years, has continued to run a gauntlet of abuse and oppression.

I will beg to conclude this paper by transcribing a communication which appeared in your impression of the 8th of June, and which bears immediate reference to the action of hydrocyanic acid. It is written by one whose high professional position is only equalled by his rare candour and gentlemanlike feelings. It is as follows:—

"To the Editor of the 'Medical Circular.'"

"Sir,—Feeling confident you will be anxious to do justice towards any of our own countrymen who may make

any discoveries in medicine, I take the liberty of writing to you on the present occasion.

"In your journal of May 25th is the following:—'According to Bischoff, the action of medicines on the organism is either *electrical* or *electro-chemical*. It is only by reference to the action of *vital electricity*, or *nervism*, that the startling effects resulting from the administration of hydrocyanic acid, strychnine, and some other poisons can be accounted for.'

"I am inclined to think that Bischoff had not stated anything with regard to the electrical action of medicines until after the publication of the 'Fallacies of the Faculty,' in which work the '*electrical power of medicine*' is certainly insisted on at some length.

"I remain, sir, your obedient servant,

"A FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS."

In another paper, if you will permit me, I will place before your readers reasons for believing that all remedies act *ELECTRICALLY*—in other words, that every medicinal substance, like all other electric agency, has a double action—an action of attraction and an action of repulsion—in *different bodies*, bearing out the popular axiom, "That what is one man's medicine is another man's poison."

## Medical Notes and Queries.

### QUERIES.

HICCUGH.—Will any of your readers oblige me by communicating, through your Journal, the best remedy for Hiccough?  
R. S.

THE CHAMELEEA TRICOCCOS.—I shall be obliged if "Anti-Trocar" will inform me where the "widow-wail" (the *chamelelea tricoccos*) may be obtained. The Messrs. Butler, of Covent-garden, do not keep it, and are not aware that it can be procured in this country. I shall, therefore, be glad to know how and where "Anti-Trocar" obtained it.  
M.D.

### REPLIES.

DENTIFRICE.—Sir,—The "Beginner of the New Series" should use the following articles as a dentifrice,—I have done so for 25 years, and have not lost one tooth, nor have I any decayed:—Take two drachms of camphor, add to it a few drops of spirits of wine to powder it: then add 2oz. of prepared chalk, and a few scrapings of Castille soap; to be well incorporated.  
I am, sir, &c.,

EDWIN JAMES THORP.

Wood-street, Upper Clapton.

CHEST PROTECTORS.—Sir,—Observing, in the "Circular" of last week, a reference to Warm Plasters, by "Medicus," in answer to "Dartos," I cannot refrain from directing their attention to the Piline Chest Protectors, as being far superior to any kind of warm plaster. They not only afford warmth and the most perfect protection, but are at the same time free from the objection common to warm plasters, viz., that of obstructing the pores of the skin on which they are applied. Yours, obediently,

ALFRED MARKWICK.

Croydon, August 13, 1853.

USE OF LEFT HAND.—Sir,—Allow me to suggest that left-handedness most frequently arises from the nurse carrying the child on her left arm, by which the left hand only is at liberty. The child contracts the habit of seizing things with the left hand, and neglect afterwards confirms it.  
AMBI-DEXTER.

THE DISEASE which has been so fatal to the vines in Madeira is making great ravages near Lisbon. There are also symptoms of it in the port-wine district. A similar malady has destroyed a great many orange groves. The grape blight is now visible all over Sicily. The olive tree is also slightly touched.



## Medical Societies.

### EPIDEMIOLOGICAL SOCIETY.

*On Yellow Fever, as it appeared in the Island of Antigua, in the Years 1835, 1839, and 1842.*

By THOMAS NICHOLSON, M.D.

This paper, which throughout evinced, on the part of the author, both scientific and professional attainments of a superior order, was read by Dr. M<sup>r</sup>William. The author commenced by stating, that he had been thirteen years on the island of Antigua before he had an opportunity of witnessing a single case of the disease known to the English and Spanish colonists, on both sides of the Atlantic, for nearly a century, and described by writers under the terms "yellow fever," "bulam fever," "vomito prieto," etc., although severe and fatal cases of bilious remittent had been prevalent every year in the malarious districts,—in some seasons assuming an epidemic form, and producing great mortality. A formidable visitation of the bilious remittent was experienced in 1823; yet, although the mortality was very great, in no instance did "black vomit" occur. Reasoning from these facts, and from subsequent observation, the author believes, that "vomito prieto" was not known among civilians in the colony from 1816 to 1835, and the yellow fever differs as much from bilious remittent as the epidemic or Asiatic cholera differs from sporadic or English cholera; but that no circumstance had arisen to make him believe that the disease was propagated by contagion. Dr. Nicholson described, clearly and graphically, the three epidemics of yellow fever he had witnessed at Antigua. That of 1835 was preceded by a severe hurricane, that did great damage to the buildings in town and country, but more so to the vessels in the harbour of St. John's, the capital of the island, the barometer having fallen, during the fury of the tornado, not less than 1.5 inch. The sea, which rose in the gale above its usual level, aided by the wind, deposited a great quantity of marine-organic matters and vegetable rubbish about the wharves and precincts of the town bounded by the harbour; and it was remarked by the inhabitants in that quarter, that the smell arising from the sea, particularly at night, was peculiarly offensive. The visitation of the hurricane took place on the 12th of August, and cases of fever began to drop in about the 20th of September; but it was not until the 10th of October that the occurrence of a case of "black vomit" declared the true nature of the epidemic, which continued to increase until the first week of November; after which it gradually declined, and by the end of December had nearly disappeared. During the progress of the epidemic, Dr. Nicholson attended 220 cases; of whom 75 were Europeans, 65 white Creoles, and 80 coloured people. Of the Europeans, 12 died, of whom 10 had not been in the island twelve months. None of the native whites died; but two of the mixed race sank, under peculiar circumstances. The character of the fever, during the epidemic of 1839, was of a more open or inflammatory type than that of 1835, and the disease made its appearance by attacking only those young men who had come to the island during the interval. The invasion of 1842 was marked by the same predilection of the disease for new comers, and proportionate mortality among them, compared with the Creoles and the mixed race. On all these occasions, it is remarkable, that the epidemic was confined to St. John's; and, although Dr. Nicholson's practice extended over twenty-eight estates, on each of which white persons resided, who were unprotected by a former attack, none of them took the disease. Dr. Nicholson considers, that three varieties of malignant form of yellow fever are observable,—viz., the ardent, the adynamic, and congestive or apyretic. The diagnosis of yellow fever, and the symptoms, the treatment of each form, with the appearances observable after death were detailed in a very lucid manner, and illustrated by appropriate cases that occurred in Dr.

Nicholson's own practice during the several epidemics. Dr. Nicholson is opposed to the view which recognizes yellow-fever, bilious, remittent, and intermittent fevers, as the offsprings of the same terrestrial miasmata. He grounds his opinion on the fact, that the two last-named disorders prevail more or less between September and March every year, whereas, during the last twenty-five years, there have been only three visitations of the yellow-fever. The endemic forms prevail in the country districts chiefly, while the inhabitants of St. John's are seldom attacked with them; whereas the epidemic yellow-fever was confined to the city, and the garrison at the Ridgel, and English harbour. The European youth employed by the mercantile profession in the town are comparatively exempt from remittent fever, while those who superintend agricultural operations in the country never escape. After a brief, but admirable sketch of the geological structures, and of the more prominent features of the several districts of the island, Dr. Nicholson states, that although there is only one district which presents unequivocal sources of paludal emanation, yet that all parts of the island are at certain seasons affected by malaria. Two things, he adds, are always present when fever prevails in these districts,—a hot sun during day, and circumstances favourable to the radiation of heat from the earth, and the deposition of dew at night; and he considers that the febrile poison, whatever it may be, is deposited with the dew. In this way Dr. Nicholson explains the greater prevalence of remittents in country districts than in St. John's, it being well known that more dew is deposited in the open country, than in cities where houses conceal a portion of the sky; and that a soil covered with vegetation is also more favourable to the production of dew, than the trodden streets of a town. The introduction of European labourers into St. John's and into the country districts, has afforded ample opportunity for corroborating the views taken by Dr. Nicholson as regards the kind of fever to which town residents and country residents are respectively liable. Finally, Dr. Nicholson holds to the opinion, that the disease is *sui generis*, and that it attacks an individual only once in his lifetime. "This," continues Dr. Nicholson, "was in a great measure corroborated by the epidemics that fell under my notice,—not one of those persons who suffered in the first epidemic was attacked in the subsequent visitations."

Dr. Milroy said, that the communication must contain much valuable information. Dr. Nicholson had been fifteen years in the island without seeing an example of black vomit. He thought that this remarkable circumstance deserved attention, because, in all probability, the occurrence of black vomit would have been considered by some as a clear proof that the disease had been introduced; whereas, the experience of Dr. Nicholson proved clearly that it arose spontaneously. The experience of Dr. Nicholson, however, did not quite agree with that of other practitioners in Jamaica; but one of the most striking features connected with the spread of the disease which had been mentioned by the author, was its limitation to the town. Another instance had been related, in which it was confined to the military station. Epidemic diseases, according to his (Dr. Milroy's) belief, did not spread with a uniform and uninterrupted diffusion, but in scattered patches. It frequently happened, that when the yellow fever had been brought by vessels to the port it did not spread. The treatment adopted by Dr. Nicholson, differed from that practised by Dr. Blair and others in being of an antiphlogistic nature. Now, in Jamaica, this method of treatment was not found to be the most successful; indeed, the most distinguished physicians in that island were opposed to lowering measures, and the best treatment was found to be that which consisted of a combination of quina and calomel.

Dr. Gavin observed, with regard to the statement of Dr. Nicholson, that it was not at first easy to diagnose between yellow fever and the ordinary remittent fever so common in the West Indies, that he had found that a



certain redness of the fauces and eyes constituted specific signs of the advent of yellow fever. There was no more difficulty in predicating where yellow fever would break out in the town in the West Indies, than there was in foretelling the spots where typhus and cholera would be most prevalent in England. He (Dr. Gavin) had made arrangements for obtaining a larger amount of information than had yet been collected on the subject, which he hoped to be able, in a short time, to lay before the public. Dr. Blair was also preparing a second edition of his work, in which much new and valuable information would be contained. Reference had been made to the difference between Dr. Nicholson's and Dr. Blair's treatment: but he conceived that Dr. Nicholson was quite justified in objecting to the employment of Dr. Blair's treatment in the ardent form of the fever,—the form which he appeared more especially to have met with. Attention should, he thought, be always paid to the nature of the locality, as to whether it was, or was not marshy, in deciding the treatment proper to be adopted in any given case. The epidemic now prevailing in the West Indies, differed (said Dr. Gavin) from the previous outbreaks, in affecting natives as well as Europeans.

Mr. Richardson, Dr. Camps, and Dr. McWilliam joined in the discussion.

#### DOINGS IN THE NORTH.

Edinburgh, August 8, 1853.

How *can* you expect that at this season Edinburgh should be prolific of news!!

Imagine to yourself long lines of lofty houses, with papered windows, and notices of letters and parcels "to be left at the grocer's round the corner." Small-pox, measles, and scarlatina rusticated for the session, even doctors fled from the universal desolation, the grass growing on the deserted streets, cocks and hens roaming at large, and geese cackling where men were wont most to congregate. Still there is something. Symptoms now begin to be more apparent of a speedy

#### BREAK UP IN THE MONTHLY JOURNAL.

I hinted to you some time ago that the happy family engaged together in this periodical were not in that state of harmony which their proximity to one another rendered desirable. This was, of course, met by an indignant denial. Every means was taken to expend their belligerent propensities in foreign service, but, alas! in vain. Challenges innumerable were given to all their contemporaries; regrets were expressed that these were not accepted. At last a prospect of a fight appears. In pæans loudly sung. "Chemieus," rubbing his hands, exclaims with joy, "Lo! the old pirate has begun to blow his match and turn round upon us at last;" (a) but it comes too late. The mutiny has broken out on board their own vessel, and the testy little commodore and burly, bullying boatswain bespatter each other with the "smoke-balls and stink-pots" embarked for foreign service; and as the hull of the vessel, well battered in a hundred fights, sheers off, we have the uncomfortable feeling, that before we see it again all its crew will have disappeared, having shared the fate of the Kilkenny cats, and devoured one another.

Brief and troubled has its existence been. Let any one who doubts this, refer to the department headed "Medical News," which, from its commencement to the present time, has been little else than a chronicle of the quarrels in which its many editors have been either individually or collectively engaged.

Even the number for August affords a pretty good specimen of what it can do in this way.

No. 1. Dr. L. R. Thomson, *versus* the Procurator Fiscal.

No. 2. Professor Syme to Lord Palmerston.

No. 3. Professor Syme and Mr. Glover.

No. 4. Professor Syme and Mr. Fergusson.

No. 5. Professor Syme, *versus* law in general, and the expense of quarrelling in particular.

No. 6. Professor Bennet *versus* Mr. Symes.

Pretty well, certainly, for one month! Having quarrelled with all and sundry, who would not for peace-sake submit to their dictation, having quarrelled with their London publisher, having attempted to quarrel with the "London Hebdomadaries," with the London Medical and Chirurgical Society, with Mr. Guthrie, and Mr. Fergusson; they at last end, as might have been expected, in quarrelling with themselves.

#### STRIKE AMONG THE DOCTOR'S COACHMEN.

Within the last year, a fearful irruption of doctors' broughams has paraded the streets of Edinburgh, and its bye-lanes and back streets are now disturbed by the long unaccustomed sounds of carriage wheels. Much of this is probably to be attributed to the cheapness of provender for the last year or two, which rendered the keep of a horse a less expensive matter than it formerly was. Those among us who still keep up the peripatetic system, whether for the benefit of our health or our pockets, have been not a little amused to hear of a "round robin," which, in the course of last week, was delivered to most of those medical men who prefer to roll in inglorious ease in their carriages.

Purporting to proceed from a body who appear to have established themselves in a corporate capacity, under the title of the "Doctors' coachmen" this strange document, of which a copy has obligingly been lent to us, sets forth their complaints in due order, which being disentangled from the verbiage in which they are concealed, appeared to be threefold. 1st. Too low wages. 2nd. Too laborious employment. 3rd. Want of rest on Sunday. In regard to the first: we suppose the present rate of wages was fixed while provisions were high, and we are not aware that any diminution was proposed as wages fell. It is quite true, as these gentlemen allege, that masons receive more at present; but they forget altogether, that few tradesmen have constant, regular work, that they have to uphold themselves in tools, often of a very expensive kind, and that they are not found in clothes.

It seems also absurd, that the wages of "Doctors' coachmen" should be all alike. Some have much more work than others, and should be paid in proportion; and the matter is one which can only be satisfactorily adjusted between each master and each man.

In regard to their second complaint, there are few well-paid occupations, carried on with less "sweat of the brow," than that of a coachmen. If they are exposed to all weathers, they are well protected against their injurious influence; and we have only to direct an upward glance from our humble walk on the *favé*, to the "Doctors' coachmen," who, condescendingly, touch their hats to peripatetics like to us, as they pass by, to be convinced that there is much less solidity under the aforesaid beavers, than under the waistband of their breeches.

A simple remedy will be speedily resorted to, should the men be determined to drive their masters into a corner. The enterprising proprietor of a post-horse establishment is ready to supply doctors with broughams, and men in livery, by the hour.

The best cure for these worrying vexations, will be to follow our example, and be content with a few hours of a hackney cab.

The attention of the scientific world here has been lately engrossed with the

#### TORBANE HILL COAL CASE,

which occupied several days in the Jury Court here.

The mineral, regarding which the dispute arose, is apparently an argillaceous shell very largely charged with bitumen.

The gentlemen on whose estate it was found leased the "coal and lime" to a party who derived great profit from extracting naphtha from the bitumen. The proprietor then sought to recover damages from his tenant, for working what, under the contract, he was not entitled to

(a) See Monthly Journal for August, page 189.



work; and the whole question turned on the point, whether this product was really coal or not. All the most eminent geologists, chemist, and microscopic observers, were examined in turn, and the scientific evidence appeared to be tolerably equally balanced; the jury, however, very properly threw over-board the scientific question altogether, and gave a verdict for the lessee, on the ground that the substance in question was familiarly known as coal, worked as coal, and sold as coal.

Referring to the proceedings in the Jury Court, reminds me of the

#### DANGER INCURRED BY SIGNING CERTIFICATES OF LUNACY.

Last week, an action was brought by Miss Rough, of Dundee, against her relatives and two respectable medical men, who had signed a certificate of her insanity; on which, the sheriff granted a warrant, by virtue of which she was confined for three years, in a private asylum, about six miles from Edinburgh. On her release, she put herself in the hands of an agent, celebrated for undertaking desperate cases, by whom this prosecution was raised. Her evidence broke down completely; but though the medical men have thus gained their action, it will cost them each a very considerable sum to defray the expenses they were put to in defending themselves.—*Med. Times and Gazette.*

#### STRAY LEAVES FROM A DOCTOR'S SCRAP-BOOK OF MEDICO-LITERARY QUOTATIONS.

##### POPULAR HYGIENE, No. IV.

"Live not to eat, but eat to live."

An amusing account might be easily furnished of that very important event in the day of every Englishman—his dinner, whether as regards the variations it has undergone, both in quantity and quality, or the alterations in the hours for indulging in it, from the simplicity of olden times of merrie England, to the latest fashions of the day. Harrison, in his description of England in the sixteenth century (prefixed to "Holinshed's Chronicle"), says: "With us, the nobilitie, gentrie, and students do ordinarily go to dinner at eleven before noone, and to supper at five or six at afternoone." Now-a-days, as has been humourously rhymed,—

The gentleman who dines the latest  
Is in these days esteemed the greatest;  
But surely, greater than them all  
Is he who never dines at all.

A wag, being once informed that it was the fashion to dine later and later, replied, "I suppose it will end in not dining until *to-morrow*." And then, as to the quality of our dinner; spite of the made-dishes and acid wines of France, John Bull fortunately still greatly prefers the solid beef and pudding of old England, to which we are more than half disposed to believe his national as well as his personal prosperity are in a good measure owing. Prince Maurice of Nassau said the English fought so bravely because they had a piece of beef in their stomachs. Prior, in his "Alma," very properly asks,—

Was ever Tartar fierce or cruel  
Upon the strength of water-gruel?  
But who shall stand his raging force  
When first he rides then eats his horse?

Some also attribute the superior bottom of the British soldiery to their use of malt liquor, alias, *Vinum Britannicum*, alias, good home-brewed ale, which has likewise been deservedly called "liquid bread." Dr. Arne tells us,—

Your wine-tipping dram-sipping fellows retreat,  
But your beer-drinking Briton can never be beat.\*

\* An old ballad thus particularises the favourite beverages of various nations, in which John Bull has decidedly the best of it:

"The Russ loves brandy, Dutchman beer,  
The Indian rum most mighty,  
The Welshman sweet metheglin quaffs,  
The Irish aqua vitee;

Spite of the poor vegetarian's ascetic notions, most of us will readily assent to the following epigram:

"Abstain from flesh!" Richardus cries;  
"Twill make you candid, just, and wise."  
"Just, candid, wise, Pythagorean:—  
"Feed thou on pulse—roast beef feed we on."

The troops of worthy teetotallers that have started up in our own day, are most of them, happily for themselves, wise enough to discover, as Johnson has it, that "it is easier to abstain than refrain."

On many occasions of our slighter ailments, temperance is the best physic. "Abstinence, well-timed," remarks Addison, "often kills a sickness in the embryo, and destroys the first seeds of an indisposition." Abernethy, being once asked, probably by some over-fed alderman, what was the best cure for the gout, replied, "Live on sixpence a day, and earn it."

Fast, and fear not, you'll need no drop or pill;  
Hunger may starve, excess is sure to kill.

Addison quotes the following dinner-rule of an eminent physician: "Make your repast of one dish." Sir W. Temple gives this one for drinking: "The first glass for myself, the second for my friends, the third for good humour, and the fourth for my enemies." It has often been facetiously remarked, that there exists an alliance between cooks and doctors. Seneca observes that, in proportion to the number of cooks, so have diseases multiplied. A physician of note, when visiting his patients, used never to fail paying his respects to the cooks, thanking them for the valuable aid which they, with their pleasing poisons, rendered him. Epicurus has, it seems, been sadly mislabeled. Instead of being the *bon vivant* most people fancy him, he had inscribed over the door of his house at Athens, these words:—

"A great house, but little cheer,—  
Bread and cheese, small beer.  
Epicurus lives here."

His philosophy consisted in this: "Know that temperance is true luxury." And to his numerous modern disciples he would very likely exclaim:

"Fools, not to know that half exceeds the whole;  
How blest the sparing meal and temperate bowl."

It was by these means especially that he was so great an advocate for pleasure.

#### Our Note Book.

##### THE MOTION OF THE SPERMATOZOON IN RELATION TO THE FUNCTION OF IMPREGNATION.

This motion Mr. Newport regards as only the visible exponent of a peculiar power in the impregnating agent, being essential to its function, and associated with its structure and composition, the degree of procreative efficiency being determined by the intensity of this motor power. He also believes that some portion of the substance of the body of the spermatozoon is communicated to the egg in fecundation. The author has also distinctly observed, by placing the egg beneath the microscope at the time of the spermatozoa being applied to it, that the spermatozoon always penetrates into the envelops at the part only to which it is applied, and that soon after, it strikes into the vitelline membrane by its thicker or body portion, in a line with the point at which it has entered and the centre of the yolk; and he has found that eggs so penetrated have become fertilized, and produce embryos. On the contrary, eggs in which the spermatozoa have been observed on their surface, but have not penetrated, so as to come in contact with the yolk membrane, have been unfruit-

The French extol the Orleans grape,  
The Spaniard tipsples sherry,  
The English none of these escape.  
For they with all make merry."



ful. The spermatozoon invariably enters the egg with its thicker or body portion foremost, passing onwards in a direct centripetal direction, and with a slight serpentine motion, to the vitelline membrane. All the above-mentioned results obtained by artificial impregnation were confirmed by the author, who examined some of the eggs impregnated by the natural concurrence of the sexes. Spermatozoa were observed striking into the vitelline membrane many hours after the time at which the egg must have been fecundated.

THE NATURE OF THE INFLUENCE OF THE SPERMATOZOON,  
WHICH IS DETERMINED FROM THREE DIFFERENT SETS  
OF EXPERIMENTS.

First. By immersion of the eggs before, and at the period of, fecundation, and during the segmentation of the yelk in solution of potash, he observed that the endosmic action of the envelops of the egg is exceedingly rapid, as decomposition of the yelk commenced in some within *three minutes* of the application of the solution. In a weak solution, the result was favourable to the action of the spermatozoon. 2ndly. By reducing the bodies of recently obtained spermatozoa to a fluid state by trituration, and then applying the fluid to the egg immediately it is expelled from the female, the result was that no fecundation was effected; the yelks, however, being in some cases shrivelled and contracted, showing that the broken-down spermatozoa had passed to the yelk by endosmosis. 3rdly. Portions of seminal fluid, when not triturated, on being applied to the eggs resulted in each case in fecundation. These experiments show that fecundation is not the result of the application of a portion of the body of the spermatozoon to the egg, but seems due to some dynamic power in the spermatozoon, which becomes lost when it has ceased to give evidence of the retention of it in its power of motion. [These latter observations of Mr. Newport's appear to be of the very highest importance, distinctly proving the fact of the entrance of the spermatozoa into the interior of the ova, and confirm, in a most marked degree, the observations lately made by Dr. Nelson on the reproduction of the *Ascaris Mystax*, where is also noticed the fact of the spermatie particles becoming imbedded in the substance of the yelk itself, previous to fecundation being effected.]—*British and Foreign Medico-Chirurgical Review*.

### Obituary.

Lately.—W. BETTY, Esq., M.R.C.S. Eng., 1825; Licentiate in Midwifery of the Dublin Lying-in Hospital, 1825; at Lowtherstown, Co. Fermanagh, Ireland. Mr. Betty held the offices of Surgeon to the Lowtherstown and Ballinamallard Dispensaries and Medical Officer to the Lowtherstown Union Workhouse and Fever Hospital.

Lately.—ALEXANDER CAMPBELL, Esq., Surgeon of her Majesty's 21st Infantry.

Lately.—ROBERT H. SWINY, M.D., formerly of Limerick, at Adjala, North British America.

Lately.—E. M. WAUGH, Esq., Assistant Medical Officer of the 2nd infantry, W.S.A., at Fort Gunna, California. The deceased was a son of the Rev. John Waugh, Skibbereen, Co. Cork, Ireland.

CHLOROFORM A MOTIVE POWER.—The inhabitants of our port have just witnessed some experiments to move machinery by the vapour of chloroform. The experiment was made by the steamer *Galilee*, of 120 horse power, and under the inspection of the Minister of Marine during his last visit. After making several turns in the harbour, she went out into the roadstead, at the rate of not less than nine knots an hour. The success of the experiment was complete.—*A Lorent correspondent*.

### Medical News.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practice on Thursday, August 18, 1853:—William Altham, Bentham, Yorkshire; William Roger Banks, Birmingham; Edward John Longton, Southport, Lancashire; William John Newman, Sydney; George Mayris Pittock, Deal, Kent; Peter Williams Rolston, Devonport; George Stopford Taylor, Sheffield; Thomas Middleton Williams, Welio, near Oberton, Notts.

ROYAL COLLEGE OF SURGEONS.—The library and museum of this institution close this day, the former for one month, and the latter for two months, for the necessary cleaning and alterations.

CHARING CROSS HOSPITAL—MEDICAL SCHOOL.—DISTRIBUTION OF PRIZES, 1853.—The following gentlemen were the successful competitors:—*General Proficiency*, the Governors' Silver Medal, Mr. T. Terry, Bath. *Chemistry*, Silver Medal and Certificate, Mr. J. Watts, Gerrard-st.; Certificate, Mr. J. M. Heward. *Materia Medica*, Silver Medal, Mr. R. Biggs, Bath; Certificate, Mr. E. J. Worth. *Anatomy* (Senior), Silver Medal, Mr. T. Simpson, Bishop's Stortford; Certificate, Mr. G. P. Barton, Bartlow. *Anatomy* (Junior), Bronze Medal, Mr. J. Watts; Certificate and Books, Mr. R. Biggs; Certificate and Book, Mr. J. M. Heward. *Midwifery* (Senior), Silver Medal, Mr. G. P. Sleigh; Certificate, Mr. W. H. Diamond. *Midwifery* (Junior), Bronze Medal, Mr. J. Watts; Certificate, Mr. R. Biggs. *Physiology* (Senior), Silver Medal, Mr. T. Simpson; Certificate, Mr. G. P. Barton. *Physiology* (Junior), Bronze Medal, Mr. Heward; Certificate, Mr. J. Watts. *Medicine* (Senior), Silver Medal, Mr. R. Fish, St. John's Wood; Certificate and Book, Mr. G. P. Barton. *Medicine* (Junior), Bronze Medal, Mr. T. Simpson; Certificate and Book, Mr. C. S. Watkins, Chandos-street. *Surgery* (Senior), Silver Medal, Mr. G. P. Barton; Certificate, Mr. Simpson. *Surgery* (Junior), Bronze Medal, Mr. J. Watts; Certificate, Mr. R. Biggs. *Botany*, Silver Medal, Mr. J. Watts; Certificate, Mr. J. M. Heward. *Medical*, Silver Medal, Mr. A. M. Carr, London. *Jurisprudence*, Certificate, Mr. T. Simpson.

THE END OF QUACKERY.—Among the many novel systems of medicine for which the present day is remarkable, there is one distinguished by a name that, at least, seems very appropriate. It is called Coffinism. This is candid. The term, however, is so comprehensive, that it might, with great correctness, be applied to all manner of therapeutical schemes which deviate from true medical science. There is one right method of treating diseases, and there are many wrong ones; to all whereof the denomination of Coffinism is justly applicable; since it indicates, with exactness, the tendency of each of them; every improper way of attempting to cure people being a path which leads to the "bourne from which no traveller returns;" in short, which terminates in the elm box.—*Punch*.

COMPARATIVE HEALTHINESS OF ENGLAND, FRANCE, PRUSSIA, &c.—The annual rate of mortality in England may be best understood by saying that there are 46 persons living to 1 dead. That is, the mortality as 1 in 46. In 1841, the annual mortality per cent. was 2207, or 1 in 45. In France there were 42 living to one death; in Prussia, 38; in Austria, 33; and in Russia, 1 person in 28 died annually. In the latter country, the mortality per cent. is 3590, or in other terms, out of every 100,000 Russians living, only 3590 died in one year: while out of 100,000 British living, only 2207 died in the same period. In several Italian cities the annual mortality of the inhabitants is from 3 to 4 per cent. In the city of Naples, which has been shown to be one of the healthiest in Europe, it appears that 4046 persons died out of every 100,000 of its inhabitants. From these facts, it is evident that there is a lower rate of mortality among the in-



habitants of this country than in either of those enumerated, and that in some instances the mortality falls little short of one-half the same as existing in less favoured regions.

**CHOLERA.**—The official returns at Copenhagen, to the 14th of August inclusive, announce 6937 cases of cholera since the appearance of the epidemic, 3756 of which have been fatal. In Stockholm, the *Gazette* daily announces additional ports, the vessels arriving from which are to be subjected to quarantine on suspicion of cholera. The last places on the list are Dantzic and all Prussian and Mecklenburgh harbours, and Archangel and all Russian ports on the White Sea. Reports from St. Petersburg represent the disease raging there as presenting symptoms peculiar to cholera blended with those characteristic of yellow fever. In consequence of the cholera, the opening of the University in Copenhagen has been put off for a month; 600 families are living under tents and in wooden booths hastily knocked up. The troops in the camp at Powonski, near Warsaw, are much troubled with ophthalmia, and the cholera has again begun to show itself in the capital of Russian Poland. Though this has not yet been officially made known, the correctness of the information may be depended on.

**THE POTATO DISEASE.**—This disease has re-appeared this year in numerous instances, and is spreading with such rapidity as to threaten an amount of mischief equal to that of 1846. In all quarters complaints are heard of the late crops; some of the beautiful early potatoes exhibited last Tuesday to the Horticultural Society became diseased the next day. What especially produces alarm is the sudden appearance of spots on the leaves, attended by a general rustiness of the underground stems, and the disagreeable smell which more especially marked the years 1845 and 1846. Letters from Saxony say that the disease there is already discoverable by the nose alone. It is evident that these vegetable diseases are on the increase on the Continent.

## Notices to Correspondents.

**ANTI-SALAMANDER.**—We have received thy justly-reasoned epistle, and admire the aptness of its illustration, but we are sorry to tell thee that at the present moment we have not space for its insertion. Nevertheless, it shall be duly labelled, and carefully preserved for use on a suitable occasion.

**DR. ADAIR CRAWFORD.**—Communication received.

**A SUBSCRIBER AND A YOUNG SURGEON.**—The diploma cannot be obtained without attendance. The fee for the degree of master in surgery from the University, is ten guineas. For further particulars, you should apply either to Dr. Thomson, Clerk of the Senate of the University of Glasgow, or to Dr. Aitken, Registrar of the Faculty of Physicians and Surgeons.

**E. D. A. N.**—Druitt's.

**DR. VIETTINGHOFF.**—Communication received. Enough has appeared on the subject.

**A SUBSCRIBER.**—1st, The physician would act more justly by his professional brethren by declining gratuitous practice under the circumstances stated. 2nd, Physicians' fees are no longer like the laws of the Medes and Persians. Physicians now take, commonly, as much as they can get, and, like your friend, when they can get nothing they take nothing. It is difficult to fix the amount of fee. 3rd, We do not quite understand the last question.

**M.D.**—A "Colonial Surgeon" is an official character we are not acquainted with. If such surgeons be appointed, they are, in all probability, nominated by the local government.

**MR. MATTHEWS.**—The College has no power in the matter.

**MR. COOKE.**—A notice of it appeared in our thirty-second number.

**MR. TAYLOR.**—To publish your letter would be to violate a rule which we have laid down for our guidance, viz., to avoid the discussion of any subject upon any evidence not connected with our own science. Every subject must be regarded from a medical point of view to entitle it to our consideration. If we did not observe this rule with tolerable strictness, we should soon be involved in endless and unprofitable controversies. We approve, generally, of the sentiments expressed

in your letter, but in one point you have misunderstood us. We do not abet the advocates of extreme views on either side of the Sunday question, and a "slashing" article, therefore, is not likely to proceed from our pen, even if we thought it prudent to countenance the discussion. Far better do we think it that men should sink minor differences of opinion, and, holding fast by essentials, aid in effecting that reconciliation for which many wise men have within these last twenty years hoped and laboured. Our own profession, which, from the nature of our studies, should be composed of a body of philosophers, ought to be the last section of society to encourage religious antagonisms. There is a supercilious cry current against philosophy, but it is unjust, for true philosophy and true religion sustain each other. Enough.

**MR. MORRIS.**—Your letter has been handed to the publisher, and will be attended to.

**CROCUS.**—The period is four years. We do not advise you to study for the diploma unless you have private reasons for so doing.

**JUVENIS.**—You should consult the original. It is very difficult to distinguish the different kinds of milk of animals even by the microscope. We know of no certain and invariable sign.

**MEDICUS.**—We should be happy to publish a communication from you on the subject. The question of race in relation to the liability to disease, has not been determined. There is, however, a considerable number of facts scattered about relating to the matter—many might be collected from the reports of our Indian surgeons, and many, also, from the American Journals, but the latter are likely to be corrupted by prejudices. With respect to scrofula, Mr. Ancell's recent work will give you full information.

**ANTI-QUACKERY.**—We have never heard before of Mr. Roberts, the "Army Surgeon!" but we should think that his own letter would be sufficient to open the eyes of his correspondents. We hardly know which to admire most, its caligraphy or its orthography. Judging by our correspondence, Norfolk appears to abound in quacks, and we infer, therefore, in dupes. What are the medical men about in that county?

**CALAMUS SCRIPTORIUS.**—A private letter shall be sent.

**MR. W. F.**—1st, Yes. 2nd, Yes.

**BETA.**—1st, Simpkin and Marshall, Paternoster-row. 2nd, Apply to the Secretary of the Poor-law Board.

**VINDEX.**—A letter has been already sent.

*To the Editor of the "Medical Circular."*

**SIR,**—Pray have the kindness to enquire of your refractory correspondent "Busigny," how he can return your Circular unopened if the contents do not please him?—In answer to T. Buchanan's query as to the treatment of dyspnoea, I would suggest, as the nearest approach to a specific, to consult some competent medical man.—Truly yours,

Galway, 20th August, 1853.

**MATTER OF FACT.**

[The foregoing note suggests the necessity of a remark from ourselves relative to our "Notes and Queries." As a rule, we repudiate all inquiries from laymen about the appropriate remedies for disease, and if we have reason to suspect that any communication proceeds from such a source, it is instantly set aside. Queries from medical men are always inserted with pleasure, as the answers elicited may develop points of interest not otherwise likely to come under professional observation. We do not intend this chapter to be a medium of communication between doctor and patient, but between doctors themselves, for the elucidation of curious, recondite, or useful points in professional study and practice.]

*To the Editor of the "Medical Circular."*

**SIR,**—Will you inform me as to whether Dr. Coffin, mentioned in the list of professors of the New Medical School of the Royal Free Hospital, is the great American Botanist, and author of the "Botanic Guide to Health," and founder of a new medical sect called Coffinites. By answering the same in the next number of the "Circular," you will oblige yours, &c., A CONSTANT READER OF THE "MEDICAL CIRCULAR."

1, Salmon's-lane, Limehouse, Aug. 25, 1853.

[The authorities of the school will, perhaps, kindly supply our correspondent with an answer.]

**MR. D. THOMSON.**—Avoid all advertising quacks.

**ERRATA.**—In our last number, p. 144, second column, last paragraph but one in the article Deaf-Dumbness, instead of "all the causes of accidents, all deaf-dumbness, &c." read "all the causes of accidental deaf-dumbness." Also in our Report from the Central Ophthalmic Hospital, instead of Mr. Haynes Walton, read Mr. Haynes Walton throughout the article.



## ADVERTISEMENTS.

### New Ballads, &c., by the most

Eminent Composers, published by ROBERT COCKS and Co., publishers to the Queen, New Burlington-street, London.

TRUTH IN ABSENCE: Canzonet. By E. B. Harper. 2s.

FADING AWAY: Song. By Miss Anne Fricker. 2s.

OCH! KATTIE, MY DARLING: Comic Ballad. By J. Blewitt. 2s. 6d.

THE TEAR: Ballad. By F. Kucken. 2s.

WHY THAT TEAR? Ballad. By Miss Anne Fricker. 2s.

ON FAIRY WINGS the BUTTERFLY: Song. By F. Abt. 1s. 6d.

THE TRYSTING TREE: Song. By F. Abt. 2s.

VARIATIONS FOR THE VOICE: sung by Madame Sontag. By F. Kucken. 3s.

COME, COME WITH ME, By J. W. Cherry. 2s. 6d.

THE SONG OF THE CLOCK. By J. Blewitt. 2s. 6d.

THE MUSIC OF THE SHELL. By J. W. Cherry. 2s.

SWEET REMEMBER'D MUSIC: Ballad. By Stephen Glover. 2s.

KATE OF KILDARE: Ballad. By Stephen Glover. 2s.

MARY ASTORE: Ballad. By Stephen Glover. 2s.

SAUCY KATE: Ballad. By J. Blewitt. 2s. 6d.

IF THOU MUST SING TO-NIGHT: Song. By E. Land.

ROBERT COCKS and Co., New Burlington-street.

### Champagne, 40s. per dozen, in One-

DOZEN CASES.—This really fine Wine in splendid condition, and undistinguishable from that charged double the price, is to be obtained only of H. WARREN & Co., who, being the *bona fide* Importers of French and German Wines direct from the vineyard, offer them at unexampled low prices. CLARET, 30s.; HOCK, 36s.; MOSELLE, 36s.; PALE SHERRY, 33s.; OLD PORT, 34s. Orders per post, containing a post-office order, will receive immediate attention.

H. WARREN & Co., 302, Regent-street, London (nearly opposite the Polytechnic Institution).

### New Truss for Hernia.—F. Walters

begs to call attention to his NEW TRUSS, with improved *water-pad*. The advantage of water is, extreme softness and the certainty of the pressure being always in the proper place. This truss has received the approbation of the most eminent surgeons, many of whom pronounce it the most perfect ever yet produced. F. W. can, therefore, confidently recommend it to all those requiring such assistance. Manufactured only by F. Walters, of whom can be had the new double-action Cycloidal Enema Syringe; also Walters's celebrated Railway Convenience for Ladies and Gentlemen.—F. Walters, 16, Moorgate, City.

### TO PHYSICIANS, SURGEONS, AND DRUGGISTS.

#### BROWN'S CANTHARIDINE BLISTERING TISSUE,

*Prepared from pure Cantharidine.*

### An Elegant Preparation, Vesicating

in much less time than the Emp. Lytta. P.L., easily applied and removed, and will not produce stranguary or troublesome after-sores. It has received the sanction and commendation of the most eminent practitioners in the Kingdom.—In Tin Cases, containing twelve square feet, 6s. 6d.; and small Cases of six feet, 3s. 6d. each.

#### BROWN'S TISSUE DRESSING,

An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the "New York Journal of Medicine," March 1st, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharidis are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the medical profession.

"Accompanying this article is a very simple and neat dressing."

From the "Medical Examiner and Record of Medical Science," for May, 1850, published in Philadelphia.

"We have received from Mr. George D. Phelps of New York, specimens of Brown's Cantharidine Blistering Plaster and Dressing, with which our readers are doubtless familiar as a new and exceedingly neat preparation, easy of application and certain in their effects. We have given them a fair trial, and find they fully answer our expectations."

"Army Medical Department, January 16th, 1847.

"The Principal Medical Officer of the General Hospital, Port Pitt, Chatham, reports that Mr. Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of stranguary. ANDREW SMITH, M.D.

"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist."

Prepared by THOMAS B. BROWN, PHARMACEUTICAL CHEMIST, 42, ADMIRAL-TERRACE, VAUXHALL-BRIDGE-ROAD, LONDON; and sold by the Sole Consignee, Mr. William Bailey, Wolverhampton, and all Wholesale and Retail Druggists and Medicine Agents throughout the British Empire.

### Members of the Medical Profession

and the Public are respectfully requested, before to inspect the extensive and well-selected Stock at RICHARD A. C. LOADER'S CABINET AND UPHOLSTERY WAREHOUSES, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields. The Stock comprises every requisite for furnishing, at as low a price as goods of a guaranteed quality can be supplied. Catalogues gratis. RICHARD A. C. LOADER, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

### W. Twinberrow begs to draw the attention of the Medical Profession to his

#### EXTRACT OF INDIAN HEMP,

Prepared expressly for him at Calcutta, its peculiarly sedative properties being so beneficial where opiates are inadmissible; also to his

#### LIQUOR TARAXACI AND MEDICINAL EXTRACTS.

Prepared from the fresh plant (*Hyoscyamus Niger*, *Conium Maculatum*, *Atropa Belladonna*, *Cotyledon Umbilicus*, &c.), all of which contain the properties of the fresh juices unimpaired in their manufacture.

W. T. has just received a supply of Indian Bael (*Egle Marmelos*), now being so much recommended for Dysentery and Diarrhoea. 2, Edwards-street, Portman-square.

### Argyll Baths, 10, Argyll-place, REGENT-STREET,

AND AT 5, NEW BROAD-STREET, CITY.

TERMS:

#### WARM BATHS—ONE SHILLING EACH.

Reserved Rooms, including the Ladies' Department, One-and-Six-pence each: Twenty-one Transferable Tickets, One Guinea. Vapour, Sulphur, and Harrowgate Baths, 3s. 6d. each—8 for 21s. Hot Air, Mercurial, and other dry Fumigating Baths, 5s. each—6 for 21s.

Portable Warm Baths sent out within ten miles of London. Single Bath (with hot linen, &c.), within one mile of Argyll-place, 5s.; every additional mile, 1s. extra.

An idea may be formed of the capacity of these Establishments when it is stated that upon their erection and completion upwards of £30,000 has been expended, and that at each place one hundred Baths can be given in an hour.

### United Kingdom Life Assurance

COMPANY. Established by Act of Parliament in 1834.

No. 8, Waterloo-place, Pall-mall, London.

The distinctive features of the Company embrace, amongst others—Tables of Premiums formed on the lowest scale compatible with security, and constructed to meet the various wants of Assurers, and every risk to which protection by Assurance can be extended.

One-half the Life Premium for the first Five Years may remain on credit.

Loans granted on approved Personal Security.

Assured not restricted in their limits of travel, as in most other Companies, but may proceed from one part of Europe to another in decked vessels, without License, and to British North America, and many parts of the United States, without extra premium, by merely giving the ordinary notice to the Office in London of the intended visit.

Whole-world Policies granted at slightly increased rates of Premium, thus rendering a Policy in money transactions a real security.

Prospectuses, and every information, may be obtained on application to the Resident Director

#### SULPHATE OF QUININE.

TO SURGEONS, DISPENSING CHEMISTS, &c.

### Sulphate of Quinine, Pure Crystallized prepared by EDWARD HERRING,

For the use of Hospitals, Dispensaries, Surgeons, Dispensing Chemists, &c.

This Sulphate of Quinine is Chemically pure, its form of Crystal is the same, and in every respect identical with the Sulphate of Quinine of Commerce, the only difference being that the one is bleached and the other unbleached.

The mode of manufacturing the Hospital or Unbleached Sulphate, and also the usual White Sulphate, is being made the subject of a Patent, the peculiarity of process avoiding the use of Impure Animal Cha coal.

It is in use in the large London and Provincial Hospitals and Dispensaries; but its PURITY and GREAT REDUCTION IN PRICE are now attracting the attention of Medical Men and Dispensing Chemists.

It is put up in bottles (free) of three ounces and six ounces each; also in one-ounce sample bottles (charged), capsuled with the name of the Proprietor, and labelled with the name of the Inventor.

Both these Sulphates to be had of the leading Druggists in London and the United Kingdom, and in quantities of not less than 100 ounces, of JACOB HÜLLE, jun., Proprietor,

Chemical Works, Trinity-street, Southwark, London.

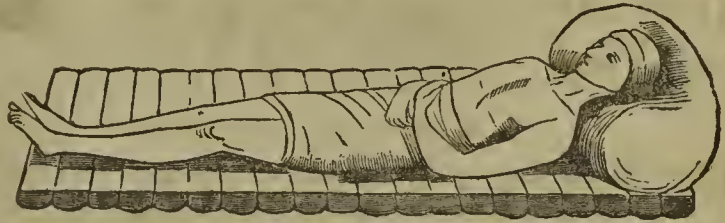
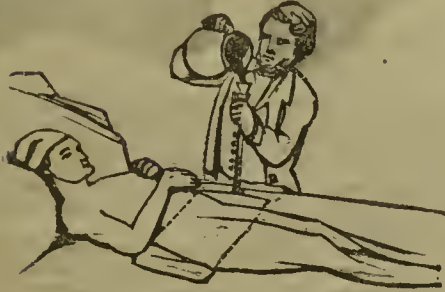
May 3, 1853.



## ADVERTISEMENTS.

### MR. HOOPER'S IMPROVED INVALID WATER OR AIR CUSHIONS, AND MATTRESSES OR BEDS.

Being made of prepared India-rubber, without the admixture of cloth materials, Leakage is avoided.  
See the "LANCET," Jan. 25, 1851.



**CUSHIONS FOR BED-SORES.**—Whether threatened with Sloughing, or in which Sloughing has taken place, Fractures, Diseased Joints, Ulcerated Cartilages, Coldness of the Stomach, Pain in the Bowels, Spasms, Lassitude, Typhoid and other Fevers, Gouty and Rheumatic Affections, Cancer, Ovarian Dropsy, Coldness of the Stomach and Feet, Consumptive and all Bed-ridden Patients. They are simply placed on an ordinary mattress, and covered with two or three blankets and a sheet as an ordinary bed.

For further reports of their utility, see Mr. Cæsar Hawkins's Letter in the "Lancet," Oct. 27, 1849; Dr. Hake's Letter in the "Provincial Medical and Surgical Journal," Nov. 1, 1850; Dr. Thorn's Letter, "Medical Times," March 20, 1851; also the "Institute," February 8th, and the "Lancet," Jan. 25th, and Feb. 15th, 1851.

### To all Bad Writers.—Mr. T. H.

CARSTAIRS continues to give LESSONS to Ladies and Gentlemen in his highly improved METHOD OF WRITING, enabling all those who require it to obtain a command and freedom seldom (if ever) equalled. Prospectuses of terms, &c., may be had at the Establishment, 81, Lombard-street, City.

### Professional Protection—Medical

PRACTITIONERS, SOLICITORS, and others, secured a provision in the event of permanent sickness, or disability from following their ordinary occupation, by payment of a trifling annual premium to the LAW, PROPERTY, ASSURANCE AND TRUST SOCIETY.

HEALTHY AND DISEASED LIVES ASSURED ON ADVANTAGEOUS TERMS.

WILLIAM NEISON, Actuary and Secretary,  
30, Essex-street, Strand, London.  
Agents wanted.

### Royal College of Physicians, Degree

OF M.D., APOTHECARIES' HALL, &c.—DR. COOKE continues to assist (personally or by correspondence) Gentlemen desirous of Graduating in Medicine or Surgery, or of Matriculating at British or Continental Examining Boards.—For terms, &c., apply to DR. COOKE, East Temple Chambers, 2, Whitefriars-street, Fleet-street.

### Madame Caplin, 58, Berner's-street,

OXFORD STREET, obtained the only prize granted for CORSETS in the United Kingdom at the Great Exhibition, 1851, awarded by the Medical Juror, Class 10, Scientific Section.

Madame Caplin, Inventor and Patentee of the Hygienic and Corsetiform Corsets, Elastic Bodices, Belts, &c., &c., which, from their anatomical construction, admit of a variety of adaptations suited to all ages and to every case.

Madame Caplin invites ladies to inspect the above, of which they will find an extensive assortment at her Establishment, together with the Invisible Scapula Contractor, or Chest expander, which will be found one of the most valuable inventions ever offered to the public for the prevention of narrow chests, high shoulders, and the general stooping of the body.

The above are recommended by the most eminent medical men, both in England and France, and a description of their merits will be found in Dr. Tilt's great work, "Elements of Female Hygiene."

### New Inventions by Madame Caplin,

58, Berners-street, Oxford-street.—The Compressing Self-adjusting Belt, for the support and diminution of the abdominal muscles, adapted without lacing or straps, thereby avoiding all the inconveniences arising from ordinary belts. It is recommended by the first medical men, who have pronounced it one of the most valuable inventions of the kind hitherto brought before their notice. Also, the Contracting Belt, to be worn immediately after accouchement; it is light in its construction, embraces the whole of the lower part of the body, and becomes stationary by its entire new mode of fastening, whilst the requisite motion is provided for with elastic material being inserted in various parts, and may be regulated at pleasure by the wearer.

STAYS SUPERSEDED.

### Great Exhibition Elastic Bodice.

—Stiff Stays destroy natural grace, produce deformity, and implant disease. Curvature of the spine, consumption, and a host of evils arise from their use. MARTIN'S ELASTIC BODICE is without whalebone or lacing, at the same time furnishing a sufficient support, and imparting to the figure that natural elegance, which is quite impossible under the pressure which is the great aim, as mischief is the certain end, of all kinds of stays. The time and patience of the wearer are also spared, by a simple fastening in front, to obviate the trouble of lacing. As there are several imitations of these celebrated Bodice, it is necessary to inform the Public that they can be obtained only of the Inventors and Manufacturers, E. AND E. H. MARTIN, 504, New Oxford-street.

A Prospectus, &c., on receipt of a stamp, can be sent by post.

NO ACT OF PARLIAMENT REQUIRED TO SETTLE  
THE BOTTLED-BEER QUESTION.

### Earle Brothers & Co. beg to inform

the Public that they have made arrangements to sell Bass's or Allsopp's Pale Ale and other Pale Ales of the first quality, genuine Dublin Stout, in Bottles manufactured expressly for them, containing the full IMPERIAL QUART and PINT MEASURE, at the following prices:—



	s.	d.
Bass's or Allsopp's best Pale Ales,		
at per Dozen Imperial Quarts	8	0
Ditto ditto Pints	4	6
Genuine Dublin Stout, warranted of the first quality—		
per Dozen Imperial Quarts	7	0
Ditto ditto Pints	4	0



EARLE BROTHERS & Co., guarantee their Ales and Stout to be of the finest quality, and earnestly invite the Public to avail themselves of the great saving they will make by honouring this firm with their patronage.

EARLE BROTHERS & Co. call the attention of the Public to the important fact, that they are offering

Three Gallons—that is One Dozen and a Half of the present mis-called Quarts and Pints—for a Lower Price than the public is now paying for Two Gallons, or One Dozen of precisely the same article, identical in quality, and brewed by the same eminent firms.

The advantage to the Public is one-third more for the same price.

The Public has loudly complained of the short measure it has been the practice of the dealers in Bottled Beer to give.

EARLE BROTHERS & Co. offer the Public a complete remedy, and respectfully beg the Public to avail themselves of it.

	s.	d.
Bottles charged per dozen Quarts	3	0
Ditto ditto Pints	2	6

Full credit given for the Bottles when returned.

EARLE BROTHERS AND Co.,

Wine and Beer Merchants,

4, DUNCANNON STREET, TRAFALGAR SQUARE, LONDON.



## Medical Agency, 50, Lincoln's-inn-fields, Conducted by

**MR. BOWMER, M.R.C.S.L.**

All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.

(OFFICE HOURS, 11 TILL 4.)

1853-4.

## Sydenham College, Birmingham.—

NOTICE.—The Course of Lectures on the *Principles and Practice of Surgery*, was inadvertently omitted from last week's advertisement; the error will be found corrected in the advertisement of to-day.

ALFRED HILL, Honorary Secretary.

## The Middlesex Hospital School of

Medicine.—The WINTER SESSION will commence on Monday, October 3rd, 1853, with an Introductory Lecture by Dr. Frere, at eight o'clock, p.m.

The Hospital is now undergoing a further enlargement, and will receive upwards of 300 in-patients. The annual number of out-patients exceeds 12,000.

The School buildings have been considerably enlarged; the size of the Anatomical Museum has been doubled; and a new Library and Museum of Materia Medica have been provided.

Fee for Eighteen Months' Medical, and Three Years' Surgical Practice, £30.

Fee for attendance on the Hospital Practice and Lectures required by the College of Surgeons and Apothecaries' Company, £75. This sum may be paid by instalments of £30 at the beginning of the First Session, £30 at the beginning of the Second Session, and £15 at the beginning of the Third Session.

For further information, apply to Mr. De Morgan, Treasurer to the School, at the Hospital daily, from One to Two o'clock; to Dr. Croft, the resident Medical Officer, or to Mr. Shedden, Secretary to the Hospital.

Prospectuses may be obtained on application at the Hospital.

## The Artificial Tympanum.—Mr.

YEARSLEY'S PAPERS on his 'NEW MODE OF TREATING DEAFNESS' are reprinted from the 'Lancet,' in the form of a Pamphlet, which may be obtained of Mr. Churchill, Medical Publisher, 46, Princes-street, Soho, price One Shilling, or sent by post on receipt of Sixteen Postage Stamps.

"We have ourselves seen the remedy applied by Mr. Yearsley in several cases of apparently incurable deafness, and the effect produced appeared to be almost miraculous. This happy discovery establishes for our profession another claim to public gratitude and respect."—Leading Article of the 'Lancet.'

## Nos. 30, 31, 32, 33, and 39, of the

"MEDICAL CIRCULAR."—Any gentleman possessing these Numbers, and who may be willing to dispose of the same, will greatly oblige by forwarding them to the Publisher, who will immediately return Eight Stamps for each copy, or exchange them for any other Numbers, if desired.

OFFICE, 123, STRAND.

## Dr. Pereira.—This late Eminent

Physician's opinion of HARDS' FARINACEOUS FOOD for Infants and Invalids:—

"I have carefully examined, and repeatedly prescribed 'Hards' Farinaceous Food' (See Pereira's 'Treatise on Food and Diet,' pp. 309 and 473, &c.), which is prepared from the most nutritious of the cereal grains. It combines both nitrogenised and non-nitrogenised alimentary principles, and forms a very valuable food for children and invalids.

"JOHN PEREIRA, M.D., F.R.S.,

"Assistant-Physician to the London Hospital.

"47, Finsbury-square, July 1, 1843."

Sold by Chemists and Druggists, Patent Medicine Vendors, Tea Dealers, and Italian Warehousemen, in 1s. and 2s. packets, and tin cases, 7s. 6d. each. Observe—all genuine packets and cases are signed "Jas. Hards," and manufactured at the Royal Victoria Mill, Dartford, Kent.

## Jozeau's Copahine-mege, or Sac-

charated CAPSULES, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhoea, Gleet, and Leucorrhoeal Discharges, on an average of six days (see "Lancet" of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by G. Jozeau, sole French Chemist, 49, Haymarket, London; and Jozeau, Pharmacien, 161, Rue Montmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with the name of Gabriel Jozeau printed thereon.

## A New Era in Medical Electricity

is opened by PULVERMACHER'S PATENT PORTABLE HYDRO-ELECTRIC CHAIN BATTERIES.



One Hundred and Twenty Plates permanently connected and arranged, so as to be at all moments ready for instantaneous use, communicating shocks through eight to ten persons—ALWAYS IN THE SAME DIRECTION, and primary VOLTAISM, not secondary currents, as in the old Coil Machines—producing powerful contractions, decomposing distilled water, &c., &c. WEIGHT ABOUT EIGHT OUNCES, and CAN BE CARRIED IN A POCKET-BOOK.

At present a medical man may, at a reasonable expense, carry with him in his daily practice an inexhaustible source of primary Galvanism always ready for instantaneous use wherever a cup of vinegar can be procured, and producing all the effects that he can desire—a circumstance, the importance of which can scarcely be overrated, whether we look to cases of sudden emergency (swoons, fits, catalepsia, asphyxia, uterine hæmorrhage, &c.), or to the frequent opportunities and the facilities thereby afforded of applying ONE OF THE MOST POWERFUL AND UNIVERSAL THERAPEUTIC AGENTS, which has hitherto been kept back only through the difficulties attendant upon its use.



WEAKER CHAINS are constructed on the same principle, to be worn on the body under the garments, communicating a MILD but CONTINUOUS current to the system, which has been found of the most eminent benefit in many various forms of CHRONIC Diseases, where a mild but lasting stimulus of the functions of the nerves is indicated, and to assist the effect of specific remedies, THE ACTION OF THE CHAINS BEING MADE LOCAL OR GENERAL, AT WILL.

The Invention has been demonstrated with great success before

THE ROYAL COLLEGE OF PHYSICIANS,

THE ROYAL COLLEGE OF SURGEONS,

THE ROYAL PHARMACEUTICAL SOCIETY,

THE ROYAL BRITISH ASSOCIATION,

THE ACADEMIE DE MEDICINE (voted thanks to the Inventor).

THE ACADEMIE DES SCIENCES AT PARIS,

And is already in extensive use in nearly all the Hospitals in London, Edinburgh, Paris, and Vienna.

Extract of a Letter from that distinguished Physician of Guy's Hospital, Dr. GOLDING BIRD, M.D., F.R.S., F.R.C.P., &c., &c. (Published with his kind permission):

"We have in this ingenious Invention that which has long been a desideratum, viz., an apparatus of the smallest possible bulk, capable of evolving a continuous uninterrupted current of Electricity, of moderate tension, and always in one direction. . . . I can scarcely recommend Dr. Pulvermacher's Invention too strongly to the notice of my medical brethren."

A FULL DESCRIPTION OF THIS IMPORTANT DISCOVERY, WITH SPECIFIED DIRECTIONS FOR THE USE, Testimonials from high Scientific Authorities, &c., may be had (by post for two stamps), AND THE CHAINS MAY BE FREELY TESTED, at Mr. CH. MEINIG'S head depots, 103, Leadenhall-street, and 71, Regent-street, London (at Paris, 45, Rue Richer, and 12, Boulevard des Italiens), and from all C. MEINIG'S Agents in town, country, and the colonies.

## Shower and all Domestic Baths.—

Purchasers of these valuable and important family requisites, should immediately inspect DEANE, DRAY and Co's extensive Stock, warranted the best manufactured, both for finish and durability. Deane, Dray, and Co's RECUMBENT SHOWER-BATH, forms at the same time an excellent Sponging-bath, and may also be used as a Hip-bath, thus affording to all the members of a family the various applications of the bath. Shower-baths of improved construction; hip, plunging, sponging, vapour, and other baths, of various sizes, and patterns. An illustrated pamphlet on baths and bathing may be had on application, or free by post.

Established A.D. 1790.

Deane, Dray, and Co. (opening to the Monument), London-bridge.

The Publisher of the "MEDICAL CIRCULAR," in answer to several enquiries from the country, begs to state that the following are the terms for inserting Advertisements:—

Four lines and under . . . . .	£0 2 6
Every additional line . . . . .	0 0 6
Whole Column . . . . .	2 15 0
Whole Page . . . . .	5 5 0

London: Printed by WILLIAM TROINCE, at his Office, No. 9, Cursitor-street, Chancery-lane, in the Parish of St. Andrew, Holborn, in the County of Middlesex; and published by CHARLES JAMES HARRIS, at No. 123, Strand in the City of Westminster.—August 31, 1853.



THE  
**MEDICAL CIRCULAR**  
AND  
**General Medical Advertiser.**

No. 36, New Series. }  
No. 62. }

WEDNESDAY, SEPTEMBER 7, 1853.

{THREEPENCE.  
STAMPED, 4d.

TABLE OF CONTENTS.

	Page		Page
Leading Articles:		Biographical Notices ...	187
The Medical Benevolent College ...	177	Reviews ...	190
A Passage in the Life of the late Bransby Cooper, Esq. ...	178	Correspondence ...	191
Post-mortem Examination of the Body of the late Mr. Bransby Cooper... ..	179	Medical Notes and Queries... ..	192
Mirror of Periodical Literature... ..	180	Compulsory Vaccination ...	192
Contents of the Medical Journals ...	182	Obituary... ..	194
Deaf-Dumbness ...	183	Medical News ...	194
		Notices to Correspondents ...	195

**Essays on Mental Derangement.**

By JAMES VEITCH, M.D., Edinb., and formerly, for years, Medical Chief of the Royal Naval Lunatic Asylum. S. HIGHLEY and SON, 32, Fleet-street.

**Guide to Filey.—Just Published.**

Neatly printed in crown 8vo., ultramarine cover, illustrated with Six Lithographic Views, price 1s. (sent by post on receipt of 18 postage stamps), OBSERVATIONS ON FILEY AS A WATERING PLACE, or a GUIDE FOR VISITORS. By EDWARD WM. PRITCHARD, M.D., M.R.C.S.E., Corresponding Member of the King's College Medical Society, London, and late Surgeon in the Royal Navy. Applications to be addressed to E. W. P., Hummanby, Scarborough, Yorkshire.

*In the Press, and will shortly be published,*

**Hall's Hand-book for Merchants,**

CAPTAINS, OWNERS OF YACHTS, and SEAMENS' MEDICAL GUIDE, being a complete Key to the Medicine Chest, after eighteen years afloat. Illustrated with numerous Engravings on Steel, by Wood, of Cornhill. To be had only at the Author's Chemical Laboratory and Medicine Chest Warehouse, 34, Terrace, Trinity-square, Tower Hill. Price 5s.

INDULY QUALIFIED SURGEONS' REPOSITORY FOR SEA.

**Curious Old Books.—Dr. Human's**

Physiognomia Joannis Baptistæ Portæ, Neapolitani. Lib. 4. 4to. Ursellii Typ., Conclatorii, 1601. Numerous woodcuts.

A complete History of Drugs, by MONS. POMET, with what is observable, from Messrs. Leneroy and Tournefort. Divided into three Classes, VEGETABLE, ANIMAL, and MINERAL, and their use in Chemistry, Pharmacy, and the Arts. Illustrated by above 400 copper cuts; done into English. 2 vols. in one, 4to. London: R. BOWICK & Co., 1712. Dedicated to Dr. Sloane.

Apply to the Publisher, of the "Medical Circular," 128, Strand.

**Dr. Pereira.—This late Eminent**

Physician's opinion of HARDS' FARINACEOUS FOOD for Infants and Invalids:—

"I have carefully examined, and repeatedly prescribed 'Hards' Farinaceous Food' (See Pereira's 'Treatise on Food and Diet,' pp. 369 and 473, &c.), which is prepared from the most nutritious of the cereal grains. It combines both nitrogenised and non-nitrogenised alimentary principles, and forms a very valuable food for children and invalids.

"JOHN PEREIRA, M.D., F.R.S.,

"Assistant-Physician to the London Hospital.

"47, Finsbury-square, July 1, 1843."

Sold by Chemists and Druggists, Patent Medicine Vendors, Tea Dealers, and Italian Warehousemen, in 1s. and 2s. packets, and tin cases, 7s. 6d. each. Observe—all genuine packets and cases are signed "Jas. Hards," and manufactured at the Royal Victoria Mill, Dartford, Kent.

**The Medical Circular.—The Pub-**

lisher respectfully announces that the STUDENTS' NUMBER of this Journal, for the MEDICAL SESSION 1853-4, will be Published on WEDNESDAY, the 22nd of SEPTEMBER next.

Prospectuses of the Schools and Advertisements should be forwarded without delay.

**No. 9 (new series) of the "Medical**

CIRCULAR."—Any gentleman possessing this Number, and who may be willing to dispose of the same, will greatly oblige by forwarding it to the Publisher, who will immediately return Eight Postage Stamps in payment thereof, or exchange it for any other Number, if desired.

Office, 128, Strand.

**Medical Assistants.—Wanted im-**

mediately an English gentleman to assist in a Country Practice ten miles from town. It is necessary that he should possess a good knowledge of his profession, be accustomed to country practice, and be able to give good references as to character, &c. As he will reside out of the house, a married man would be preferred. The salary progressive; to commence at £90.

Apply to Mr. Harris, office of this Journal, 128, Strand.

**To Surgeons Emigrating, & Others.**

—SURGICAL INSTRUMENTS.—The friends of a Surgeon, lately deceased, are desirous of disposing of his surgical instruments, consisting of—Amputating, Trephining, Lithotomy, Ophthalmic, and other instruments, all of which will be sold at a very moderate price. Also an Anatomical figure adapted for Lectures. To be seen at the Office of this Journal, between the hours of 10 and 5 o'clock.

**Board and Education.—St. An-**

DREWS, FIFE.—A Medical Practitioner will be happy to receive into his family a few young gentlemen, under 14 years, as Boarders, either to attend the Madras or United Colleges.

Terms, from 25 to 35 guineas per Session.

A young gentleman wanted as Medical Pupil—advantages considerable.

For further particulars address "Medicus," Post-office, St. Andrews, Scotland; or Mr. Harris, 128, Strand, London.

N.B.—An experienced Tutor superintends the Boarders.—Madras opens 21st September.

**Webb's Fetlock Boots and Knee-**

caps.—The purpose of utility arising from their shape is, that they are retained in the desired position on the horse's leg. They are composed of vulcanised india-rubber, to enable them to be easily drawn over the hoof, and retain their position without exerting too great a degree of pressure on the leg.

Wholesale and retail, at Benham and Co.'s Macintosh Warehouse, 18, Oxford-street, (corner of Regent-circus).



## The best food for Children, Invalids, & others.—Robinson's Patent Barley,

for making superior Barley Water in Fifteen Minutes, has not only obtained the patronage of her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light food for infants, children, and invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

"BARLEY is a very sweet and nutritious grain, and is more readily subjected to vinous fermentations than any other grain; and therefore is the grain from which generally our beers and ales are produced. But there is another preparation from Barley, much more important to the sick man than these, and that is good Barley-water. However humble it may appear, it is one of the most valuable remedies with which the medical man is conversant, and strange to say, few patients to whom it is ordered, know how to prepare this valuable article. *Robinson's Patent Prepared Barley* offers the most ready and expeditious mode of making this preparation, and it will be found much preferable to the thick, disagreeable stuff usually made and denominated Barley-water. The simple Barley-water may be much improved, by adding to one quart thereof two ounces of figs, sliced, two ounces of raisins, stoned, half an ounce of liquorice-root, sliced, and a pint of water,—boil until reduced to a quart, and strain.

"These drinks are intended to assuage thirst in fevers and inflammatory disorders, for which plenty of mild diluting liquor is one of the principal remedies; and if not suggested by the medical attendant is frequently demanded by honest instinct, in terms too plain to be misunderstood. The stomach sympathises with every fibre of the human frame, and no part of it can be distressed, without, in some degree, offending that organ, therefore it is of the utmost importance to sooth it, by rendering everything we offer it as agreeable as the nature of the case will admit.

"The improved Barley-water prepared as above directed will be received with pleasure by the most delicate stomach. 'The Patent Barley may also be cooked in a variety of ways, and is one of the mildest and most nourishing articles of diet.'

ROBINSON'S PATENT GROATS form another Diet universally esteemed for making a superior Gruel in Fifteen Minutes—light for supper—and alternately with the Patent Barley, is an excellent Food for Children and Invalids, being particularly recommended by the Faculty as the purest and best Preparation of the kind extant, and far preferable to the Embden Groats.

"GROATS.—The nourishing qualities of Oats (from which Groats are made), is in this country so well known as to need but little remark. With respect to Oatmeal, which is so generally used in Scotland, the people of England seem to have fallen into an error respecting its qualities, from its producing in some a sensation of heartburn, or heat at the stomach. The most eminent French Physicians speak of Oatmeal as being of a cooling nature, and consequently prescribe it in fevers; and the inhabitants of the East and West Indies prefer it to Arrowroot, when labouring under inflammatory disorders. Oatmeal in its sound state is entirely without bitterness; but that which is generally sold, from being exposed to the impure air of the town or city, is frequently unsafe to use. Oatmeal-porridge is the best food for children; and, as an old author has justly observed, 'It is the king of spoon-meats, and the queen of soups, and gratifies nature beyond all others.' As Gruel, it forms a useful and mild diluent drink in a great variety of diseases, and in order to secure the purity of this valuable article, and as forming an excellent food for children, we recommend *Robinson's Patent Groats*, from which pure Gruel may be quickly made, and which, from its peculiar preparation, is deprived of all the objectionable qualities pertaining to Oatmeal.

Prepared only by the Patentees, ROBINSON and BELLVILLE, Purveyors to the Queen, 64, Red Lion Street, Holborn, London, Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets of 6d. and 1s., and in Family Canisters at 2s., 5s., and 10s. each.

## Prize Medal, Great Exhibition,

1851.—The only one granted for CORSETS in the United Kingdom, was awarded by the MEDICAL JURY to MADAME CAPLIN, 58, Berners-street, Oxford-street, for her HYGIENIC CORPORIFORM CORSETS, Elastic Bodice, Belts, &c. For a description of the merits of the above, see Dr. Tilt's great work, "Elements of Female Hygiene."

## London Hospital Medical College.—

The WINTER SESSION will commence on Monday, October 3rd, when an Introductory Address will be delivered by Dr. PARKER, at half-past Two, p.m.

### WINTER SESSION.

Medicine—Dr. Little.

Surgery—Mr. Curling, F.R.S. and Mr. Crieheft.

Descriptive and Surgical Anatomy—Mr. Adams.

General Anatomy and Physiology—Dr. Carpenter, F.R.S.

Practical Anatomy—Mr. N. Ward and Mr. J. C. Wordsworth.

Chemistry—Dr. Letheby.

Dental Surgery—Mr. Barrett.

### SUMMER SESSION.

Midwifery—Dr. Ramsbotham.

Materia Medica—Dr. Davies.

Forensic Medicine—Dr. Ramsbotham and Dr. Letheby.

Botany—Mr. Bentley.

Practical Chemistry—Dr. Letheby.

General Fee to the Lectures, £50; to the Hospital Practice and Lectures, 84 guineas, payable in two instalments of 42 guineas each, at the commencement of the two first Winter Sessions. Applications by post to be made to the Honorary Secretary.

## The Middlesex Hospital School of

Medicine.—The WINTER SESSION will commence on Monday, October 3rd, 1853, with an Introductory Lecture by Dr. Frere, at eight o'clock, p.m.

The Hospital is now undergoing a further enlargement, and will receive upwards of 300 in-patients. The annual number of out-patients exceeds 12,000.

The School buildings have been considerably enlarged; the size of the Anatomical Museum has been doubled; and a new Library and Museum of Materia Medica have been provided.

Fee for Eighteen Months' Medical, and Three Years' Surgical Practice, £30.

Fee for attendance on the Hospital Practice and Lectures required by the College of Surgeons and Apothecaries' Company, £75. This sum may be paid by instalments of £30 at the beginning of the First Session, £30 at the beginning of the Second Session, and £15 at the beginning of the Third Session.

For further information, apply to Mr. De Morgan, Treasurer to the School, at the Hospital daily, from One to Two o'clock; to Dr. Crofe, the resident Medical Officer, or to Mr. Shedden, Secretary to the Hospital.

Prospectuses may be obtained on application at the Hospital.

1853-4.

## The Queen's College, Birmingham.—

THE WINTER SESSION will commence on Tuesday the 4th of October next.

### LECTURES.

ANATOMY OF THE TISSUES AND SURGICAL ANATOMY—Professor Sands Cox, F.R.S., Senior Surgeon to the Queen's Hospital.

ANATOMY AND PHYSIOLOGY—Professor Langstone Parker, Surgeon to the Queen's Hospital.

PRACTICAL ANATOMY AND SUPERINTENDANCE OF DISSECTIONS—Mr. David Bolton, M.R.C.S., and Mr. Oliver Pemberton, Surgeon to the General Hospital.

CHEMISTRY—Professor Shaw.

MEDICINE—Professor James Johnstone, M.D., Senior Physician to the General Hospital.

SURGERY—Professor Sands Cox.

### THE SUMMER SESSION.

Will commence on Monday the 1st of May, 1854.

### LECTURES.

MATERIA MEDICA AND THERAPEUTICS—Professor Heslop, M.D., Physician to the Queen's Hospital, and Professor Knowles, F.R.S., Surgeon to the Queen's Hospital.

MIDWIFERY—Professor Berry, Surgeon to the Magdalen Asylum.

FORENSIC MEDICINE—Professor John Birt Davies, M.D., Senior Physician to the Queen's Hospital.

BOTANY—Professor Knowles.

PRACTICAL CHEMISTRY—Professor Shaw.

Clinical Lectures will be delivered every week at the College, by the Professors.

For further information, application may be made to the several Professors; or to W. S. Cox, Esq., Dean of the Faculty, 24, Temple-row, Birmingham.

The APPOINTMENT of RESIDENT MEDICAL TUTOR is now VACANT. The testimonials of Candidates must be sent to the Dean of the Faculty, on or before Wednesday, the 31st day of August instant. Salary, £120 per annum, with rooms and board.

## Droitwich Lunatic Asylum.—

Established 1791.

PROPRIETORS.—MARTIN RICKETS, F.R.C.S., and SIR CHARLES HASTINGS, M.D., D.C.L.

In consequence of the removal of the Pauper Lunatics from this Establishment to the new County Asylum, appropriate arrangements have been made for receiving an additional number of Private Patients.

The Terms may be known on application to the Medical Superintendent of the Asylum, who will also forward the required printed forms and directions for the admission of Patients.

Aug., 1853.



## The Medical Circular.

WEDNESDAY, SEPTEMBER 7, 1853.

### THE MEDICAL BENEVOLENT COLLEGE.

THE managers of public charities are prone to exhibit a jealousy of rival exertions, from the fear lest the sympathy enlisted in favour of other institutions should divert from the usual channels the contributions that have been wont to sustain their own benefactions. Experience, however, convinces us that this dread is unfounded, and that, the more claimants there are in the field, the more charity flows for their supply. Make benevolence popular, and new schemes will spring up like railway lines, tailors' shops, or crystal palaces, aiding rather than injuring the regular establishments. There will be always a class of persons unfortunate in whatever they undertake, or unsatisfied with the gifts of fortune, who will complain of "bad times" and "ruinous competition," in the face of the most astonishing evidences of general and individual prosperity. Croakers are these—the hypochondriacs of society—the birds of ill-fortune, ever foreboding mischance, like the doom-denouncing soothsayers, who, in the plot of our ancient dramas, read the stars, cast nativities, and stood by the wayside during the progress of a triumphal procession, to predict disaster and death to the hero of the piece. To such people speculation is fraud; prosperity, illusion; virtue, humbug; and the reputation of wealth, a cunningly-devised fable to maintain credit, and keep the trader out of the Bankruptcy Court. They delight in standing at the corners of streets, pointing out those unfortunate tradesmen who have been insolvent, or who have compounded with their creditors, and delivering their emphatic assurance that there is scarcely a man within a mile who, if he were sold up to-morrow, would leave money enough to pay for his funeral. The envious part of poor human nature is apt to lend a willing ear to these social ravens, and to believe, with Carlyle, that the world is a great sham, and all its successful men miserable impostors.

Things are not, generally, what they seem, because we do not see them always as they are. Men look at the world through a pair of spectacles, coloured red, yellow, or green, according to their idiosyncrasies; thus, each man brings a different report. Experience, wisely used, and temper liberal and genial, are our safest guides. Competition, whether in charity or business, rarely does any harm to sensible and industrious people. Mr. Tyrrell, practising in his speciality as an oculist, used to say that he always knew when some rival was pushing his business with unusual vigour, by the extraordinary augmentation of his own fees. So it is in every branch of life: the more interest or enthusiasm is centred on a given object, the more success attends the exertions of those who desire to profit by it.

We were not, therefore, surprised to find that, notwithstanding the efforts made to collect funds for the Medical Benevolent College, the Benevolent Fund of the Provincial Association had maintained its prosperity. Serious doubts had been expressed of its future stability, in consequence of the exhausting attractions of its gigantic rival; but these doubts have not been justified by the event, and we are confident that if the same ability and energy be devoted to its interests that have been already brought into play, Mr. Newnham will have the satisfaction of seeing an annual increase of his resources.

There is another Benevolent Society, of the highest value, "The Metropolitan Society for the Relief of Widows and Orphans," which, although it has never prospered as it deserved, does not, we believe, suffer from any injurious influence in consequence of some of its more important members lending their support to the more inviting and popular undertaking. The principles upon which this society is based are so admirable, and its permanency so well secured, that if it fail to retain its numbers in future years, the falling off must be owing to the want of publicity of its proceedings, and the lack of energy in its management.

For all these societies there is much need and plenty of room. The Medical Benevolent College, in particular, is a grand and comprehensive design, well deserving the best energies of our profession for its completion. It is the institution which, above all others, has succeeded in uniting our brethren in a common effort of charity and beneficence, and has, therefore, done more to remove sectional jealousies, than all the schemes of politicians or philanthropists in past times. In order, however, to conduct it to a great and glorious issue, its holy objects must not be prostituted to sinister purposes, and the first attempt, come whence it may, to detract from the purity of its mission, and to pervert it to the satisfaction of the gross instincts of avarice and ambition, should be rebutted with unanimity, resolution, and scorn. The tempter must be expelled from this Eden, or faction and ruin will follow in his slimy trail.

We cordially desire the success of the "Medical Benevolent College," and beg to remind our brethren that a large sum is yet required to enable the committee to fulfil their noble design. Let contributions continue to flow in to the exchequer, and let there be no weariness in giving until the institution is made safe from all risk of inefficiency or failure.

---

COUP DE SOLEIL.—By the last advices, New York was suffering under a visitation of intense heat, more severe and fatal than that which prevailed throughout the greater portion of the Union some two months ago, the thermometer ranging from 90° to 120° F. Not only was business almost suspended owing to the excessive temperature, but above 200 persons had fallen victims to sun-stroke during three days. The victims were principally Irish.



## A PASSAGE IN THE LIFE OF THE LATE BRANSBY BLAKE COOPER, ESQ., F.R.S., SENIOR SURGEON TO GUY'S HOSPITAL.

LOOK ON THIS PICTURE AND ON THAT.

(Reprinted from the "Lancet" of August 27, 1853.)

The readers of the "Lancet" probably remember, that just three years ago we published a memoir of the amiable and universally regretted Bransby Cooper, who, we grieve to say, (*devout penitent!*) expired on the 11th inst.

The decease of this most *worthy* man (!) was sudden, but his friends had for several months been painfully aware that the lamented gentleman was, according to all appearance, under the influence of a *malignant* (!) affection. Whether Mr. Cooper was aware of the destructive character of the disease is uncertain; but it is probable that his surgical acumen had taught him that the ulceration which had sprung up at the base of the *tongue*, and on the pharynx, was of a kind which afforded but little hope of cicatrization. And is it not an agonising and distressing situation (*very distressing!*) to be convinced that a relentless and fearful enemy has fastened upon our frame, and must eventually gain the victory over this frail structure of ours? (*An enemy gaining a victory over a structure!!—How poetically just!*) And do the public, who grudge us the niggardly compensation for our incessant toil, think of the gloom and despair which such a conviction must throw over the lives of medical men? (*Hard-hearted public!*) But let us not dwell on these subjects, (*better not!*) but follow Mr. Cooper during the three short years which have elapsed since we closed our biographical sketch with these words:—"We sincerely hope that he will continue his career of usefulness for many years (*unlucky wish!*); and we are sure that this wish is heartily shared by the large circle of friends which Mr. Bransby Cooper's amiable and kind disposition has gained for him." (*More penitence!*)—(The "Lancet," p. 276, Aug. 31, 1850.)

These years have been but few, but they were filled with the same unremitted zeal in professional pursuits, the same ardour for the advancement of science, and the same anxious care for the instruction of pupils. The few last months of his useful life were embittered by suffering, which was, however, borne in a manly and becoming manner. It was painful to see Mr. Cooper struggle against the inroads of malignant disease, and the debility and prostration consequent upon it; it was sad to see him, but a few days before his decease, strive to do his duty at Guy's Hospital, and faint in the wards in the attempt to fulfil the task to the last.

The symptoms of the disease which eventually proved fatal, became manifest a short time before Mr. Cooper delivered the Hunterian Oration, on the 14th of February last, and his health had ever since been gradually declining. (We refrain from entering into an account of the affection, and the post-mortem appearances until next week,—(*The notice has not appeared; why? Rather ominous!*)—when the subject shall be treated with all the care it deserves.) We need here only repeat that Mr. Cooper was born September 2, 1792, that he first served as assistant-surgeon in the artillery, studied for some time at Edinburgh, and was eventually apprenticed to Sir Astley Cooper, his uncle, under whose *fostering care*, and by his own exertions and abilities, he gained the position of senior surgeon to one of the first institutions in the metropolis. Details of much interest; anecdotes, illustrative both of the uncle's and nephew's peculiarities; an analysis of Mr. Cooper's surgical works and contributions; an appreciation of his powers of mind and moral qualities, &c., will be found in the "Biography" to which we have above referred.

(Reprinted from the "Lancet" of 1828 and 1829, with interpolations by Sir James Searlett, the Editor of the "Medical Circular," *Shakspeare, &c., &c.*)

The (earlier) readers of the "Lancet" probably remember that 25 years ago (March 29, 1828), we published "a full, true, and particular account of a remarkable case of lithotomy, with Uncle's knife and half-a-score other instruments, by Bransby Cooper, which lasted nearly an hour." We considered that we should be guilty of injustice towards our (then) numerous readers if we omitted to publish it, and that it would be "useful to the country 'draff' to learn how things were managed by one of the privileged order—a Hospital Surgeon—nephew and surgeon, and surgeon because he was nephew."

"The performance of the tragedy," "the heart-rending spectacle," we dramatically divided into two Acts.—"Act 2nd lasted upwards of half-an-hour; the former, upwards of twenty minutes."

"The poor fellow, who left a wife and six children, said that he came to town to be operated upon by the 'nevey' of the great 'Sir Astley.'"

To show what must be the result of such "unskilfulness," we quoted from John Bell's Surgery—"Long and murderous operations where the surgeon labours for an hour in extracting the stone to the inevitable destruction of the patient."

We inserted a note from Dr. Haslam, clearly proving that it was not said by Mr. Callaway that Bransby Cooper was an "idiot."

We did all this for the good of the profession, and the protection of the public; and with the same pure and disinterested motives we are now, for the second time, attempting to rival the London and Provincial Medical Directory, by excluding those scoundrels, the Homœopaths, not one of whose names, titles, and distinctions are to be found in the book which we published at the beginning of the present year! Are they, Dr. Quin?

This same Bransby Cooper, notwithstanding our patriotism, filed a declaration against us in the Court of King's Bench, charging us "with having published a certain false, scandalous, and malicious libel, imputing to him, the plaintiff, the unskilful performance of an operation for lithotomy, which took place at Guy's Hospital in March last." We pleaded "several special pleas of justification setting forth the matter charged as libellous, and averring that the whole of it was TRUE." Strange to say, twelve men were found who brought in a verdict that we were guilty of the charge. Our triumph over our enemy, however, has since been complete, for—

"Is it not an agonising and distressing situation to be convinced that a relentless and fearful enemy has 'fastened a calumny upon us entirely without foundation' (Sir James Searlett), which must eventually cut away the frail tenure by which we hold our professional reputation? And do the public, who grudge us the niggardly compensation for our incessant toil, think of the gloom and despair which such a conviction must throw over the lives of medical men?" (Did Mr. Wakley?) "Who steals my purse steals trash; but he who robs me of my good name, robs me of that which not enriches him, and makes me poor indeed."—SHAKSPEARE.\*—But let us

\* An exception to this generally-received axiom offers in the present instance, for Mr. W. certainly sold his "Lancets" to an enormous extent. What mattered it that Callaway, Key, Brodie, Green, Travers, Babington, Roget, Morgan, and others bore testimony to the plaintiff being "a good and skilful surgeon?" they were like the plaintiff, *Bate*, leagued together



not dwell upon these subjects, but follow (up) Mr. Cooper during many months, viz., from March 1828 to Feb. 1829—when we closed our “injuriously attacks upon his fame and fortune” (Sir James Searlett)—by publishing the following exhibition of the state of

#### POPULAR FEELING FROM THE LATE TRIAL.

“A man went to Bartholomew’s, a few days ago, complaining of hydrocele, and was placed under the care of Mr. Earle. He was told he would soon be cured; and on Saturday last was desired to go into the operating theatre, when it was intended to tap him. When he arrived, the theatre was crowded to excess, and the first object that attracted his attention was Mr. Earle, standing by the table, with a trocar in his hand, ready to operate. ‘Oh,’ said the patient, ‘is this it? No, my lads; I have heard of that Barnsby Cooper’s operation for the stone in the Borough, and you don’t take any stone from me, depend on’t; besides, my friends don’t know where I am.’ And having thus expressed his determination, he bolted, amidst the loud laughter of the pupils.—A chimney-sweeper was waiting just by, to have a canker of the serotum removed; but, on seeing the other man make so hasty an exit, he took to his heels in the same manner, and was no more seen or heard of. The retreat of the sweep excited renewed laughter, and Mr. Earle exclaimed, ‘That trial has played the devil with our operations!’”—(“Lancet,” Page 703, Feb. 23, 1829).—This same Bransby Cooper, *we grieve to say*, expired on the 11th inst.

Twenty-five years have passed away since the trial of Cooper *v.* Wakley, but they were filled with the same unremitted zeal in professional pursuits—the same ardour for the advancement of science, and the same anxious care for the instruction of pupils (as he had exhibited prior to the trial.—Ed. “M. C.”). The few last months of his useful life were embittered by suffering (and the remembrance of the wrongs he had received at our hands), which was, however, borne in a manly and becoming manner. It was painful to see Mr. Cooper struggle against the inroads of malignant disease, and the debility and prostration consequent upon it; it was sad to see him, but a few days before his decease, strive to do his duty at Guy’s Hospital, and faint in the wards in the attempt to fulfil the task to the last.

The symptoms of the disease which eventually proved fatal, became manifest a short time before Mr. Cooper delivered the Hunterian Oration, on the 14th February last, and his health had ever since been gradually declining. We need here only repeat that Mr. Cooper was born September 2, 1792; that he first served as assistant-surgeon in the artillery, studied for some time at Edinburgh, and was eventually apprenticed to Sir Astley Cooper, his uncle, under whose fostering care—not by his own exertions and abilities (for he was surgeon only because he was needy, as we showed at the trial)—he gained the position of senior surgeon to one of the first institutions of the metropolis. Details of much interest; anecdotes, illustrative both of the uncle’s and nephew’s peculiarities; an analysis of Mr. Cooper’s surgical works and contributions; an appreciation of his powers of mind and moral qualities, &c., will be found in the (trial) to which we have above referred (and in the volumes of the “Lancet” for 1828 and 1829).

#### THE TRAGEDY.

Acts first and second of the “TRAGEDY” were graphically written 25 years ago.

Act the third remains to be indited by some equally vigorous hand. Who will undertake it? Let us supply the incidents:

Mr. Wakley is seen correcting the proof of the Brief Sketch in last week’s “Lancet.” The printer’s devil,

to prey upon the public. We shall some day reprint from the “Lancet” the natural history of these curious animals, drawn by the masterly pencil of the Editor of that journal.

eap in hand, waits at the door. Suddenly the ghost of B. C., with “Lancet” opened at the page of the blasting libel, at which it points, rises in the corner of the room. Mr. W. starting from his seat, with eyes bursting from their sockets, hair standing on end, and with every sign of amazement and horror in his countenance, frantically exclaims:—

Thou can’st not say I did it;—

’Twas POET LAMBERT!”

[Ghost of B. C. vanishes.

The figure of the proprietor of the “London and Provincial Medical Directory” rises, holding that work in his hand, and pointing to errors in its pages *purposely* inserted to catch pirates; the agonised and distressed editor again enacts the same fearful scene, exclaiming, with renewed energy:—

“Thou can’st not say I did it,

’Twas WILSON!”

[The Editor sinks exhausted.

Again—

“A change comes o’er the spirit of his dream;”

he looks up, and sees the figures of Homœopaths QUIN, CURIE, DUDGEON, CHEPMELL, PARTRIDGE, and fifty others, each pointing to the pages of the pirated Directory on which their names, titles, and qualifications are all duly set forth. A burst of laughter from all present, in which the editor joins, the latter exclaiming, with great unctious,

“HUMBUG FOR EVER!”

A deep howl of indignation is heard, which proceeds from the miserable few who had been duped into buying the “British Medical Directory” of 1853, but who are ashamed to show their faces.

END OF SCENE THE FIRST, ACT THIRD.

#### POST-MORTEM EXAMINATION OF THE BODY OF THE LATE MR. BRANSBY COOPER.

Examination of the remains of B. B. Cooper, Esq., in the presence of Messrs. J. Birkett and Alfred Poland, August 20, 1853, at 8 a.m., about 41 hours after death:—

At the root of the tongue, and most on its right side, was a deep excavation, covered over by the cortex of the organ, which seemed to form flaps to the hollow. Around this excavation, the tissues of the tongue itself, as well as the muscles about the os hyoides, were infiltrated with the elements of carcinoma.

Several enlarged lymphatic glands existed upon the right side of the neck, all infiltrated with carcinoma. From one large gland, and from another smaller, when cut, a yellow, tenacious, mucopurulent fluid came away. The parietes enclosing this fluid was carcinoma.

The trachea and bronchi contained fluid blood, as well as the air-cell of the lungs, and patches of cells infiltrated with blood appeared upon the surfaces of both the lungs. The tissue of the lungs was healthy, and not a single pleural adhesion existed on either side.

The heart was small, and its muscular tissue thin and pale. The valves were healthy.

The stomach contained imperfectly masticated food, and much blood-coloured fluid.

The tissues of the alimentary canal were healthy.

The liver was rather small, soft, and congested with blood.

The pancreas was not diseased.

The spleen was extremely contracted and corrugated, and of a dark, almost black hue.

Both kidneys were congested with blood, soft, and easily separable from their proper tunics.

In the cavity which existed in the tongue there were a few clots of blood, and as this was the only ulcerated surface, it may be presumed that the hæmorrhage proceeded from a perforation in the right lingual artery, or of one of its branches.



**Mirror**  
OF  
**PERIODICAL LITERATURE.**

(From the "British and Foreign Medico-Chirurgical Review," July, 1853.)

DECENNIIUM PATHOLOGICUM.

*Malignant Disease.*—We have already given many quotations from Dr. Chambers's papers on this subject; we now extract one from the above-named Quarterly Review:—

"At St. George's Hospital, from January 1, 1841, to December 31, 1850, in the 2,539 fatal cases there were 199, or 7·8 per cent., which appeared to the curators to be instances of 'malignant tumour.' By this term I believe I and they, and the majority of the profession, mean '*a morbid cell-growth, dependent on a specific state of system, and therefore liable to affect all parts of the body, without direct communication with the place where it is primarily manifested.*' It does not seem wise to rest much confidence in any one of the various touchstones which have been proposed as means of distinguishing these formations from others said to closely resemble them. For the statistician, at any rate, the best test is the judgment of a well-educated person who makes the autopsy, checked and corrected, as it is in a public institution, by the discussion which ensues among the spectators before the final report is made. I shall therefore take it for granted that the numbers are unaffected by any important fallacy of observation.

"Of these 199 there were 20 examined so far only as to identify the disease in the particular organ chiefly affected, and not the sympathy of the other viscera; that is to say, that 5·2 per cent. of the 378 cases not examined, from the interference of their friends or other causes, were obviously cases of malignant disease. The parts implicated, capable thus of being described without full dissection, were of course usually external, or partially external. Of the 20 there were 4 males, in whom the localities attacked were, twice the Femur, once the Tongue, and once the Penis; 16 females, in whom the localities attacked were, 6 times the Genital Organs, 4 times the Mammary, twice the Neck and Head, once the Stomach, once the Upper Jaw, and once the Rectum. The numbers are here enumerated, in order that they may, for any special purposes, be added to those elicited from the cases more fully examined.

"In 2161 cases examined there were 179, or 8·2 per cent., of malignant disease."

Dr. Chambers here appends a table of the ages and sexes, &c., of these cases, and then goes on to remark:—

"Though the actual numbers do not show it very clearly, yet it is evident from the per-centages how much rarer malignant disease is in the earlier and prime periods of life than in the years of bodily decline. It does not appear, however, by these tables, to be common in a direct ratio to the age, for the proportionate numbers are greater between 45 and 60 than after that time. Whether this is a fallacy dependent on the restricted field of observation, or whether it represents the real truth, there are no data to judge by, but such is at any rate the inference from the facts before us. The entire absence of instances under 15 is doubtless to be classed under the first category; for few, probably, have gone through the same number of years of private practice, without a case of malignant disease in childhood, affecting most commonly (if it is fair in a statistical work to speak so roughly) either the kidneys or some other abdominal organ.

"COMPARISON OF MALE AND FEMALE COLUMNS.

"The great preponderance of females, not only in the

per-centages, but even in the actual numbers, is very striking, and is distinctly shown in the totals. It is not, however, the same at all ages, being most decided between 30 and 45, and above 60 not existing at all.

"This preponderance is partly due to the tendency exhibited by the female generative organs to become affected with the disease, and to the fatal nature of the maladies thereon consequent, even when it does not extend beyond the parts immediately adjoining.

"To form an idea of this, let us subtract from our totals those cases where the uterus and ovaria were the causes of death, without other parts being malignantly affected, and on the other hand those males where the penis and testicles alone were implicated. We thus get in the cases examined 80 females (or 10·9 per cent.) to 77 males (or 5·4 per cent.)

"To look at the matter in another way—let us deduct the instances where the differential organs (including the breasts) were *at all* affected, and compare the *general system* of the two sexes. This reduces the females to 51, and the males to 73; the former to 6·9, and the latter to 5·1 per cent., in the cases examined.

"The inferences from these facts are:—

"1st. That females are to a certain extent more disposed than males to malignant disease originating even in parts of the body common to both sexes, being affected in the proportion of nearly 7 to 5.

"2nd. That the female organs provided for the continuation of the species are in that sex more prone to the disease than any other locality, and in one-fifth of the fatal female cases are the cause of death without other organs being affected at all.

"3rd. The whole risk of women being affected with malignant disease is to that of men as 13 to 5."

A table of the frequency of malignant disease in the various localities is then given.

(From the "Glasgow Medical Journal," July, 1853.)

CASE OF DISEASED OVARIUM, IN WHICH OVARIOTOMY WAS PERFORMED, BY W. LYON, ESQ.

D. Howie reports this case. The operation was performed as follows:—

"At 2 P.M., the patient, aged 31, was laid upon a table, in a large and airy room, the temperature of which was raised to 70° Fahr. Having been put under the influence of chloroform, an incision three inches in length was made in the *linea alba* from the umbilicus downwards. When the tumour was exposed, several small cysts were punctured, and their contents allowed to escape. It was then found to be adherent, to a slight extent, above and around the umbilicus. The largest cyst, which filled and distended the abdominal cavity, was now punctured, and a great quantity of sero-purulent matter was discharged. In consequence of the evacuation of the contents of the cyst, and the external opening having been somewhat enlarged, the adhesions to the peritoneum lining the anterior wall of the abdomen were reached with the finger, and separated, though with some difficulty. The whole of the sac was then easily drawn out of the abdomen; two short ligatures were tied firmly around the pedicle, which was about an inch in breadth and half an inch in thickness; it was then cut a little above the ligatures and the sac removed. A sponge was used gently for the purpose of removing a small quantity of the contents of the large cyst which had escaped into the abdominal cavity. The wound was closed by three or four stitches, and by straps of adhesive plaster, after which a light compress was applied over it, and a broad bandage put round the abdomen. *To have immediately a small starch enema with two drachms of laudanum.* At 11 P.M., it is reported the patient has been asleep since the operation, and she now expresses herself to be quite comfortable and free from pain. Pulse 98, fair strength. *The anodyne enema to be repeated.*



"April 6, 6 A.M.—Has passed on the whole a good night, though occasionally disturbed by cough. Pulse 114, soft, and of good strength; tongue moist; respiration normal. Is still quite free from pain.

"11 A.M.—Is somewhat drowsy. Complains only of weakness. Pulse 120, soft. *To have two teaspoonfuls of wine every half-hour.*

"2 P.M.—Much the same as at last report. Pulse rather weaker. Pupils slightly contracted. *To have half an ounce of whisky every half-hour.*

"4 P.M.—Patient is now evidently sinking; respiration laborious; extremities cold; pulse almost imperceptible. Death at 7 P.M.

"*Inspection of the body 30 hours after death.*—The edges of the incision in the abdominal parietes were slightly adherent in consequence of the effusion of a small portion of lymph. About six ounces of sero-sanguinolent fluid, mixed with a little pus, were found in the abdominal cavity. The small intestines were slightly glued together by recent effusion of lymph, and presented on their peritoneal surface numerous congested patches. The omentum was likewise adherent to the intestines, and to the peritoneum lining the anterior wall of abdomen. All around the umbilicus, the peritoneum had a congested and ecchymosed appearance, and in some situations slight laceration of the peritoneum and effusion of blood were observed. The uterus and left ovary were quite healthy. Other organs not examined.

"The tumour at first sight seemed to furnish examples both of the multilocular and unilocular varities of ovarian dropsy, but, on more minute inspection, it was seen to consist of a large unilocular cyst, with a cluster of smaller cysts springing from its interior, a little beyond its origin from the pedicle, and covered by its lining membrane. This aggregation of cyst formed a globular mass of considerable size, and was evidently that which had been felt during life in right iliac fossa, both before and after patient had been tapped. The unilocular cyst was so large, that when filled with fluid, it would cause very considerable distension of the abdomen. Its lining membrane was highly vascular in some situations, but was, for the most part, coated with recent lymph. It contained, as has been already mentioned, a large quantity of sero-purulent matter, the greater part of which had to be evacuated before the sac could be drawn out of the abdomen. The thick pedicle of the tumour had its origin in the broad ligament of the right side."

(From the "Lancet," September 3, 1853.)

#### ON THE DURATION OF PREGNANCY IN THE HUMAN FEMALE.

Dr. Reid has communicated an interesting article on this subject. He cites several authorities to show that pregnancy may occur in females in whom the menstrual function has been much deranged, or absent; and he disputes the theory of Buffon and others, that the determination of the period of parturition is caused by the recurrence of a menstrual period. He observes on this point:—

"According to this theory, impregnation should take place only at one period of the interval; otherwise, if labour must absolutely occur at the tenth menstrual period, all those infants will be prematurely expelled, in cases where conception took place three weeks after the last catamenial appearance.

"If we take twelve pregnant women, whose menstrual functions ceased on the same day (the duration of this epoch being equal in all), we find that they are not confined on the same day, but that parturition will take place at considerable intervals in them, as to days and even as to weeks sometimes, the epoch of parturition depending more on the day of impregnation than on that of the catamenia.

"The following cases, taken from my tables for one month, will exemplify this point:—

Termination of Catamenia.		Delivered.	No. of Days.
Dec. 4	...	Sept. 15	285
" 4	...	" 20	290
" 10	...	" 20	284
" 11	...	" 24	287
" 11	...	" 21	284
" 13	...	" 30	291
" 18	...	" 28	284
" 20	...	Oct. 11	296
" 23	...	Sept. 24	275
" 24	...	Oct. 1	282
" 25	...	Sept. 13	263
" 25	...	" 11	260
" 25	...	" 14	263
" 25	...	Oct. 26	305
" 25	...	" 4	283
" 26	...	" 9	287
" 26	...	Sept. 15	264
" 26	...	Oct. 22	301
" 26	...	" 3	281
" 28	...	" 1	278
" 28	...	" 14	290
" 28	...	" 14	290
" 31	...	Sept. 29	272
" 31	...	" 21	264

"Again, in my note-book, I find the cases of two ladies, whose last catamenial appearance occurred in both on Oct. 25; they both quickened on March 20, yet one was confined on July 27, whilst the other was not delivered until August 14; and many other similar instances might be quoted.

"We have occasional instances, in which, from peculiar circumstances, a more correct estimate as to the duration of pregnancy may be formed than the last appearance of the catamenia can possibly afford us, owing to the date of conception being known.

"Thus, a patient whose catamenia terminated on June 15, quickened on Nov. 15, but was not confined until April 5 (294 days), in this case connexion took place on one occasion only, July 1, giving, in reality, 278 days.

"The wife of a physician, whom I attended, had the last catamenial appearance on November 7, and was confined on August 21 (287 days), no intercourse, however, had taken place until November 18 (276 days).

"In a third case, labour occurred 281 days after menstruation, but 277 days after the first intercourse.

"One case occurred in my practice which occasioned some amusement in the end to all parties concerned, owing to the lady having implicitly relied on the date of catamenia as a guide, without taking into account another circumstance of still greater importance in the calculation. This patient, who had already borne a child, had her last menstrual appearance on July 8; she quickened, *she thought*, about Nov. 7, and her confinement was expected about the 12th of April. The lady's mother travelled 400 miles, at a great inconvenience to her own domestic arrangements, in order to be present at the accouchement, and as day after day passed over without its occurrence, much uneasiness was felt by both parties, and I was sent for repeatedly to allay their fears, and to explain this unexpected delay. The dates were all again carefully compared, and July 8 was fixed on as the proper catamenial point to start from. I could only suggest that impregnation had occurred at a later period of the interval than had been supposed; and at length, on putting the question if Mr. — had been at home on the 9th of July, I found that he had not returned from an excursion into Scotland until the 23rd of that month. The explanation was now very easy, and the lady was safely confined on April 28. In this case 294 days had elapsed since menstruation, but 279 only from the earliest possible time of conception.

"The Obstetric Reviewer in the *British and Foreign Quarterly*, 1849, relates two instances which also controvert



most strongly the opinion that labour is dependent on the menstrual period. In the first case, impregnation took place one day before the expected catamenial period; the menstrual flux appeared at the usual time, but its duration and amount were greatly reduced. Labour occurred 280 days after the day of conception.

"In the second case, occurring in the same individual, conception took place on the fourth day after the cessation of the catamenia (which lasted seven days), yet labour, as before, happened on the 280th day from the time of conception,—i.e., eleven days later than the time for the eleventh recurrence of the menses, the usual interval being twenty-six days.

"Physiologists have rather complicated the subject, I am afraid, than elucidated it, as to this point. The *situation of the ovum* at the time of impregnation must, notwithstanding the researches of Bischoff, Raciborski, and others, remain a doubtful question."

(From the "Medical Times and Gazette," Sept. 3, 1853.)

#### AFFECTION OF SEROUS MEMBRANES IN CHRONIC RENAL DISEASE.

Dr. Burrows and Dr. Senhouse Kirkes contribute a series of cases illustrative of the inflammation of serous membranes secondary to renal disease, and add the following remarks:—

"Respecting the relative frequency with which the different serous membranes are secondarily inflamed in the course of chronic renal disease, it is only by the results of inspections after death that we can obtain any certain information; for, since any one of these membranes may be inflamed without manifest symptoms during life, and, on the alleviation or removal of the original renal disease, the inflammation may subside, and the effused materials be organised or absorbed, we have no means of determining the point in living examples of this disease. So far as one may judge from the results of post-mortem examinations, however, it would seem that, of the pleura, peritoneum, and pericardium, the former is the most, the latter the least, frequent seat of secondary inflammation. Thus, of 292 fatal cases of Bright's disease, collected from various quarters, Frerichs (a) found the pleura inflamed in 35, the peritoneum in 33, the pericardium in 13 cases. Although inflammation of the pericardium is thus the least frequent, yet it is probably the most dangerous; for out of 241 fatal cases in which the immediate cause of death seemed to be clearly ascertained, Frerichs found it due in 9 cases to pericarditis, in 11 peritonitis, and in 7 only to pleuritis,—the latter therefore, although the most common, being the least serious. And this is what might have been expected, when we remember how much more serious, as a rule, inflammation of the pericardium, on whatever cause depending, is, than inflammation of the pleura.

"From the tendency which we have seen to exist in chronic disease of the kidney to give rise to inflammation of serous membranes generally, two important hints are derived; one is to be ever on the alert for the manifestation of such secondary complications in cases of fully developed renal disease, and from time to time to examine carefully into the condition of the pleura and pericardium, even although no distress of breathing, cough, or palpitation should direct particular attention to these parts; the other is, to examine the urine for albumen in all cases of protracted pleurisy or pericarditis, for the detection of this abnormal constituent of the urinary secretion may direct attention to the true pathology of the serous inflammation, and save the patient from unnecessarily active treatment, and from mercurialization.

"As to the treatment most adapted for the serous inflammations ensuing as secondary to degeneration of the kidneys, little that is satisfactory can be said. It must be

remembered, that the inflammation is of a low form, uncharacterised by great vascularity, and the exudation of plastic lymph; and that, therefore, depletion and mercury are not usually called for, especially, too, since the disease of the kidney has already impoverished the blood, and debilitated the system. Viewing the secondary serous inflammation as consequent on a morbid secretion poured out by blood surcharged with retained elements of urinary excretion, the indications seem to be, to diminish the quantity of fluid exuded into the serous cavity, and to deprive the blood, as far as possible, of the excrementitious materials it contains. This latter object cannot properly be effected by the kidneys, unless their proper structure and functions be restored to them, which it ought to be our first endeavour to accomplish: and therefore, as a substitute for the imperfect discharge of the urinary secretion, attempts must be made to purify the blood through the intestines and the skin. The former objects, namely, the diminution of the quantity of irritating fluid exuded into the serous cavities, may also occasionally be effected by the free action of the intestines and the skin, and also, perhaps, by the repeated application of blisters over the affected serous cavity. The fluid discharged by the blistered surfaces probably helps, also, in some measure, to purify the blood, by withdrawing, in the serum, some of the urea which this fluid contains."

#### CONTENTS OF THE MEDICAL JOURNALS.

**Lancet.**—(No. X. Vol. II. September 3, 1853).—LECTURES on some Principal Diseases of the Eyes. Delivered at Guy's Hospital. By John F. France, Esq., Surgeon to the Eye Infirmary. Lecture VIII.—Syphilitic Iritis. On the Duration of Pregnancy in the Human Female. By James Reid, M.D. On a Case of Compound Comminuted Fracture of the Patella, communicating with the Knee-joint. By R. A. Manford, Esq., Inverness. Reply to Mr. Cartwright's "Observations on Animal Heat." By Henry H. Vernon, M.D., Edin., Leamington. Ossification of the Mitral Valve, consequent on Inflammatory Rheumatism; Death; Autopsy. By Robert Fowler, M.D., Edin.—HOSPITAL REPORTS.—Guy's Hospital: Aneurism of the Arch of the Aorta; Death; Autopsy. St. Bartholomew's Hospital: Hæmatemesis and Melæna; Recovery. Middlesex Hospital: Bubo in the Right Groin; Extensive Phagedænic Ulceration; Perforation of Intestine; Abnormal Anus in the Inguinal Region; Death; Autopsy.—REVIEWS AND NOTICES OF BOOKS.—A Manual of Materia Medica and Therapeutics, including the Preparations of the Pharmacopœias of London, Edinburgh, and Dublin, with many New Medicines. By J. Forbes Royle, M.D., F.R.S. Plates of the Brain, in Illustration of the Physical Faculties of the Nervous System. By Joseph Swan.—LEADING ARTICLES.—Gratuitous Medical Advice, and Gratuitous Certificates in Hospital Practice. The Present Management of the Metropolitan Hospitals.—THE ANALYTICAL SANITARY COMMISSION.—Records of the Results of Microscopical and Chemical Analyses of the Solids and Fluids Consumed by all Classes of the Public. Tobacco, and its Adulterations: Results of the Microscopical and Chemical Examination of Fifty-six Samples of Unmanufactured and Manufactured Tobacco as Procured from various Manufacturers and Dealers in London.—Unmanufactured or Leaf Tobacco.—Manufactured Tobacco, Cut: Turkey, Orinoko, K'Naster, Returns, Bird's-Eye, and Shag Tobaccos.—Manufactured Tobacco, Roll, and Spun: Cavendish, Twist, and Negro-head Tobaccos. (With Engravings).—On the Necessity of Special Instruction to the Medical Officers who may be Nominated to the Services of the Naval and Military Forces.—MEDICAL SOCIETIES.—Royal Medical and Chirurgical Society: Erysipelas of the Head and Face after Contusion and Laceration of the Scalp; Hæmorrhage from the Principal Branches of the Right Carotid Artery; Ligature of the Vessel; Recovery.—False Aneurism of the Posterior Tibial Artery (from a Wound in the Operation of Dividing the Posterior Tibial Tendon in the Operation for Club-foot) successfully Treated by Injections of Perchloride of Iron into the Spurious Aneurismal Sac.—Observations on Cystic Disease of the Testicle.—An Account of an Instance of Remarkable Deformity of the Lower Limbs.—Case of Hypertrophy of the Tongue.

(a) Die Brightsche nieren Krankheit, 1851.



**Medical Times and Gazette.**—(No. CLXVI. September 3, 1853.)—ORIGINAL LECTURES.—A Course of Six Lectures on the Relation between Therapeutics and Pathology. Delivered before the College of Physicians. By George Johnson, M.D., Lond., F.R.C.P. Lecture IV.—ORIGINAL COMMUNICATIONS.—Army Medical Reports. No. V.—Extracts from a Report on the Advantages, in a Medical and Military Point of View, of Ascertaining the Bodily Weight of Soldiers on their Admission and Discharge from Hospital. By Arthur S. Thomson, M.D., Surgeon to the 58th Regiment. Illustrations of Clinical Medicine and Pathology. By George Burrows, M.D., F.R.S., and W. Senhouse Kirkes, M.D. A Case of Scrofulous Ovarian Abscess. By A. H. Marks, M.D., F.R.C.S.—HOSPITAL REPORTS.—King's College Hospital: Case of Aggravated Hysteria occurring in a Man; Recovery. St. Bartholomew's Hospital: Large Bursa containing Solid Bodies Beneath the Deltoid Muscle; Treatment by Free Incision; Recovery.—Large Anastomotic Aneurism on the Scalp; Treatment by Ligature, etc.; Recovery. St. Mary's Hospital: Notice of Operations: Perineal Section—Puncture of Bladder, etc.—EDITORIAL ARTICLES.—The *Edinburgh Review* on Yellow Fever. The Medical Staff of the Metropolitan Hospitals. *Post-mortem* Examination of the Body of the late Mr. Bransby Cooper.—REVIEWS.—Lectures on Surgical Pathology. Delivered at the Royal College of Surgeons of England. By James Paget, F.R.S. A Discourse on the Birth and Prolongation of Thought. By Walter Cooper Dendy. A Medical and Topographical Sketch of the Thermal Springs of Teplitz. By T. L. Richter, M.D.—PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals: Upon the Plan or Yaws, a Disease of Tropical Climates—Spontaneous Gangrene in Glucosuria—Upon the Pathology and Treatment of Diabetes Mellitus—Upon the Diagnosis of Fractures—Intermittent Puerperal Mania—Thyroiditis in a Patient whose Larynx was Hypertrophied.—FOREIGN CORRESPONDENCE.—A Medical Travel to Burmah, through Rangoon, Pegue, and Martaban.

**Association Medical Journal.**—(No. XXXV. September 3, 1853.)—LEADING ARTICLES.—Pecuniary Value of Medical Opinions to Life Assurance Companies. The Club System.—ORIGINAL COMMUNICATIONS.—Climate of Madeira in Chest Diseases. By George Lund, M.D. Two Fatal Cases of Snake Bite: with Remarks. By R. H. Powell, M.D.—BIBLIOGRAPHICAL NOTICES.—Alderson. Pathology and Treatment of Acute Rheumatism. Part. Medical and Surgical Case-Book. Royle. Materia Medica and Therapeutics.—PERISCOPIC REVIEW.—Anatomy and Physiology.—Skeletons articulated with Caoutchouc; Case of Transposition of the Viscera. Practice of Medicine and Pathology.—Veratria in Acute Rheumatism; Epidemic Goitre; Spurious Pneumonia produced by a Foreign Body in the Air-passages; Case of Diabetes following Fracture of the Cranium; Tanuate of Quinine in the Night Sweats of Phthisis. Dry Cupping in Nervous Colic; Compound Anodyne Application in Sciatic Neuralgia; Gallium Pallustre as an Antispasmodic. Materia Medica, Pharmacy, and Therapeutics.—Administration of Ether in Capsules. Diseases of Children.—Sacral Cysts, complicated with Spina Bifida, successfully treated by Ligature.

**Dublin Medical Press.**—(No. DCCLXV. Vol. XXX. August 31, 1853.)—PROCEEDINGS OF SOCIETIES.—Provincial Medical Association of England—Twenty-first Anniversary Meeting of the Provincial Medical and Surgical Association of England, held at Swansea on the 10th and 11th of August.—SELECTIONS FROM MEDICAL JOURNALS.—A Treatise on the Epidemic Erysipelatous Fever of the United States. By H. N. Bennett, M.D., of Bridgeport, Connecticut. A Case of Poisoning by Sir William Burnett's Disinfecting Fluid. By Richard Hassall, M.D. On the Anti-hæmorrhagic Effect of Chloroform during Operations. By M. Chassaignac.—REVIEWS AND NOTICES OF BOOKS.—On the Nature and Proximate Cause of Insanity. By James George Davey, M.D., formerly of the County of Middlesex Lunatic Asylums, at Hanwell and Colney Hatch, and of the Ceylon Civil (Medical) Service, &c.—LEADING ARTICLES.—The Meeting of the Provincial Medical and Surgical Association of England. The Irish Medical Association. "A Step in the Right Direction."—Athlone Dispensary.—MISCELLANEA.—On Foreign Substances in the Intestinal Canal. By D. H. Agnew, M.D., of Philadelphia. Ligature of the Subclavian Artery. By Dr. Caccioppoli, of Naples. Patent Bottles for Powders, &c.

APPOINTMENTS.—DONEGAL UNION IRELAND.—R. H. Courtenay, M.B. Lond. medical officer to the workhouse, has been elected medical attendant to the Donegal Dispensary

## Deaf-Dumbness.

ON THE MEDICAL AND PHILOSOPHICAL STUDY OF  
DEAF-DUMBNESS.

BY

M. E. HUBERT-VALLEROUX,

Docteur en Medecine de la Faculté de Paris, Membre de la Société Médico-Pratique, etc.

TRANSLATED BY JAMES YEARSLEY, M.R.C.S. ENG.,  
Surgeon to the Metropolitan Ear Infirmary, Sackville-street, etc.

(Continued from page 145.)

### CHAPTER IV.

OF THE CHARACTERS OF DEAF-DUMBNESS.

*Attitude, Temperament, Organic Sympathies of the Deaf and Dumb.*—*Infrequency of Congenital Dumbness.*—*Frequency of Acquired Deaf-Dumbness.*—*Reasons for this Frequency seen in Enumerating the Causes by which it is Produced.*—*Infrequency of Complete Deafness.*—*Error of Judgment on this Subject.*—*Prejudices respecting Organic Lesions Causing Deaf-Dumbness.*—*General Character of these Lesions.*—*Importance of the Differential Diagnostic.*

If the primary causes which occasion deaf-dumbness be numerous and varied, the organic lesions capable of producing this infirmity are not less so; but, be the nature of these causes what it may, the character of these lesions, the physiognomy and attitude of the subjects affected therewith, present a particular impress, which goes on diminishing in the same degree that education advances, but which, nevertheless, never entirely disappear but with difficulty.

The deaf-mute seldom stands upright; on the contrary, his attitude is stooping and awkward, and time and continued efforts are necessary ere he can acquire the gait and bearing of children of his own age. Naturally inquisitive, and, but for his infirmity, loquacious, and being, moreover, destitute of every mode of expression but that by gestures, he becomes in everything a mimic, and makes grimaces without cessation, and thus his countenance, little intelligent as it may be, yet possesses an astonishing degree of mobility. In those of the deaf and dumb who enjoy sound health, the movements are usually extremely lively and impetuous, but possessing, at the same time, great softness and finished gracefulness. The celebrated tragedian, Rachel, has witnessed and admired the power and charm of their gestures in several pupils of the school of Naney, and, especially, in Mdle. Ackerman, whose education has conferred the greatest honour on M. Piroux.

But what contrast between the deaf-mute when instructed, and thus rendered intelligent and sociable, and his brother in misfortune, the uncultivated deaf-mute of mediocre or even ordinary intelligence, with little or no education; in a word, the deaf-mute of the mass!

In the primary schools, the difference between the pupils depends on the greater or less development of the intellect, but especially on the degree of attention which they give. On entering the schools, they all possess, with the instrument of thought, a certain amount of ordinary notions, in which they differ from one another only in a slight degree. But, between the young deaf-mute brought up in an intelligent family in easy circumstances, educated, it may be, by his mother, and accustomed to the forms of politeness and conventions of social life; between such a one and the deaf-mute offspring of parents who are poor and ignorant, and obliged to neglect, or altogether abandon, his education, there is, at their entrance to school, scarcely less than an impassable gulf.

Inconsistent and precipitate in all his movements, the latter assumes every attitude in succession, or rather there is no attitude that can be called his. He slides rather than walks, jumps rather than runs, drags after him his limbs; and, to a state of the most disordered agitation,



there suddenly succeeds, and without the slightest pre-indication, a state of apathy and torpor. If his physiognomy is sometimes wild, yet is it more frequently stupid, and these two expressions of countenance succeed one another with a degree of suddenness no less singular than inexplicable. Sounds, hoarse and inarticulate, express the joy and surprise, as well as every other emotion experienced by this poor outcast; and the guttural cry which he issues, wounds the ear, and produces on the nervous a painful impression. Many women, as I have said, refer the deaf-dumbness of their children to such cries heard during their pregnancy. Some of these unfortunate creatures may be seen, on their entry into schools, groping along the walls in search of an opening by which to escape, and darting forth when they have found one. I have often observed them in these proceedings, which some—and these, for the most part, are neither the least intelligent nor affectionate—continue to pursue even for many weeks after their admission into our institutions.

The prevailing temperament in the deaf and dumb, is the lymphatic. Rickets and idiocy, without being so common as some authors suppose, are yet more frequently met with in them than in other subjects. Du Puget, in England; Person, in Russia; Fabrini, at Modena; Schmalz, in Germany; and, among ourselves, Itard, and the whole of the physicians to the deaf and dumb institutions, have clearly shown the frequency of the scrofulous diathesis in these poor children. Loud respiration, puffiness of the nose and lips, cicatrices in the neck, ophthalmia, and especially the characteristic *facies* of the strumous state, are all met with in many of them. Dr. Billeter, nevertheless, has, in my opinion, gone too far in "ascribing deaf-dumbness to a higher degree of the scrofulous state." (1) No doubt a great number of the deaf and dumb are scrofulous, but, fortunately, all of them are not so.

The prominent fact, however—and, in a very great number it may be considered as *pathognomonic*,—is the presence of that pathological state that may be called the *mucous*. The subjects in whom it is seen contract, with lamentable facility, coryzas, anginas, pulmonary catarrhs, and ophthalmia. The cure of these affections is always tedious, accomplished with difficulty, and seldom complete, while relapses, in some cases, may be said to be incessant.

Itard, and every practitioner who, like him, has observed the accidental diseases of the deaf and dumb, are unanimous in admitting that in them there occurs either feebleness, or a want, all but total, of the organic sympathies, so active and numerous in persons who possess the faculty of speech. The pain occasioned by boils and whitlow, or the very acute pain caused by the extraction of a tooth, seems to produce on them but little impression. For this reason it is necessary, in the treatment of their diseases, to be aware of this want of pathological reaction, for decay and destruction, all but complete, of important organs, such as the lungs and liver, has been known to take place before a single morbid symptom had become discernible.

Thus, in the deaf and dumb, as in other persons, the intensity of the organic and morbid sympathies is found to be in exact relation with the moral sympathies. Active and manifold in communities and individuals highly civilised, they become, on the contrary, the more feeble the lower we descend in the scale of intelligence, till we reach that point where members of the body social, and members of the body individual, become, as it were, *insolidaries*.

Itard, Lachman, Jahn, Fabrini, Dr. Du Puget, Dr. Person, etc., have shown the frequency of phthisis in the deaf and dumb. The committee of the county of York assembled in 1844, attributes the great mortality which prevails among them to weakness of constitution. "Struck with the premature oldness and apathy of these poor creatures," Messrs. Fleury and Gourzoff,

directors of the school of St. Petersburg, began "to subject the lungs to gymnastic exercises, both in the case of such pupils as were entirely uneducated, and in those who could pronounce a few words." Nature herself, according to these authors, teaches the deaf and dumb that expedient, since they may be seen going in search of retired places, where they may give uncontrolled utterance to whatever sounds they please. Itard, and Dr. Person, too, recommended the same thing, persuaded that the inactivity of the pulmonary and vocal organs, is a chief cause of the frequency of their diseases. Such, however, is not the recommendation of M. Puybonnieux, professor to the institution of Paris. On the contrary, he is of opinion that the moral and physical condition of the deaf and dumb bid as fair as that of any other for long life, and he has brought forward the longevity of certain Prussians, by which he endeavours to prove it.

They who, for the first time, visit an institution for the deaf and dumb, are surprised to hear the pupils pronounce certain words, and even whole phrases, and that, sometimes, very distinctly. The fact, however, is of easy explanation, for such pupils as thus express themselves in good language, did not lose the faculty of hearing till they had attained two, three, four, five, or six years of age, or more, and have retained some of the phrases which they had before learned.

I have found in our schools, pupils who, till ten or eleven years of age, had spoken like other children, and led the same life. I have noted the case of a lad of fourteen, at Paris, whose physical development, for his age, is good, but whose intellect is mediocre. He attended the schools of the *Freres*, and learned, well or ill, both to read and write. When an apprentice, he was, at the age of thirteen years and a half, attacked with typhoid fever in a severe degree, accompanied with cerebral symptoms. He escaped with life, but remained completely deaf. For a moment I entertained hopes of restoring sensibility to the auditory organs. This was, however, but a transitory spark, which was quickly followed by complete, and, I fear, irremediable obscurity. A butt for the jests and laughter of his young companions, he lost almost entirely, from desuetude, the habit of speaking; his voice became hoarse, almost unintelligible, and, in twelve months after his illness, he expressed himself by little more than gestures.

If, notwithstanding, you inquire of the masters at what age the infirmity of their pupils began, they will almost invariably reply, that they were deaf and dumb from birth.

Itard himself, at the commencement of his practice, believed that most cases of deaf-dumbness were congenital, but he was an observer too just not to modify his opinion in course of time. If, in his opinions, he was still far from the truth, yet, he continued to approximate nearer and nearer to it, as may be seen by the observations contained in his work. (1)

There results from the information obtained by the institution of Leipsic, that, of the fifty-one pupils which it contains, twenty-two only were deaf and dumb from birth. (2) The institution of Prague, again, shows, in fifty-four deaf-mutes, nineteen subjects only affected with congenital deafness. The remaining thirty-five became so in consequence of various diseases. Six lost the sense of hearing in the first year, nine in the second, nine in the third, three in the fourth, and two in the sixth and seventh. As to the remaining six, they seem to have lost this sense at a still later period. The reports of the institutions of Cologne and of Hamburg, equally show a considerable number in whom the deafness was acquired, and M. Ramon de la Sagra asserts, that, in the schools of Hartford and Philadelphia, the cases of accidental deaf-dumbness are more numerous than the others.

In order to be convinced of the frequency of acquired deaf-dumbness, it is only necessary to make the pupils of any institution whatever, pronounce the few words which

(1) See "Annales des Sourds-Muets et des Aveugles," t. 11., p. 47.

(1) See Itard's work, before quoted, vol. iv., p. 343, et seq.

(2) See the "Third Circular," p. 132.



almost all of them know. One even perceives, by the accentuation, in which a practised ear cannot be mistaken, that a great number of those who are entered as deaf-mutes from birth, have spoken formerly. In some schools—in those of Bordeaux and Nancy, for example, where the previous history of each pupil is carefully noticed, you read that the greater part heard for the first eight or ten months, or a year, or more; and the information given you by their families, enables you to refer the infirmity to convulsions, to scarlet fever, to a mucous fever, etc.; and you thus infallibly arrive at the conclusion, that congenital deafness is as rare as acquired deaf-dumbness is common.

It will be sufficient, moreover, to refer to the enumeration of the causes already given, in order to see a proof of this assertion. If we deduct from those instances of deaf-dumbness said to have been such from birth, all such as owe their origin to climatic and geological influences, to the accidents of dentition, to eruptive and typhoid fevers, to traumatic lesions, etc., we shall have few left beyond those that are the offspring of marriages between kindred, those whose mothers have experienced untoward incidents during gestation, and, lastly, those that have been affected with some intra-uterine disease. The number of these is, proportionately, very small.

As regards the degree of deafness with which they are affected, Itard divides the deaf and dumb into five classes. In the *first*, which scarcely forms a fortieth of the whole number, he has placed those who are able to hear the sound of the voice in articulated words, provided, always, it be slower, louder, more direct, and nearer, than in ordinary conversation. In this first class, the ear is still found capable of perceiving euphonic sounds; that is, the inflections which the human voice takes when it would express astonishment, pity, pain, or pleasure. (1)

In the *second* he comprehends such as are half-deaf, and who cannot distinguish, though uttered in a loud voice, a great number of articulated or consonant sounds, although inarticulated, or vowel-sounds, are distinctly perceived. Itard estimates the number of this class at about a thirtieth of the whole deaf and dumb.

"The subjects of the *third* class, being endowed with hearing and speech, differ from those of the preceding, inasmuch as articulate sounds are no longer distinguished, but only the inarticulate voice in its emissary simple or vowel sounds . . . In this class of deaf-mutes, the voice—the development of which accompanies that of the faculty of hearing—is rude and without modulation, or, if it manifest a few inflections, they are, in almost every instance, false. This class, more numerous than the first, makes up a twenty-fourth part of the entire number of the deaf and dumb.

"The *fourth* includes all those who, insensible to speech, to the voice, and sound, hear only loud noises, such as thunder, the explosion of fire-arms, the banging of a door, etc. This degree of deafness is very common among the deaf-mutes, and my observations show that it exists in about two-fifths of their number.

"Lastly, the *fifth* class, which embraces somewhat more than one-half, have deafness in its complete form. Hearing is entirely destroyed, and if, in spite of the privation of this sense, the deaf and dumb of this class seem, in general, to be sensible to violent noises, to loud reports of artillery, or of atmospheric electricity, this sensation, however, is a stranger to the ear; it is produced through the epigastrium, or the feet, impressed by the vibration of the air or the ground."

Fabriani, of Modena, who has not, like Itard, made any classification, confines himself to stating, that half only of the deaf and dumb are completely deprived of all sense of hearing.

Although that classification of the deaf and dumb which is based on the degree of hearing possessed by each, be far from claiming that degree of importance which Itard attached to it, I have yet thought it necessary to enter into

some details concerning it. I might say much on the distinctions proposed by this author between the perception, by the deaf and dumb, of vowels and that of consonants—between the faculty of hearing sounds and the power of uttering them, etc.; but M. Valode-Gabel has undertaken this task, and I restrict myself to that which is properly my own.

Like Itard, I have pursued inquiries regarding the different degrees of deafness presented by the deaf-mutes, but the results which I have obtained are very different from those of Itard or of Doctor Fabriani.

There is not a single school for the deaf and dumb, out of the many which I have visited, in which I have not found subjects who could hear distinctly bells and clocks, and could thus announce to their fellows the hour when work ceased or began, the hour for meals, etc. Others, less deaf, still can hear the voice of a speaker, and ought, therefore, to be placed in the first class of Itard, which he has restricted more than is just, as well as the second and third, in order to increase beyond their real dimensions the two last.

Moreover, there is found in our schools a considerable number of deaf-mutes who possess a degree of aural sensibility still greater than this, who hear better than a great many persons met with in society, where they reason, debate, and transact business. This fact, which seems strange, depends simply on the original date of the deafness. In some it has commenced with the earliest period of life; in others it has become manifest only at the period when the man having attained his full stature, the habit acquired compensates for the accidental weakness of the organs. I am every day consulted by patients who have become unable to hear the ticking of a watch, even when in contact with the ear, while certain pupils in our institutions for the deaf and dumb hear very distinctly those sounds, the greater part, however, with one ear only, but some also with both.

The total and radical loss of aural sensibility is not more frequent in the deaf and dumb, than is the loss of sensibility in the optic nerve in the blind. The greater part of these last can distinguish day from night; many can perceive objects that are large, and they whose retina remains completely insensible to light are rare exceptions. So, also, in our schools for the deaf and dumb, but few pupils are found whose hearing is not affected by loud noises, at least. Itard thinks that somewhat more than half the deaf and dumb perceive sounds only by the epigastrium, or by the feet, the former receiving impressions from the air, the latter from the ground. (1) But it is evident that here he falls into grave error. It is, indeed, by the feet and the epigastrium that sounds, accompanying vibrations of the earth, such as reports of artillery, the noise occasioned by shutting a door, etc., are conveyed to the sensorial centre, but it is not in the same manner that sounds proceeding from a body that does not rest on the ground can be conveyed. It is by the auditory apparatus, and by no other, that sounds are perceived in this last instance, as I have proved by numerous direct experiments.

The classification of Itard demands, in my opinion, important modifications. Should, however, the divisions he has established be retained, I think they ought to be reclassified thus:—In place of reckoning a fortieth part only of the deaf and dumb in the first class, it should contain a fifteenth. The second should be formed of a tenth, and not of a thirtieth only of the whole number. In the third I would inscribe a third part, and not a twenty-fourth of the deaf and dumb. The fourth class, which contains two-fifths of their number, should be reduced one-half; and, lastly, in the fifth, there should be scarcely more than a fifth, and, by no means, a half of the cases of complete deafness.

Thus, as I said at first, the distinction established between the deaf and dumb, as regards the sensibility of the auditory organs, is but of secondary importance. The

(1) See Itard, t. iv., p. 300, and following.

(1) *Traité des Maladies de l'Oreille*, t. ii. p. 303.



origin of the disease, its character, its nature; ascertaining the tissues or the parts of the apparatus more especially affected, the severity of the lesions,—such are, in a diagnostic and curative point of view, the important considerations which ought to precede every other.

In regard to the origin and nature of deaf-dumbness we find singular prejudices. Aristotle, and all the naturalists and physicians who succeeded him, not excluding A. Paré, thought that this infirmity was the result of a double lesion, affecting both the auditory and vocal organs. It was in vain that Pedro Ponce, a Spanish monk of the sixteenth century, proved, in a direct manner, the contrary, by teaching artificial speech to young deaf and dumb persons. His discovery, communicated to the scientific world by Valles, physician to Philip II., did not hinder Zacchias, in a treatise on legal medicine, published a century later, (1) from affirming that “the nerves of the larynx and of the ear are simultaneously paralysed in the greater number of cases of deaf-dumbness.” There are found many persons, and physicians, even, who still, at this day, share the opinion of Aristotle and Zacchias, and I shall, subsequently, quote a case of Doctor Varroine which goes to prove it. Nothing, however, is more erroneous or contrary to facts than this opinion. In the immense majority of cases—in all, so to speak, the organic lesion in the deaf and dumb implicates only the auditory apparatus. Up to this time I have met with but one exception, and this was in a young person who had suffered from a cerebral affection of extreme severity; but, beyond this example and another related by Bennati, (2) I have always found in such subjects as were not idiots, that the dumbness was but a consequence of the deafness.

“For several years,” says Itard, “I believed, and my first *post-mortem* examination seemed to me demonstrative of the notion, that the cause of deaf-dumbness was always referrible to paralysis of the labyrinthic nerve, with the entire absence of appreciable lesion in the auditory organ, after death as well as during life. But subsequent researches have discovered to me more palpable causes of this infirmity. Those lesions, found by physicians in the deaf and dumb, were concretions of different kinds and vegetations within the cavity of the tympanum, ramollissement of the auditory nerve, absence of the meatus auditorius, etc., etc. Thus,” logically concludes this author, “the causes of deaf-dumbness may be any of those that weaken or destroy hearing in the adult.” But even, as if to give a new proof of the difficulties which the best minds themselves experience of freeing themselves from prevailing prejudices, Itard adds:—“I believe, however, it may be shown that they occur in different proportions, for, although the facts which I have related induce us to regard the organic lesions as the material causes of this deafness, it must, however, be acknowledged, that they are of far more rare occurrence than in the deafnesses which afflict the adult, and that deafness in the child depends almost always on paralysis of the auditory organ, whether congenital or acquired.” And, by way of proof,

(1) Questions Medico-Legales, 1657. (2) Bennati. Mem. Sur quelques maladies affectant l'organe de la voix.

he refers to the eruptive diseases of that age, convulsions, and, above all, as he had already said, the sympathetic influence exerted by difficult dentition on the ear.

It is thus, after having omitted the cases of deaf-dumbness developed under geological and atmospheric influences, those that arise from suppressed exanthemata, from mucous and typhoid fevers, &c., and which, of themselves alone, form more than half the total number of these infirmities,—it is thus that Itard gives utterance to the deplorable generalization, “The deafness of the child almost always depends on paralysis.” No, God be thanked, it is not so. It has been ascertained that in cases of blindness dependent on paralysis of the optic nerve, the subjects of such blindness are far from forming one-fifth part of the blind received into our schools, and, according to observations I have made in institutions for the deaf and dumb, the proportion of such as are attacked with paralysis of the auditory nerve is not more considerable. The fact admits of easy explanation. What are the lesions which usually accompany eruptive fevers? Are they really nervous, or are they not rather coryzas, angina bronchitis, ophthalmia; in short, affections of the mucous tissues? And those diseases which, by their intensity, and, more frequently still, by their extending to the deep-seated tissues, constitute the real danger of exanthemata, do they not usually remain after the others have disappeared? In all these cases it is by the spreading of the catarrh to the mucous membranes of the Eustachian tubes, and of the cavity of the tympanum, that deafness is produced. And it is because the catarrh deserts the bronchi, the larynx, and nasal fossæ, that the subject thereof ceases to cough, recovers his voice and sense of smell, but remains deaf so long as the affection persists in the middle-ear.

Is it, I would still ask,—is it in consequence of amaurosis, and not rather from the effect of severe ophthalmia, that many persons lose their sight in small-pox?

Why should *amaurosis of the ear* be more frequent than that of the eye after eruptive fevers? And the cases of deaf-dumbness which occur in low and humid places—in mountainous countries after sudden changes of temperature, must we still attribute these to nervous lesions? Are they not rather the result of catarrhal and rheumatic affections? For my part, their analogy with the ophthalmia of newborn children seems to me so plain, that I am surprised that it has not yet been pointed out by any one.

It is not without reason that Itard, forgetting what he had said on palsy of the auditory nerve, adds these words:—“The causes of deaf-dumbness may be any of those that weaken or destroy hearing in the adult.” In fact, traumatic lesions, morbid adhesions, the presence of foreign bodies in the ears, caries and necrosis, catarrhal, nervous, rheumatic, and other lesions, we discover to be the organic causes of deaf-dumbness; all the lesions, in fact, which in the adult occasion mere deafness. And what comes in confirmation of the accuracy of this assertion, is, that the remedies suited to these last, are the very remedies which, in analogous affections, have been attended with success in the deaf and dumb.

(To be continued.)

## THE ANNUAL CIRCULAR OF THE MEDICAL DIRECTORIES.

The Editors of these works beg to express their best thanks to those members of the Profession who have so promptly replied to their Circular. Already thousands have been returned, accompanied, in numerous instances, by expressions of approval of the Editors' exertions, of congratulation on their success, of sympathy at their having had to suffer the annoyance of an unfair rivalry, and, withal, crowned by such a liberal Subscription as to call forth their grateful acknowledgments.

Those Gentlemen who have not returned the Circular, are requested to do so without delay, as, without such assistance, the successful compilation of the Directories would be frustrated.





### Biographical Notices.

#### PORTRAIT OF ROBERT GARDINER HILL, ESQ., F.S.A.

*Originator of the Non-Restraint System in Lunacy.*

##### ROBERT GARDINER HILL, ESQ., F.S.A.

Mr. Robert Gardiner Hill, to whose philanthropic labours mankind is so deeply indebted, was born at Louth, in Lincolnshire, on the 26th of February, 1811, of parents whose anxious wish and care it was to implant in their numerous offspring the same high and upright principles of integrity and honour, which had earned for themselves the well-merited respect and esteem of all who knew them. (1) One of those parents still survives, in an honourable independence, at Leamington; and having attained an age beyond the usual period allotted to the

span of human life, his hoary head—man's "crown of glory" when "found in the way of righteousness"—is comforted by the endearing attentions of a family, every member of which occupies a position in life to which their abilities and attainments render them at once an ornament and a credit. (1)

(1) The family of *Hill* formed, by intermarriage, a collateral branch of that which produced the late eminent naturalist, Sir Joseph Banks.

(1) The Rev. John Harwood Hill, elder brother of Mr. Robert Gardiner Hill, holds a Crown living in Leicestershire, and an adjoining one under the patronage of the Right Hon. the Earl of Cardigan. He is Rector of Cranoe, and Vicar of Walham; and has distinguished himself by his strenuous exertions in his parishes, having rebuilt Cranoe Church and the Rectory; and, by his influence with his noble and generous patron (who built and endowed a School there), accomplished many other important improvements, all tending to the welfare of the people committed



The subject of the present brief memoir, having received the elements of a liberal education, was apprenticed, at the early age of 14 years, to an eminent surgeon at Louth, from whom, on leaving, he had the most satisfactory testimony to his steady and diligent application to his professional studies and pursuits. Having passed his examinations with far more than usual credit—for he was honoured with the congratulations of the examiners—he commenced practice for himself in Lincoln, to which city his parents had then removed; but his ardent disposition becoming impatient of the comparative inactivity which often attends the commencement of a medical career, within three months he applied for, and obtained, the appointment—which happened then to be vacant—of Surgeon to the Dispensary. This success was remarkable, inasmuch as it was achieved despite the vigorous opposition of Dr. Charlesworth, who supported another candidate. And so strenuously did he apply himself to the duties which devolved upon him, that the same Dr. Charlesworth, who observed his energy, activity, and calm determination of purpose, shortly afterwards requested him to become a candidate for the more important situation of House-Surgeon to the Lincoln Lunatic Asylum, of which Institution he (Dr. Charlesworth) was a Visiting Physician. He did so, and with Dr. Charlesworth's support, obtained the appointment, under circumstances which, of themselves, afforded a high testimony to his character, inasmuch as he had already, in the space of little more than a year, and by the merit of his conduct alone, converted a powerful opponent into a staunch friend.

We now arrive at a new and important era in his career. It was in July, 1835, that Mr. R. Gardiner Hill was elected by the Governors to the office of Resident House-Surgeon of the Lincoln Lunatic Asylum; an Institution, the avowed principle of which was, the mitigation of restraint, as far as was deemed consistent with safety; (1) and by the extent of this mitigation (*ceteris paribus*), was the merit of the resident officer measured by the Board. But although Mr. Hadwen, the immediate predecessor of Mr. R. G. Hill, during the fifteen months in which he held office, greatly reduced the number of instances in which mechanical restraint was resorted to, and was honoured accordingly with the recorded approbation of the Board on his retiring from his official situation, yet not even the most sanguine ventured to anticipate the "*grand discovery*" (2) which was on the eve of being announced for the benefit of all future generations, and to the immortal honour of its talented author. It was reserved for Mr. Robert Gardiner Hill to express to the Governor of

to his charge. Indeed, almost the whole village was rebuilt by the Earl of Cardigan, and good roads made; so that the village of Cranoe, besides affording the residents the means of Christian instruction and education, forms, with its new Church, and Rectory, and School, its neat and cleanly cottages, its undulating mounds, its overhanging clumps of trees, and its excellent roads, a rural and picturesque scene of comfort not easily to be surpassed.—His eldest sister is the estimable and accomplished wife of the Incumbent of East Ardsley, near Wakefield, in Yorkshire. Two other sisters reside with their aged and revered, but still healthy and vigorous parent, at Leamington. The rest of the family died young.

(1) Two circumstances especially contributed to bring about this mitigation in England: the one was, the success of Esquirol and Pinel in this humane movement in France; and the other, the horrible destruction by fire of an Asylum at York, wherein many inmates, being in chains, could not be rescued, but perished in the flames. A Parliamentary investigation followed, which brought to light the atrocities of the existing system; and it is no reproach to the worthy and eminent men who then laboured in the cause of humanity, that they did not see the possibility of a *total abolition* of restraint in all cases of insanity. They did much in their day; but, as Sir Edward French Bromhead, Bart., truly observed, "they made no approach to anything like a total abolition of restraint."

(2) Dr. Robertson, Northampton.

the Asylum at Lincoln his "confident belief, founded on experience at that house, that it might be possible to conduct an Institution for the insane without having recourse to the employment of any instruments of restraint whatsoever." (See the 13th Annual Report of the Lincoln Lunatic Asylum, 1837, April 12th.

This took place in 1837, within two years from the date of his appointment; but not until he had diminished the number of restraints beyond precedent, (1) nor until he had, with the most laborious and patient inductive reasoning, and by literally living among the patients, and closely watching their habits and modes of acting, satisfied himself that the thing was both possible, practicable, and curative. (2)

A scene of unparalleled interest now first opened upon the astonished view. Here were creatures who, in every Asylum in times past had been chained, ironed, and left to wallow in filth and straw, dragging out a wretched existence, exciting a feeling of abhorrence and loathsomeness in the spectator—cure, or even amelioration, being hopeless—here were these poor creatures, each and all of them, not merely the harmless imbecile, but even the most ferocious homicidal patient, unrestrained by any other means than the unceasing supervision of the attendants, whose safety was ensured by the well-ascertained fact that "lunatics do not combine."

The proud position of the Lincoln Asylum at this period was not without its effect upon the prosperity of the Institution. The number of patients increased rapidly—its funds were augmented—its reputation was extended far and wide—the proportion of recoveries rose—the comfort of the inmates, the quiet and order that pervaded the whole, were visible at a glance—and the Lincoln Lunatic Asylum attained a degree of fame and prosperity to which it had hitherto been a stranger.

In the meantime, he by whose genius and exertions this happy state of things had been brought about, was destined to suffer the inevitable consequence of overtaxed labour. The result of his unremitting toil, care, and anxiety, by day and by night, began to tell upon his exhausted frame, and a low typhus fever prostrated for a time his powers and his energies. Providence, however, reserved him for future efforts. Under the kind and judicious treatment of Dr. Charlesworth, he gradually regained his strength and vigour. "Keep quiet—take no medicine—see no one," said Dr. Charlesworth on one occasion when the Rev. John Daniel happened to be present, and, turning to that gentleman, invited him to accompany him over a portion of the Asylum. It was on this occasion that, referring to the comfort, quietness, and order of the Asylum, the Doctor observed to the Rev. John Daniel, that "the entire absence of restraint which he then witnessed, was owing to the indefatigable exertions of Mr. Gardiner Hill."

In 1839, Mr. R. G. Hill published his interesting and valuable lecture on the "Management of Lunatic Asylums,

(1) The subjoined table proves this at a glance:—

Year.	Total No. of Patients in the House.	Total No. of Patients restrained.	Total No. of Instances of Restraint.	Total Number of Hours passed under Restraint.
1829*	72	39	1727	20,424
1830	92	54	2364	27,113½
1831	70	40	1094	10,830
1832	81	55	1401	15,671½
1833	87	44	1109	12,003½
1834	109	45	647	6,597
1835	108	28	323	2,874
1836	115	12	39	334
1837	130	2	3	28

\* From March 16th.

(2) See "A Lecture on the Total Abolition of Personal Restraint in the Treatment of the Insane," by Robert Gardiner Hill, London, 1839.



and the treatment of the Insane,"—a work of standard authority on this subject, whose reputation will increase as time rolls on,—in which he advocates, with all the earnest eloquence that triumphant success can impart to zeal, the total abolition of instrumental restraint, and of every species and degree of cruelty to the insane. In one brief, but emphatic sentence, he enunciates the brilliant, and now tested principle, which for a time drew upon its author such a mass of vindictive abuse and opprobrium, that "*In a properly constructed building, with a sufficient number of suitable attendants, restraint is never necessary, never justifiable, and always injurious in all cases of lunacy whatever.*"

The scoff of incredulity and scorn with which this bold and uncompromising axiom was generally received, proved how necessary it was to anticipate the obvious question, "What mode of treatment do you adopt in place of restraint? How do you guard against accidents? How do you provide for the safety of the attendants? In short, what is the substitute for coercion?" "The answer," says Mr. R. G. Hill, "may be summed up in a few words, viz., *classification—watchfulness—vigilant and unceasing attendance by day and by night—kindness, occupation, and attention to health, cleanliness, and comfort—and the total absence of every description of other occupation by the attendants.* This treatment, in a properly constructed and suitable building, with a sufficient number of strong and active attendants, always at their post, is best calculated to restore the patient; and all instruments of coercion and torture are rendered absolutely and in every case unnecessary." (Lecture, pp. 37 and 38.) For a more full account of the system of non-restraint, the requisites to ensure its success, the obstacles to it arising from prejudice, &c., we must refer to the work itself. One paragraph, however, appears so important, as showing the confidence which Mr. R. G. Hill had in the success of his system from its very commencement, that it would be unfair to suppress it. Speaking of the obstacles to success, arising as well from imperfect arrangements as from the unwillingness of attendants, nurses, &c., to undertake the increased trouble which this system requires, Mr. R. G. Hill concludes thus:—"I protest, therefore, beforehand, against any failure in practice arising from unwillingness, inexperience, want of address, or impatience, on the part of any officer, being converted into an argument against the system. Failures, if any should occur, will arise from one or other of the above causes, and not from the impracticability of the system itself. If others should not succeed in pursuing this plan, I shall have no fear of failure myself; as I feel confident that, with a properly-constructed building, and a sufficient number of tall, strong, well-remunerated, and willing attendants, I could introduce and act upon the system in any Asylum in the kingdom." (Lecture, pp. 53 and 54.)

On the publication of this lecture, it was reviewed by Sir Edward Ffrench Bromhead, Bart., one of the Vice-Presidents of the Lincoln Asylum, in terms which sufficiently prove the astonishment created by this "grand discovery." "The Governors," said the worthy Baronet, "never expressed a wish for the extinction of restraint; they never expected it; not one of them deemed it possible. It was Mr. Hill who had the courage to broach the original and invaluable idea that the use of instruments might be wholly dispensed with." This language, moreover, furnishes decisive evidence that, notwithstanding the extent to which restraint had been mitigated at Lincoln, its abolition was an event not contemplated by any one.

Meanwhile the horizon lowered, and a storm was evidently setting in; nor was it long before it burst out in all its violence. "Now arose," says Mr. R. G. Hill, "a perfect hurricane of opposition to myself and my system, within the Institution and without. I was abused in no measured terms; and the '*Hill-ite*' system denominated 'speculative,' 'peculative,' 'Utopian,' &c., &c.; 'the raving of a theoretic visionary,' and, by unnecessarily

exposing the lives of the attendants, 'a practical breaking of the sixth commandment.' Nevertheless, the system was carried out with safety, and with results which cannot be too highly appreciated. Not a single instance of suicide has occurred in the Asylum since the adoption of this system, although they were not infrequent under the mitigated system; proving that, as regards the patients themselves, *even a maximum of restraint was safer than a medium; and that nothing but constant surveillance, by day and by night, can prevent suicide under any system whatever.* Moreover, insensible patients acquired habits of self-control, which is one great step towards cure; the proportion of recoveries increased, comfort and good order prevailed in the place of noise and uproar, and not one fatal accident occurred. Every subsequent year, and every fresh trial, has demonstrated the value and safety of this system. It has triumphed by its own intrinsic worth against prejudice, opposition, and calumny of every kind; and although the violence of the opposition within the Institution, in which 'non-restraint' originated, at length compelled me to resign my situation; and although I was shut out from some other important posts because I was the author of that 'absurd dogma' that restraint is never necessary, yet I have lived to see that 'absurd dogma' established as the principle of almost every large and well-conducted Asylum in the kingdom."

The above succinct and modest statement is extracted from the speech of Mr. R. G. Hill, at a public dinner given to him at Lincoln, in October, 1851, when a splendid testimonial was presented to him as the Author and Originator of the Non-restraint system in Lunacy. The plate consisted of a very handsome silver centre-piece, with a circular plinth, ornamented with festoons; around the base are three elegant female figures, in frosted silver, supporting a basket for flowers. Upon one of the panels is engraved the following inscription:—

"Presented, together with a silver tea-service, to Robert Gardiner Hill, Esq., M.R.C.S. Eng., Author and Originator of the total abolition of Restraint in the treatment of the Insane, now commonly called the 'Non-restraint system,' by a number of subscribers, medical and general, from all parts of the kingdom, in token of their admiration of the talent which could devise, and the energy and patient perseverance which, despite of prejudice, opposition, and jealousy, could carry out, a system fraught with results so eminently beneficial to mankind."

On the opposite side are inscribed the following extracts:—

"The Governors never expressed a wish for the extinction of restraints; they never expected it; not one of them deemed it possible. It was Mr. Hill who had the courage to broach the original and invaluable idea, that the use of instruments might be wholly dispensed with."—Sir E. Ff. Bromhead, Bart., Vice-President of the Lincoln Asylum.

"The real honour belonged to Mr. Hill, of the Lincoln Asylum."—Dr. Charlesworth. (1)

In November, 1852, the citizens of Lincoln, anxious to show their distinguished townsman every honour in their power, elected Mr. R. G. Hill to the office of Mayor; and shortly afterwards the Royal Society of Antiquarians elected him a fellow of their honourable body; and there is no doubt that, if life be spared, further acknowledgments will still be accorded to one who, with a calm and determined courage that can now be but imperfectly appreciated, was the first to announce and to act upon the principle that, "In a properly-constructed building, with a sufficient number of suitable attendants, restraint is never necessary, never justifiable, and always injurious in all cases of lunacy whatever."

(1) See an abridged account of the Testimonial Dinner, in the "Illustrated London News" of January 3rd, 1852.



## Reviews.

*Burton and its Bitter Beer.* By J. Stevenson Bushnan, M.D.

Dr. Bushnan is a bold man: there is no sophism that he will not attempt to justify. His present book is not merely full of sophisms—it is an entire sophism—from the title-page, which professes to herald a history of Bitter Beer, but introduces in reality a puff of Allsopp, to its finis, which admittedly leaves the chief point unconcluded. Even the undertaking of the task by the present author is, in itself, a practical sophism: for, if we mistake not, it was Dr. Bushnan who commenced, in the “Medical Times and Gazette,” the attack on Bitter Beer, and now ends it by an apology.

The Doctor, certainly, had a heavy task before him; yet he has got through it with singular cleverness and facility. He has given us a sprightly and interesting volume; agreeably interspersed with archæology and jest, etymology and ethics, statistics and sarcasm, divinity and doggerel, metaphysics and moonshine, good sense and bad logic. We cannot help admiring the Doctor’s manipulation: he has concocted for us a fine frothy liquor, thin in the body indeed, but with plenty of spirit—racy to the palate, aromatic, delicate, and evanescent—the very “wine of malt,” and doing ample justice to his incomparable brewing. What has Bitter Beer done for man, that a book should be written about it? say you. What has it *not* done? retorts the Doctor. Brewing, in some form or other, he affirms, has been the great civilizer and Christianiser of the world! Hear it, ye divines; the secret of propagandism is out. Eureka! cries the Doctor, Christianity is born of good ale! Talk of spirituality, there is no spirit equal to that corked up in Allsopp’s beer-bottles!

Let us attend to the Doctor’s statement:—

“It is common to regard the discovery of gunpowder, that of the mariner’s compass, the invention of printing, as among the events which have in particular swayed the course of man’s progress. But let any one consider for a moment how much more intimately social intercourse, under the genial excitement of wine, affects human feelings, human thoughts, and human actions; and he will certainly confess that nothing can have acted so powerfully to determine the history of man upon earth as the discovery of wine. (!)

“There is, then, a great fact to be dealt with. The use of alcoholic drinks is essentially mixed up with man’s past history; that is, the use of alcoholic drinks is in part, and in no small part, the cause of man’s actual progress from the primitive to his present state of civilization, within the countries included in Christendom.” (!)

This is pretty bold: because men have been wine-bibbers from the days of Noah (against whom, by the way, a great offence was committed while he was inebriated, entailing a curse on his son), therefore, the use of alcoholic drinks is, in no small part, the cause of man’s civilization, especially in these Christian countries! The Moslems are prohibited from drinking wine, but they invariably get drunk when they do; and in that state, Dr. Bushnan must regard them as highly respectable Christians! This prohibition is, doubtless, the reason that they have not been converted, as a nation, to our holy religion. Mahomet was a far-seeing fellow. Still there may be more truth than appears at first in the doctor’s philosophy. The Scotch, for example, are an “unco righteous” people, and are rigid observers of the Sabbath; they are also heavy drinkers. We remember once to have heard an aphorism of a pious Irish Presbyterian, who used to declare that a man could always pray hardest after a stiff glass of whiskey toddy! This is valuable testimony. Then there is the invention of gunpowder, the mariner’s compass, and printing—all mere trifles, as regards their civilizing influence, compared with the concoction of London Port! The sublime thoughts of which the printing-

press is the disseminator do not chasten and exalt human nature half so much as the “geuial excitement produced by alcoholic liquors!”

How many friendships have not been formed over the festive bowl? poetically exclaims the new votary of Allsopp. And how many broken? ask we. How many noses have poured out their claret; how many eyes emulated the dark beauty of the violet; how many heads opened for surgical inspection, and to show the small quantity of brains they encased! How many hearts broken, homes desolated, characters ruined, hopes, present and future, blasted over the ale-pot! But the Doctor did not intend to be moral, he only desired to be amusing.

So much for the Doctor’s divinity; now for his metaphysics, for he is nothing unless metaphysical. He says:—

“The Creator, by appointing the original susceptibilities of man’s nature, sufficiently secures that course of human events which he has predetermined; but in giving man a free-will, not conceded to other animals, he places a limit on his own power, in consequence of which moral evil becomes possible, and human events acquire a tinge of that waywardness and imperfection which belong to the character of man as an individual. But it is seldom difficult to separate the purpose of the Creator as respects man, from those antic fauces—like fashions of the day—which owe their origin to the vagaries of human reason. Whatever happens in the world undoubtedly happens by the will of the Creator. Is God, then, the author of sin? some one will say. When God gave to man free-will, he for a time limited his own power. Sin is man’s abuse of free-will.”

The author in the first place tells us that God, by appointing the original susceptibilities of man’s nature, has *secured* that course of human events which he has *predetermined*; and in the next, that by giving man a free-will, he limited his own power, and made moral evil possible. Now what does he mean? Does he wish to intimate that God, having *limited his own power* of control, has invested man with a power of doing evil, which he could not do if God’s power were not limited? This can be the only legitimate deduction; and, if it be correct, how can it consist with God’s *securing* that course of human events which he has *predetermined*? Predetermined by design, and secured in fact, how can any individual man take advantage of God’s limitation of power to do evil; that is, something *contrary* to the predetermination of God? The Doctor clearly saw that he had placed himself on the horns of a dilemma, and puts this question, “Is God, then, the author of sin?” but he does not answer it.

A syllogism is not required to prove the contradictoriness of the Doctor’s propositions; it may be easily shown by an illustration. In his major proposition, Dr. Bushnan asserts that the “course of human events” is “secured;” from his minor, it must be inferred that “human events” arising from moral evil, not being secured, form no part of “the course” of human events! Thus, if a benevolent man give his purse to a beggar, this, being a good deed, is secured by the Creator, and is a part of the course of human events. But if the beggar turn highwayman, and belabour his benefactor, this, being an evil deed, is not secured, but originates from man’s free-will, and therefore is not a part of “the course” of human events! Perhaps. But we think that it would be difficult to convince the beaten philanthropist, suffering an ache in every bone, of the soundness of the logic.

The Doctor cannot get out of his difficulty by assuming that the Creator has predetermined only a certain set of human events, and secured their realization “by appointing the original susceptibilities of man’s nature;” because it is one of the susceptibilities of man’s nature to be angry, and another to be covetous, and a considerable number of these susceptibilities make up the highwayman, and prompt him to knock down the Samaritan.

Now we humbly submit that these metaphysics have a flavour exceedingly vinous, and must have been con-



ceived under the potency of a bottle of Pale Ale. What necessary or contingent, natural or non-natural, relation there is between metaphysics and beer-drinking, we should never have divined, if the Doctor had not informed us, by succinctly stating that "these considerations aid us to distinguish those usages which are conformable to man's nature, from those which are contrary to the intentions of the Creator." Now drinking beer, and whoobling turtle soup, and coining metaphysics, and indulging in another passion or two not to be named in promiscuous company, are all alike "conformable to man's nature;" and we presume, therefore—in accordance with the universality of the Doctor's proposition—"contrary to the intentions of the Creator." So be it; but what would become of this blessed world of ours if the truth should be rigorously acted on?

Luckily for the argument, the intentions of the Creator, in the absence of positive law, are somewhat obscure; and while on the one side it may be allowed that there are certain usages conformable to man's nature which are *not* contrary to the intentions of the Creator, so, on the other side, there are usages, or rather abuses, which *are* so; but we beg to hint that, turn the argument which way we will, the question of right or wrong is yet to be settled, and it is especially uncertain how many tankards of Allsopp's ale a man may safely swallow before he is guilty of violating the intentions of the Creator—in getting quarter drunk, half drunk, beastly drunk, or dead drunk.

Another point in the Doctor's book requires notice. He desires to show that the use of alcoholic liquors is not injurious to health, and cites the sanitary statistics of our country in evidence of the truth of his position. If the Doctor had gone a little deeper into statistics, he would have found that the hardest drinkers are the shortest livers, and that pestilence strikes none with so sure and fatal an aim as the habitual drunkard.

We should but imperfectly perform our duty if we did not cull a few specimens of the Doctor's poetry. Take the following, in praise of Pale Ale:—

"Jerry and me  
Got making free;  
Both on us got very queer;  
Which neither a one  
Would ever ha' done  
If they'd given us wholesome beer.  
For the want of a drop of good beer  
Drives lots to tipples more dear;  
And they licks their wives,  
And destroys their lives,  
Which they wouldn't ha' done upon beer."

Here, again:—

*The boy thirsts intuitively after drink, and the mother expostulates.*

"What shall I drink? what shall I drink?  
Mother! oh, mother! think! oh, think!  
Or else at thy feet in a swoon I sink!"  
"Oh, naughty boy! oh, naughty boy!  
Once thy mother's dearest joy,  
And now her great—her sole alloy;  
For wherever you go,  
Right well you know,  
You're always a plaguing your mother so."

*The boy persists, and his mother evinces signs of tenderness; she becomes pleonastic, and commits a solecism.*

"What can I drink? away with coffee! away with tea!  
And as for water, 'tis fiddle-dee-dee.  
What is in the cupboard?—oh, mother, see!"  
"I scarce can reply—  
There's a tear in my eye—  
You'll kill yourself, Tom! and then you will die!  
And your father will say,  
'Oh, lack-a-day!  
Why did you let the dear boy have his way?'"

We must omit the two following verses, and conclude with the last:—

The cork then they drew, which out quickly flew—  
Ah! well the bright liquid the mother knew;  
And the little boy tasted, and learned it, too.

And ever since then,  
When he mingles with men,  
He recites to them, laughing, his boyhood's tale:—  
" 'Twas thus by my mother  
I learned to discover  
The pleasures and glories of Allsopp's ale.  
In my beardless days my taste began;  
I am burden'd with years, but a draught from that can  
Seems to make me a better and happier man."

We cannot quite see the beauty of this moral; but that is no matter, the Doctor has fairly earned the bays, and long may he wear them! If Allsopp be a liberal patron, who would not be his Poet Laureate? What the Greek Anacreon did for wine, the English Anacreon is now doing for Pale Ale! There were many risks in the enterprise, and the Doctor must occasionally have felt a sensitive horror of the bards who sing in honour of Moses and Warren; but he has triumphed gloriously, and we hope he will never fail

"To drink while he may,—night, noon, and day,  
A bumper of Burton ale!"

Perhaps a severe reader will think, after perusing our rapid critique, that Dr. Bushnan's book is not worth the reading. This would be a mistake. A stupid work would not get such a notice from our pen. We have found fault with it for this, among other reasons, that it is, in many respects, a very clever volume. An hour's amusing reading is to be found in it, and withal it contains much interesting information on the subject of which it treats. Our friend Allsopp is bebuffed, and the "Medical Circular" gently reproved; but what of that? Mr. Allsopp will get no benefit from the praise, and we no injury from the criticism: and the Doctor's book will still remain one of much ability and varied merit.

## Correspondence.

### ON THE VALUE OF HYDROCYANIC ACID AS A REMEDIAL AGENT.

REPLY TO DR. MOORE.

*To the Editor of the "Medical Circular."*

SIR,—Inasmuch as those of your readers who may have honoured my previous essays with a perusal, might be apt to deem Dr. Moore's insinuations against me to be correct, were I longer to preserve silence, I feel myself called on to notice the last effusion of that gentleman.

Apparently, Dr. Moore is one of an unhappy class, who, having themselves forsaken the path of true inquiry, and wandered from the domains of legitimate medical science, are ever on the watch to detect or imagine, in the practice or writings of others, aught that can be construed into a symptom of a like secedence. I cannot, however, allow Dr. Moore's timid desire to range me by his side, to lay me under the serious and undeserved imputation of a departure from the path of orthodox physick.

Dr. Moore says that I am "a convert to the chronothermal theory;" that I have "strayed far beyond the beaten track of legitimate medicine;" that I have "adopted a classification widely differing from those generally acknowledged by medical writers;" and, finally, that my "cases are so many illustrations of the unity of disease."

In brief allow me to reply:—

That I entertain the most profound contempt for the fallacy-quaek and his puerile theories; that it is, and ever will be, my proudest boast to be a humble disciple of legitimate medicine, and, I trust, a thoughtful labourer on the "beaten track."

That the classification I adopted in my paper was not originated by me—being that generally used by the leading writers of the day—and so, supposing my "prolusions" (!) were "ridiculously resolved into the sections A, B, C, and D," I am not therefore responsible.



And, finally, that my cases no more prove the "unity of disease" than they do the Copernican system of the universe. They are simple illustrative proofs of the efficacy of an agent, possessing certain specific powers of action over ailments whereof the leading and essential symptoms indicate the employment of such powers.

Permit me, Sir, in conclusion, to assure Dr. Moore that I am a determined foe to *all charlatanry*, whether external, or (*fœdius*) amid the ranks of the profession; and that I despise the arrogance and quackery of Samuel Dickson, M.D., as heartily as I do that of Hahnemann, Priesnitz, or Coffin.

I remain, Sir,  
Yours obliged,  
WILLIAM J. COX.

Kensall Town, Sept. 2nd.

## Medical Notes and Queries.

### QUERIES.

IMPORTATION OF NUX VOMICA.—Sir,—Your query page affords opportunity for arriving at important facts and figures. Perhaps you will allow me to put one query, which you or some of your numerous readers or contributors may be able to solve:—A patient of mine informs me, that according to the excise returns, the quantity of nux-vomica imported into this country in the year 1851, was 25 tons, and in the year 1852, 500 tons. My patient asks me, and I also am anxious to know, what becomes of it. Can any BITTER-BEER BREWER tell? I am, yours,  
A SUBSCRIBER.

August 25, 1853.

SEMINAL EMISSIONS.—Sir,—Perhaps you or some of your correspondents would be so kind as to inform me of the remedy they think best for seminal emissions. I myself approve of tinct. cantharides, but the course being rather tedious, patients are apt to give it up in despair, even when they see a change for the better.

I remain, &c.,  
A CONSTANT READER.

September 3, 1853.

### REPLIES.

NEW REMEDY FOR DROPSY.—In answer to "M.D.," I have to state, an account of "widow-wail" may be found in any good botanical work, especially in Dr. James' and Matherby's medical dictionaries. The preparation of the malagma is simply beating the leaves in a mortar, until they form the said poultice. I only tried it in the said solitary case, being moved thereto from the description given in the "Noctes Sarniæ," since which I have not had another dropsical case. As to the mode and frequency of the application, I should say one fresh poultice is quite sufficient. Can "M.D.," or any of your experienced old practitioners, inform me two or three of the best symptoms to be relied on in evidence of a scirrhus state of the liver; and what the best remedy when connected with jaundice, as I have a patient just in this way?

ANTI-TROCAR.

FOR HABITUAL COSTIVENESS.—Take unbolted wheat meal; mix with treacle, soda to lighten, and ground carraways or ginger to flavour. Bake loaves of any size. Bread of this composition will be found a better preventive for costiveness than medicine. Yours, &c., J.B.

HICCUGH.—Sir,—In answer to your correspondent "R. S.," requiring a remedy for hiccough, I beg to state that a drop of ercosote on a lump of loaf sugar, allowed to melt in the mouth, will almost immediately remove the difficulty.

I am, sir, yours obediently,  
A CONSTANT READER.

Bow-road.

## COMPULSORY VACCINATION.

AN ACT FURTHER TO EXTEND AND MAKE COMPULSORY THE PRACTICE OF VACCINATION.

AUGUST 20, 1853.

Whereas an Act was passed in the fourth year of the reign of her present Majesty, intituled "An Act to extend the Practice of Vaccination:" and whereas an Act was passed in the fifth of the same reign, intituled "An Act to amend an Act to extend the Practice of Vaccination:" and whereas it is expedient that the practice of vaccination should be still further extended: be it therefore enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:

I. Within six weeks after the passing of this Act, the guardians of every parish or Union, and the overseers of every parish in which relief to the poor shall not be administered by Guardians, in England and Wales, shall, subject to the approval of the Poor-law Board, divide such parish or Union, if need be, into convenient districts for the purpose of affording increased facilities for the vaccination of the poor, and shall appoint a convenient place in each such district for the performance of such vaccination, and shall take the most effectual means for giving from time to time to all persons resident within such district due notice of the days and hours at which the Medical Officer or Practitioner contracted with for such purpose, will attend at such place to vaccinate all persons not already successfully vaccinated who may then appear there, and also of the days and hours at which such Medical Officer or Practitioner will attend at such place to inspect the progress of such vaccination in the persons so vaccinated.

II. The father or mother of every child born in England or Wales after the first day of August, in the year of our Lord one thousand eight hundred and fifty-three shall, within three calendar months after the birth of the said child, or, in the event of the death, illness, absence, or inability of the father and mother, then the person who shall have the care, nurture, or custody of the said child, shall within four calendar months after the birth of such child, take or cause to be taken the said child to the Medical Officer or Practitioner appointed in the Union or parish in which the said child is resident according to the Provisions of the first recited Act, for the purpose of being vaccinated, unless he shall have been previously vaccinated by some duly qualified medical practitioner, and the vaccination duly certified, and the said Medical Officer or Practitioner so appointed shall, and he is hereby required thereupon, or as soon after as it may conveniently and properly be done, to vaccinate the said child.

III. Upon the eighth day following the day on which any child has been vaccinated as aforesaid, the father or mother, or person having the care, nurture, or custody of said child, shall again take, or cause to be taken, the said child to the Medical Officer or Practitioner by whom the operation was performed, in order that such Medical Officer or Practitioner may ascertain by inspection the result of such operation.

IV. Upon and immediately after the successful vaccination of any child the Medical Officer or Practitioner who shall have performed the operation shall deliver to the father or mother of the said child, or to the person who shall have the care, nurture, or custody of the said child, a certificate under his hand, according to the form of schedule hereinafter inserted (marked A), that the said child has been successfully vaccinated, and shall also transmit a duplicate of the said certificate to the registrar of births and deaths of the sub-district in which the operation was performed; and such certificate shall, without further proof, be admissible as evidence of the successful vaccination of such child in any information or complaint which shall be brought against the father or mother of the said child, or against the person who shall have had



the care, nurture, or custody of such child as aforesaid, for non-compliance with the provisions of this Act.

V. If any Medical Officer or Practitioner shall be of opinion that any child is not in a fit and proper state to be successfully vaccinated, he shall thereupon and immediately deliver, without fee or reward, to the father or mother of such child, or the person having the care, nurture, or custody of the said child, a certificate under his hand according to the form or schedule hereinafter inserted (marked B) that the child is in an unfit state for successful vaccination, and such certificate shall remain in force for two calendar months from its delivery as aforesaid; and the father or mother of the said child, or the person having the care, nurture, or custody of said child, shall, unless they shall within each succeeding period of two months, have obtained, from a Medical Officer or Practitioner a renewal of such certificate, within two months next after the delivery of the said certificate as aforesaid; and, if the said child be not vaccinated at, or by the termination of such period of two months, then during each succeeding period of two calendar months, until such child has been successfully vaccinated, take, or cause to be taken, to the said Medical Officer or Practitioner, such child to be vaccinated by him; and if the said Medical Officer or Practitioner deem the said child to be then in a fit and proper state for successful vaccination, he shall forthwith vaccinate it accordingly, and shall deliver to the father or mother of such child, or person having the care, nurture, or custody of such child, a certificate under his hand, according to the form of schedule hereinafter inserted (marked A) that such child has been successfully vaccinated; but if the said Medical Officer or Practitioner be of opinion that the child is still in an unfit state for successful vaccination, then he shall again deliver to the father or mother of such child or person having the care, nurture, or custody of the said child, a certificate under his hand, according to the said form of schedule (B), that the said child is still in an unfit state for successful vaccination; and the said Medical Officer or Practitioner, so long as such child remains in an unfit state for vaccination, and unvaccinated, shall at the expiration of every succeeding period of two calendar months deliver, if required, to the said father or mother of such child, or person having the care, nurture, or custody of such child, a fresh certificate under his hand according to the said form of schedule, and the production of such certificate shall be a sufficient defence against any complaint which shall be brought against the said father or mother, or person having the care, nurture, or custody of such child, for non-compliance with the provisions of this Act.

VI. In all contracts to be hereafter made under the provisions of the first-recited Act by any Guardians or Overseers of the Poor with any Medical Officers or Practitioners for the vaccination of the persons resident in their respective unions or parishes, the sums contracted to be paid shall not be less than the following rates: that is to say, for every person successfully vaccinated at the residence of such Medical Officer or Practitioner, or within two miles therefrom by the nearest public road, a sum not less than one shilling and sixpence, and for every person successfully vaccinated at any place more than two miles distant from such residence, any sum not less than two shillings and sixpence.

VII. In the event of any Medical Practitioner acting under the provisions of this Act, being of opinion that any child that has been vaccinated by him is insusceptible of the vaccine disease, he shall deliver to the father or mother, or person having the care, nurture, or custody of such child, a certificate under his hand, according to the form of schedule hereinafter inserted (marked D); and the production of such certificate shall be a sufficient defence against any complaint which may be brought against the said father, mother, or person having the care, nurture, or custody of such child, for non-compliance with the provisions of this Act.

VIII. The Registrar of Births and Deaths in every sub-district in which the operation has been performed shall keep a register of the persons of whose successful vaccination a certificate shall have been transmitted to him as above provided, by the said Medical Officer or Practitioner, and shall at all reasonable times allow searches to be made of any such Register-book in his keeping, and shall give a copy, certified under his hand, of any entry or entries in the same, on payment of the fee of one shilling for each search, and sixpence for each certificate.

IX. The Registrar of Births and Deaths in every sub-district shall, on or within seven days after the registration of the birth of any child not already vaccinated within the said sub-district, give notice in writing in manner hereinafter directed, and according to the form of schedule hereinafter inserted (marked C), to the father or mother of such child, or in the event of the death, illness, absence, or inability from sickness or otherwise of the father or mother, then to the persons upon whom the care, nurture, or custody of such child shall have devolved, that it is the duty of such father or mother, or person having the care, nurture, or custody of such child as aforesaid, to take care that said child shall be vaccinated in the manner directed by this Act, and shall, together therewith, deliver to such persons a notice of the days, hours, and places, within the districts of such Registrar at which the Medical Officer or Practitioner as hereinbefore provided will attend for the purpose of Vaccination; and if, after such notice, the father or mother of the said child, or the person so having, as aforesaid, the care, nurture, or custody of the said child, shall not cause such child to be vaccinated, or shall not, on the eighth day after the vaccination has been performed, take or cause to be taken such child for inspection, according to the provisions in this Act respectively contained, then such father or mother, or person having the care, nurture, or custody of such child as aforesaid, so offending, shall forfeit a sum not exceeding twenty shillings.

X. A fee of threepence shall be paid to such Registrar for each child vaccinated, in respect of which he shall have performed the duties required in this Act; and he shall keep a book, to be provided as hereinafter directed, containing a minute of his having duly given such notice as hereinbefore directed; and the said fee shall be payable in the same manner as the fee now payable to such Registrar for registering the birth of such child as aforesaid is paid.

XI. The Registrar-General for England and Wales shall, and he is empowered and directed, within two months after the passing of this Act, to frame and provide such books, forms, and regulations, as he may deem requisite for carrying into full effect the provisions of this Act, and shall transmit the same to the Superintendent-Registrars of each district in England and Wales, who shall deliver to the Medical Officers so appointed as aforesaid, and other duly qualified Medical Practitioners in the said district, such of said books, forms, and regulations as they may require for the performance of the duties imposed upon them by this Act; and the expenses to be incurred by the Registrar-General under the provisions of this Act shall be defrayed in the same manner as the expenses under the Act of the sixth and seventh years of King William the Fourth, Chapter 85.

XII. All penalties by this Act imposed shall be recoverable before any two justices of the peace for the county, city, borough, or place where the offence may have been committed; and the provisions of the Act of the twelfth year of her present Majesty, Chapter 43, shall be applicable to the recovery of such penalties.

XIII. All penalties recovered under this Act shall be applied in aid of the funds applicable to the relief of the poor in the parish or place maintaining its own poor wherein the offence may have been committed.



## Obituary.

Sept. 2.—MATTHEW NORTON, Esq., M.R.C.S. Eng., 1804; of 16, Gloucester-place, New-road, at Jersey, after a few days' illness. Mr. Norton was in the 75th year of his age, and his loss is severely felt by his family and friends.

Sept. 2.—H. KEEBLE, Esq., M.R.C.S. Eng., 1820; L.S.A., 1819; at Vansittart-terrace, Greenwich, aged 56.

Sept. 3.—CHARLES LINTON, Esq., Surgeon in the Royal Navy, in his 79th year. Mr. Linton was one of the medical officers who attended the battle of Trafalgar, in Codrington's ship the *Orion*.

Lately.—JOHN ANDREW WALLACE, Esq., L.S.A., at his residence, 2, Carlisle-terrace, Bow, Middlesex, after an illness of a quarter of an hour, from hypertrophy of the heart, of many years' standing.

## Medical News.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practice on Thursday, Aug. 25, 1853:—Thomas Creed, Ballinstona; Benjamin Davies, Froodvale, Carmarthen; Frederick Abell Humphry.

THE NEW ACT ON CHARITABLE TRUSTS.—On Saturday the Act for the better Administration of Charitable Trusts was issued. There are sixty-eight sections in the Act, and it took effect on the 20th ult., when it received the Royal assent. The Board is to be called "The Charity Commissioners for England and Wales." The work of the Board is defined by the ninth section, which enacts, that "it shall be lawful for the said Board from time to time, as they in their discretion may see fit, to examine and inquire into all or any charities in England and Wales, and the nature and objects, administration, management, and results thereof; and the value, condition, management, and application of the estates, funds, property, and income belonging thereto; and the said Board may cause examinations and inquiries in relation to the matters aforesaid to be made and prosecuted by their inspectors, acting together or separately, in such cases and at such times as the said Board may think fit, and all such Inspectors shall, from time to time, report their proceedings to the said Board." Powers are given to the Board to require accounts and statements of charities. The Inspectors may examine witnesses on oath, and persons refusing to render accounts, or to give evidence, are to be deemed to be guilty of a contempt of the Court of Chancery, and may be committed by such Court on summary application by the Commissioners to the same, and be ordered to pay the costs, if the Court shall so direct.

CHOLERA.—(From the Registrar General's Report.)—The causes of death present one feature of much interest; 137 of the deaths were referred to diarrhoea, 18 to cholera. Five of the persons that died of cholera were adults, and the shortness of life after attack, 7 hours, 9 hours, and 13 hours in 3 cases, with the other symptoms, appears to have left no doubt on the minds of the medical men in attendance that they had before them cases of epidemic cholera. In the corresponding weeks of 1851 and 1852 the deaths from cholera were 28 and 15, and the deaths from diarrhoea were 174 and 125. But it was shown at the time from the analogy of the previous epidemics and the general character of the cases, that the disease was not then likely to assume the Asiatic form. Now, our hopes that England may escape are less sanguine; but it is right to mention, that, in the last weeks of August and the first weeks of September, the cholera of the common form is virulent, and sometimes simulates the Asiatic cholera, which has besides never prevailed here to any extent until it has been some months in the country.

THE LATE DR. CHARLESWORTH.—At a meeting for a memorial in honour of this public-spirited man, it was agreed, after some discussion, that it would be the most gratifying expression of public feeling, that the subscriptions should average about a guinea, or not exceed two guineas. This limitation, however, has seemed to some parties too strict, and they have forwarded the names of members of their family or friends. The hon. secretaries, the Rev. W. M. Pierce, of West Ashby, near Horncastle, and James Snow, Esq., of Lincoln, are already receiving subscriptions, and the subject will soon be brought forward in a more definite shape.

YELLOW FEVER at New Orleans continued to rage with unabated, if not increased virulence, the number of deaths reaching over 200 daily. The city was in a state of great alarm, and numbers of the inhabitants were leaving to escape the pestilence. The total number of deaths for the week ending the 12th of August was 1518, of which 1277 were from yellow fever; on the 13th, the deaths were 174—153 from the yellow fever.

SUBSTITUTE FOR GUTTA PERCHA.—Dr. Riddell, officiating superintending surgeon of the Nizam's army, in making experiments on the Muddar plant of India, (*Asclepias gigantea*,) had occasion to collect the milky juice, and found that, as it gradually dried, it became tough and hard, like gutta percha. He was induced to treat the juice in the same manner as that of the gutta percha tree, and the result has been the obtaining a substance precisely analogous to gutta percha. Sulphuric acid chars it; nitric acid converts it into a yellow resinous substance; muriatic acid has but little effect upon it; acetic acid has no effect, nor has alcohol. Spirit of turpentine dissolves it into a viscid glue, which, when taken between the finger and thumb, pressed together, and then separated, shows numberless minute and separated threads. The foregoing chemical tests correspond exactly with the established results of gutta percha. It becomes plastic in hot water, and has been moulded into cups and vessels. It will unite with the true gutta percha. The muddar also produces an excellent fibre, useful in the place of hemp and flax. An acre of cultivation of it would produce a large quantity of both fibre and juice. The poorest land suffices for its growth, and no doubt, if well cultivated, there would be a large yield of juice and a finer fibre. A nearly similar substance is procurable from the juice of the *Euphorbia Tirucalli*, only when it hardens, after boiling, it becomes brittle. The subject is most important; and, if common hedge-plants like the foregoing can yield a product so valuable, the demand for which is so certain quickly to outrun supply, a material addition will have been made to the productive resources of the country.—*Journal of the Society of Arts*.

DEATH FROM CHOLERA.—On Friday week an enquiry was opened before Mr. Baker, Coroner, at the Birdcage Tavern, Birdcage-walk, Bethnal-green, touching the death of Caroline Lloyd, aged 15, a domestic servant, lately in the service of Mr. Gough, of No. 31, Princes-square, St. George's-in-the-East, who died from cholera. The family had mutton, potatoes, and greens on Sunday for dinner, but deceased only ate a small quantity, as she was much troubled with diarrhoea. In the afternoon she was seen by a surgeon, who prescribed for, but she was taken home by her own request to her mother. In reply to the Coroner, who asked what drainage the house had, her master said, "None at all. There is a cess-pool in the yard, which contains all the filthy water, etc., from the house, and when it is full a pump is used, and the water is forced through a pipe into the gutter in front of the house, where the muck lies in pools all day long." Mr. Robert Scott, surgeon, of 5, New-road, St. George's-in-the-East, stated, that he was called to the deceased on the day in question, and found her vomiting violently; but only a white fluid, of a rice-colour, passed from her. She had been much purged. The deceased was suffering from coma or asphyxia. Witness administered a chalk mixture and other medicine, but did not expect she would



be removed. She was in a weak and exhausted state, with her lips and finger-nails quite blue. Witness recommended her to be placed in a horizontal position, and left her. Witness did not see her again alive, as she was afterwards taken home. She was very cold, and a state of collapse. The Coroner: What do you attribute the death to? Witness: I am of opinion that it was a decided case of Asiatic cholera, as she was attacked with cramp in the bowels and limbs. The whole of the symptoms were certainly characteristic of that fearful malady. I have seen great practice abroad, and have attended numbers of cases in India, and the peculiar features of Asiatic cholera were exhibited in the present case. The jury said they could not complete the case without a *post-mortem* examination; and an order was given to Mr. Scott to open the body, in conjunction with Dr. Letheby. The proceedings were then adjourned.

**ACTION AGAINST "DR. HENRY."**—In the Leeds County Court on Wednesday week, the case of Ackwood *v.* Davis was called on; but it appeared that it had been settled by the defendant paying the plaintiff's demand with costs. The plaintiff was Wm. Ackwood, of Parkgate, near Rotherham, and the defendant Mr. Alfred Davis, of Howard-street, who practices a branch of the medical art under the name of Dr. Henry. The plaintiff, in his notice of action, alleged, that the defendant, by professing to be a surgeon, and to effect cures by sovereign remedies, had induced the plaintiff to employ him and pay him 4*l.*; but that he was not a surgeon, and did not cure the plaintiff, whereby he sustained damage to the amount of 5*l.*

### Notices to Correspondents.

**DOT.**—Your rhymes are not good enough for publication—anything of that kind should, at least, count regularly on the fingers. They are not, moreover, sufficiently clever to justify your assumption of the character of critic. With respect to the letter alluded to, we quite agree with you in opinion, but we do not intend to set up our judgment as a barrier to the introduction of any novelty in therapeutics that a correspondent, regularly qualified, and professedly experienced, may consider valuable. If he be wrong, his error will soon be proved against him. We can remember when a mixture composed of digitalis and the tincture of the sesquichloride of iron, was considered almost a specific in phthisis; there is nothing, therefore, so very outrageous in a combination of digitalis and zinc for the treatment of small-pox. Our correspondent's claims are somewhat too pretentious, and his style too unstudied to be acceptable; herein lay his fault. But we are very indulgent in mere matters of style, and will not repudiate a contributor solely on that account. The real question is, whether digitalis and zinc are efficacious in the treatment of the exanthemata? When we find mercury recommended and administered in almost all the diseases that afflict mankind, salines advocated in one class of diseases, cod-liver oil in another, we are unwilling to burke a contributor simply because of his inelegant diction or of our own disbelief. Our principle is, to allow correspondents to write as much on their own responsibility as is consistent with our credit. For the latter we do not much fear.

**MR. HENRY HARRIS; A CONSTANT READER.**—Communications received. The Act is published in the present number of the "Circular."

**NUX VOMICA.**—*Knox Vomica* would have been a more appropriate *nom de plume*; for we are much mistaken if the presence of that philosopher among the staff of the New College do not quickly throw the whole school into convulsions—of laughter, of course. We are not surprised that Dr. Knox should have joined the Wakleys in their new scheme; but we think there are many sufficient reasons why he should not.

**MR. T. MARTIN (Blackwatertown).**—Communication received.

**A CORRESPONDENT (Lincoln).**—We hope that our present number will satisfy you that it is our aim to write justly, according to the evidence, on the subject to which you have drawn our attention. We have read the extracts, but we do not think that they affect the truthfulness of the statements we have this day published. That a great improvement in our remedial resources for the cure of the insane, amounting almost to a discovery of a new principle, may call forth more

than one claimant for priority of conception is not unlikely, but we think that the evidence is sufficiently clear to show that Mr. Gardiner Hill was the man who first apprehended the entire truth and importance of the principle of non-restraint, worked it out with the vigour of conviction, and reduced it to a system. Mere suspicions and suggestions of great principles do not, generally, bring much credit to the individual. What a man does not thoroughly believe or understand, he will not succeed in impressing strongly on the minds of others, and, consequently, will not entitle himself to the gratitude of his fellows. It is the earnest, self-sacrificing, persevering, and successful resolver of a problem that challenges our praise and gets it.

**JUVENIS.**—Our reply last week was incorrectly printed. it should have been "the different kinds of milk of *mammals* by the microscope, &c."

**A GENERAL PRACTITIONER** calls our attention to the Report of the Reform Committee of the Provincial Association. It shall be given at a future day.

**NOX.**—Although it is a maxim "that a little knowledge is a dangerous thing," yet, in your case, it seems to be safer than none at all. You have just enough to give you alarm; the wisest thing, therefore, that you can do to calm your fears, is to apply to a respectable practitioner in your neighbourhood, honestly state your case, and rely upon his judgment.

**MR. WEST.**—The cause of the potato disease is not known. Whether caused by mechanical disintegration, by gangrene, by fungus, by the *aphis vastator*, or by what else, we cannot say.

**PARALYSIS.**—The paper on this subject is declined.

**MR. S. W.**—The Coroner was right. You had no claim, not having been served with a written summons. It appears to us that you were too ready with evidence.

**MR. BARNES.**—The prescription sent reads so very like nonsense, that we cannot see the difference. Consult a homœopath; he may, perhaps, decipher it.

**N. N.**—We do not think it right that a patient should be operated on for hæmorrhoids at the house of a surgeon and then sent home in a cab. Hæmorrhage so severe might ensue as to endanger life. The surgeon was highly imprudent.

**MEDICUS.**—1st, Yes. 2nd, Yes.

**A COUNTRY DOCTOR.**—As the case did not come on for trial you had no claim in Court, but your patient will, without doubt, recompense you for your trouble and loss of time.

**A SECOND YEAR'S STUDENT.**—The subject shall be attended to. We thank you for the hint.

**MR. W. P.**—The physician in question is still in practice.

**MR. MORRIS.**—We cannot advise you. Nothing is more difficult than to select a situation for establishing a practice; and, when the selection is made, nothing is more difficult than to succeed. By advertising you may probably hear of something that may suit you.

*To the Editor of the "Medical Circular."*

**SIR.**—In your "Notices to Correspondents," please to say whether the Lecturer on Botany at the New Medical College that is to be, is Dr. Coffin, the Professor of Medical Botany, from America, the author of a book called "Botanic Guide to Health and the Natural Pathology of Disease," and give his address.—Yours, &c., O. O. O.

August 30, 1853.

[We again request the authorities of the New Medical College to supply us with an answer to the inquiry in the foregoing note.]

**JAMES GERRARD, Esq.,** New Buckie, Bauffshire, writes to us on the subject of the "Directory," as follows:—"I enclose you a postage stamp, for the circular sent is no begging letter or advertisement; it is a favour conferred on our profession to have the opportunity afforded us of correcting or amending our registration as members."

**MR. MC CARTHY (Dublin).**—A note shall be sent.

**DR. S. THOMSON.**—The fifth part of Dr. Thomson's analysis of the "Medical Men of the Three Kingdoms" has been received, and shall appear on an early opportunity.

**MR. T. W.**—The actual cautery was used by Dupuytren, but has not been generally employed by other surgeons. Ligatures, though tedious, are safest.

**DUNEDIN.**—Our correspondent suggests that the "Monthly Journal" should be called, with reference to its especial vigilance to guard the professional character of the Edinburgh illuminati, the "Monthly Nurse." He says that all the Edinburgh professors have been "brought up by hand," and he fears that if the "Monthly Nurse" be discontinued, they will fall into a state of literary marasmus, and probably suffer extinction.



## ADVERTISEMENTS.

EVERY WEDNESDAY.

Price **THREEPENCE**, of any Bookseller, or sent from the Office, 128, Strand, by post, for  
Fourpence; Annual Subscription, 17s. 4d.; if Paid in Advance, 16s.;

*The Trade supplied by GILBERT & CO., Paternoster Row;*

# THE MEDICAL CIRCULAR.

HALF THE PRICE OF ANY EXISTING MEDICAL JOURNAL;

Nevertheless the Mirror of all and of every passing Medical Event.

CONTAINS :—

**LEADERS**, in which the principal Professional Topics of the day are freely discussed.

**MIRROR** of Periodical Medical Literature, in which is carefully collated all that is worthy of being held in remembrance from the Weekly Journals.

**INDICES** of the Journals, giving at a glance all that is published therein.

**BIBLIOGRAPHY**—or List of Works published during the previous week or fortnight, connected with Medicine or the Collateral Sciences.

**BIOGRAPHICAL SKETCHES** of the more prominent Members of the Profession, and fortnightly a Portrait of the gentleman selected for the week's Memoir.

**CORRESPONDENCE**, controversial, practical, and anti-empirical.

**DEAF-DUMBNESS**, Introduction to the Medical and Philosophical Study of, translated from the French of Hubert-Valleroux, with practical remarks, by James Yearsley. This most interesting Work was commenced and will be concluded in the current volume of the "Circular."

## ANATOMY OF QUACKERY—Quack Medicines, their history, composition, and qualities.

**TOXICOLOGY**, designed for the busy practitioner and analytical chemist.

**MEDICAL NEWS**, including changes, new appointments, who have come into the Profession, who have died, &c.

**MEDICAL NOTES AND QUERIES**, under which head many points in Medical Science and Practice are elucidated, which otherwise might remain unexplained. Lastly,

**NOTICES TO CORRESPONDENTS** who desire information on any points relating to the economy of the Profession.

TO ADVERTISERS.

From the peculiar nature of its contents, no Medical Journal is so generally read as the "MEDICAL CIRCULAR." It therefore presents a most desirable channel for advertisements addressed to the Medical Profession.

### New Scale of Charges.

Space of Four Lines and under ... ..	2s.	6d.
Every Additional Line ... ..		6d.

128, Strand.—Office hours from 9 till 6.

A SPECIMEN NUMBER FORWARDED ON RECEIPT OF FOUR POSTAGE STAMPS.

For Varicose Veins & Weakness.—

**I** SURGICAL ELASTIC STOCKINGS, AND KNEE-CAPS on a New Principle, pervious, light in texture, and *inexpensive*, yielding a permanent, efficient, and unvarying support under any temperature, without the trouble of Lacing and Bandaging: likewise, a Strong, Low-priced Article for Hospitals and the Working Classes: **ELASTIC NET CORSETS** of the same beautiful fabric, **ABDOMINAL SUPPORTING BELTS**, for both sexes, those for ladies' use before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instructions for measurement, and prices on application, and the articles sent by post, from the Manufacturers.

POPE and PLANTE, 4, WATERLOO-PLACE, PALL-MALL, -  
LONDON.

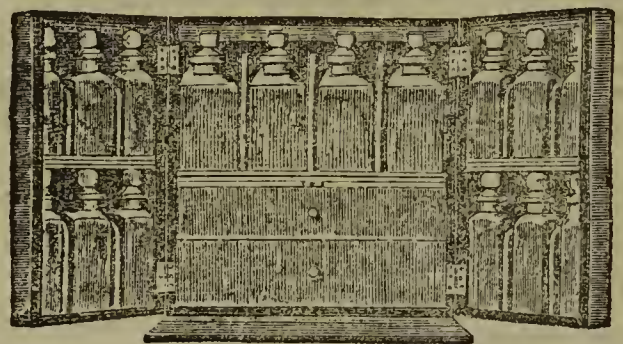
**The Profession, Trade, and Hospitals supplied.**

Teeth.—By Her Majesty's Royal

**Letters Patent.**—Newly-invented and Patented application of Chemically prepared White India-rubber in the construction of Artificial Teeth, Gums, and Palates.—**MR. EPHRAIM MOSELY**, Surgeon-Dentist, 61, Grosvenor-street, Grosvenor-square, sole Inven- tor and Patentee.—A new original, and invaluable invention, consist- ing in the adaptation, with the most absolute perfection and success, of **CHEMICALLY-PREPARED WHITE INDIA-RUBBER** as a lining to the ordinary gold or bone frame: The extraordinary results of this application may be briefly noted in a few of their most prominent features, as the following:—All sharp edges are avoided; no springs, wires, or fastenings are required; a greatly increased free- dom of suction is supplied; a natural elasticity, hitherto wholly un- attainable, and a fit perfected with the most unerring accuracy, is se- cured; while, from the softness and flexibility of the agent employed, the greatest support is given to the adjoining teeth when loose, or rendered tender by the absorption of the gums. The acids of the mouth exert no agency on the chemically-prepared white India-rubber, and, as it is a non-conductor, fluids of any temperature may with thorough comfort be imbibed and retained in the mouth, all un- pleasantness of smell or taste being at the same time wholly provided against by the peculiar nature of its preparation. To be obtained, only at 61, Grosvenor-street, London; 22, Gay-street, Bath; 34, Grainger-street, Newcastle-on-Tyne

To all Bad Writers.—Mr. T. H.

**I** CARSTAIRS continues to give LESSONS to Ladies and Gentlemen in his highly improved METHOD OF WRITING, enabling all those who require it to obtain a command and freedom seldom (if ever) equalled. Prospectuses of terms, &c., may be had at the Establishment. 81, Lombard-street, City.



To Chemists and Druggists.—

**FREDERICK THOMPSON**, late of the firm of **SPRINGWEILER and Thompson**, begs respectfully to return his thanks to those Gentle men who have kindly given him the preference in their business since the death of his late step-father, **Mr. Andrew Springweiler**, and trusts, by attention to their interests, economy in charges, and superior finish in workmanship, to merit their continued patronage.

MANUFACTORY, 26 & 27, BARTLETT'S-BUILDINGS, HOLBORN, LONDON.

Medicine Chests in every variety of quality and style of finish, embracing nearly one hundred different patterns, at prices from 6s. 6d. to £12. Ladies' and Gentlemen's Dressing Cases and Writing Desks, Despatch Boxes, Jewel Cases, Plate Chests, and Canteens. Wholesale and for Exportation. Ship Medicine Chests fitted according to Act of Parliament, at very reduced prices.

P.S.—Many customers of the late firm of SPRINGWEILER and THOMPSON, having forwarded their orders to the old address in error, F. T. begs that all future commands may be sent to the above address, Bartlett's-buildings, Holborn.



## Madame Caplin, 58, Berner's-street,

OXFORD STREET, obtained the only prize granted for CORSETS in the United Kingdom at the Great Exhibition, 1851, awarded by the Medical Juror, Class 10, Scientific Section.

Madame Caplin, Inventor and Patentee of the Hygienic and Corset-form Corsets, Elastic Bodices, Belts, &c., &c., which, from their anatomical construction, admit of a variety of adaptations suited to all ages and to every case.

Madame Caplin invites ladies to inspect the above, of which they will find an extensive assortment at her Establishment, together with the Invisible Scapula Contractor, or Chest expander, which will be found one of the most valuable inventions ever offered to the public for the prevention of narrow chests, high shoulders, and the general tooping of the body.

The above are recommended by the most eminent medical men, both in England and France, and a description of their merits will be found in Dr. Tilt's great work, "Elements of Female Hygiene."

## New Inventions by Madame Caplin,

58, Berners-street, Oxford-street.—The Compressing Self-adjusting Belt, for the support and diminution of the abdominal muscles, adapted without lacing or straps, thereby avoiding all the inconveniences arising from ordinary belts. It is recommended by the first medical men, who have pronounced it one of the most valuable inventions of the kind hitherto brought before their notice. Also, the Contracting Belt, to be worn immediately after accouchement; it is light in its construction, embraces the whole of the lower part of the body, and becomes stationary by its entire new mode of fastening, whilst the requisite motion is provided for with elastic material being inserted in various parts, and may be regulated at pleasure by the wearer.

## Bass's East India Pale Ale.—That

large portion of Medical Men who use and recommend this celebrated Ale, as supplied from our Stores, are informed that the October Brewings are in excellent condition, in Casks from 18 Gallons upwards. In the usual Wine-bottles and Imperial Pints, a good stock of Last Season's Ale can still be selected from. Much beer being sold for BASS'S which is not brewed by them, every Bottle sent out from our Stores is sealed and labelled, and every cork branded with our names.

BERRY BROTHERS & Co.,  
3, St. James's-street, London.



## Pure and Healthy Leeches.—

POTTER and HAILEY beg to assure the Profession, Druggists, &c., that the Leeches they offer are such as can be recommended for Purity, Health, and Readiness of Biting.

Importers of Leeches and Turkey Sponge, Herbalists, &c., 66, Far ringdon-market, London.

Established upwards of Forty Years.

## Members of the Medical Profession

and the Public are respectfully requested, before furnishing, to inspect the extensive and well-selected Stock at RICHARD A. C. LOADER'S CABINET AND UPHOLSTERY WAREHOUSES, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

The Stock comprises every requisite for furnishing, at as low a price as goods of a guaranteed quality can be supplied. Catalogues gratis.

RICHARD A. C. LOADER, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

## BANKS OF DEPOSIT AND SAVINGS BANKS.

### INVESTMENT OF CAPITAL.

## NATIONAL ASSURANCE & INVESTMENT ASSOCIATION

TRUSTEES.

The Right Hon. the Earl of Besborough.  
The Right Hon. Lord George Paget, M.P.  
The Right Hon. Lord Templemore.  
The Hon. Henry Fitzroy, M.P.  
The Rev. Joseph Prendergast, D.D. (Cantab.), Lewisham.  
George Stone, Esq., Lombard-street.  
Matthew Hutton Chaytor, Esq., Reigate.

## Persons desirous of investing Money

are requested to examine the Plan of this Association by which a high rate of Interest may be obtained combined with perfect security.

Prospectuses and full information may be had at the Office, or sent post free, on application. PETER MORRISON,

Managing Director

4, St. Martin's place. Trafalgar-square, London.

## A Medical Man wishes to find a

SUCCESSOR. Premium to be paid out of the annual receipts. Double qualification necessary. Address to D., "Medical Circular" Office.

## Argyll Baths, 10, Argyll-place,

REGENCY-STREET,

AND AT 5, NEW BROAD-STREET, CITY.

TERMS:

WARM BATHS—ONE SHILLING EACH.

Reserved Rooms, including the Ladies' Department, One-and-Six-pence each; Twenty-one Transferable Tickets, One Guinea.

Vapour, Sulphur, and Harrowgate Baths, 3s. 6d. each—8 for 21s.

Hot Air, Mercurial, and other dry Fumigating Baths, 5s. each—6 for 21s.

Portable Warm Baths sent out within ten miles of London. Single Bath (with hot linen, &c.), within one mile of Argyll-place, 5s.; every additional mile, 1s. extra.

An idea may be formed of the capacity of these Establishments when it is stated that upon their erection and completion upwards of £30,000 has been expended, and that at each place one hundred Baths can be given in an hour.

## Allsopp's Pale Ale, in Imperial

QUARTS AND PINTS.—Baron Leibig says:—"The specimens of your Pale Ale sent to me afforded me another opportunity of confirming its valuable qualities. I am myself an admirer of this beverage, and my own experience enables me to recommend it, in accordance with the opinion of the most eminent English physicians, as a very agreeable and efficient tonic, and as a general beverage, both for the invalid and the robust.—Giessen, May 6."

Influenced by so eminent an authority, I have resolved to sell Allsopp's Ales exclusively, at 5½, PALL-MALL. I guarantee it first, genuine, as from Burton-on-Trent; secondly, in the finest condition; and thirdly, to be bottled in quarts and pints of IMPERIAL MEASURE ONLY.

Per Dozen.

Allsopp's Pale Ale, in Imperial Quarts..... 8s. 0d.

Allsopp's Pale Ale, in Imperial Pints..... 5s. 0d.

Allsopp's Pale Ale, in Imperial Half-pints..... 3s. 0d.

Allsopp's Mild Ale, in Imperial Quarts..... 8s. 6d.

Allsopp's Mild Ale, in Imperial Pints..... 5s. 6d.

Allsopp's Strong (the Old Burton) Ale, in Imperial

Quarts..... 10s. 6d.

Allsopp's Strong (the Old Burton) Ale, in Imperial

Pints..... 6s. 6d.

Allsopp's Pale Ale, 18-gallon Cask..... 30s.

Allsopp's Mild Ale, 18-gallon Cask..... 33s.

Allsopp's Strong (the Old Burton) Ale, 18-gallon Cask..... 45s.

HARRINGTON PARKER, Beer Merchant, 5½, Pall-mall.

## IMPORTANT TO THE MEDICAL PROFESSION.

## Davenport's Syrup of the Iodide of

QUININE and IRON.

FROM DR. GOLDING BIRD.—"48, Russell-square.—I have now for some time employed pretty largely the triple Compound of Iodide, Quinine, and Iron, prepared by Mr. John T. Davenport, in the form of Syrup. I do not hesitate to express my opinion of its great value as a therapeutic agent. It has appeared to me, that the Quinine assisted the assimilation of the Iron, and I have found it to be of very great value in cases in which the Iodide of Iron is recognised. This triple Compound possesses many advantages over the simple Iodide; and not the least of them is, the satisfactory manner in which it is tolerated by the stomach, especially if administered (as all preparations of Iron ought to be) immediately after a meal.—"GOLDING BIRD, A.M., M.D., F.R.S., Fellow of the Royal College of Physicians, Physician and Professor of Materia Medica at Guy's."

FROM DR. GEO. P. MAY.—"Having for some time past extensively used the ternary compound of Quinine, Iodide, and Iron, prepared by Mr. J. T. Davenport, I can with confidence testify to its marked efficacy in cases of Struma and Anæmia, and, indeed, in all instances in which the exhibition of Iron and its compounds is indicated. This preparation appears to combine all the therapeutic powers of its constituents without their nauseous qualities, which renders it an admirable medicine in the treatment of some of the disorders of childhood.—GEO. P. MAY, M.D.—Maldon."

SYRUP OF THE IODIDE OF ZINC, as prepared for Dr. Barlow, of Guy's Hospital.

TARAXACUM (Davenport's) LIQUOR, or FLUID EXTRACT, Prepared by Spontaneous Inspissation, possesses every characteristic of the fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm. 6s. per lb.

CITRATE OF QUININE AND IRON. 25 per Cent. Quinine,

4s. 6d. per oz.

SYRUP OF THE IODIDE OF IRON. P. L. 3s. per lb.

BIMECONATE SOLUTION OF OPIUM. Professional testimonials acknowledge this preparation to be the most efficient sedative extant. The unpleasant effects of ordinary opiates are entirely obviated. Dose, fifteen to thirty drops. 8d. per oz.

COTYLEDON UMBILICUS. The Solid and Fluid Extracts, 1s. 3d. and 1s. per oz.; also, the Preserved Juice, 5s. 4d. per lb., as recommended by Mr. Salter, of Poole, in Epilepsy.

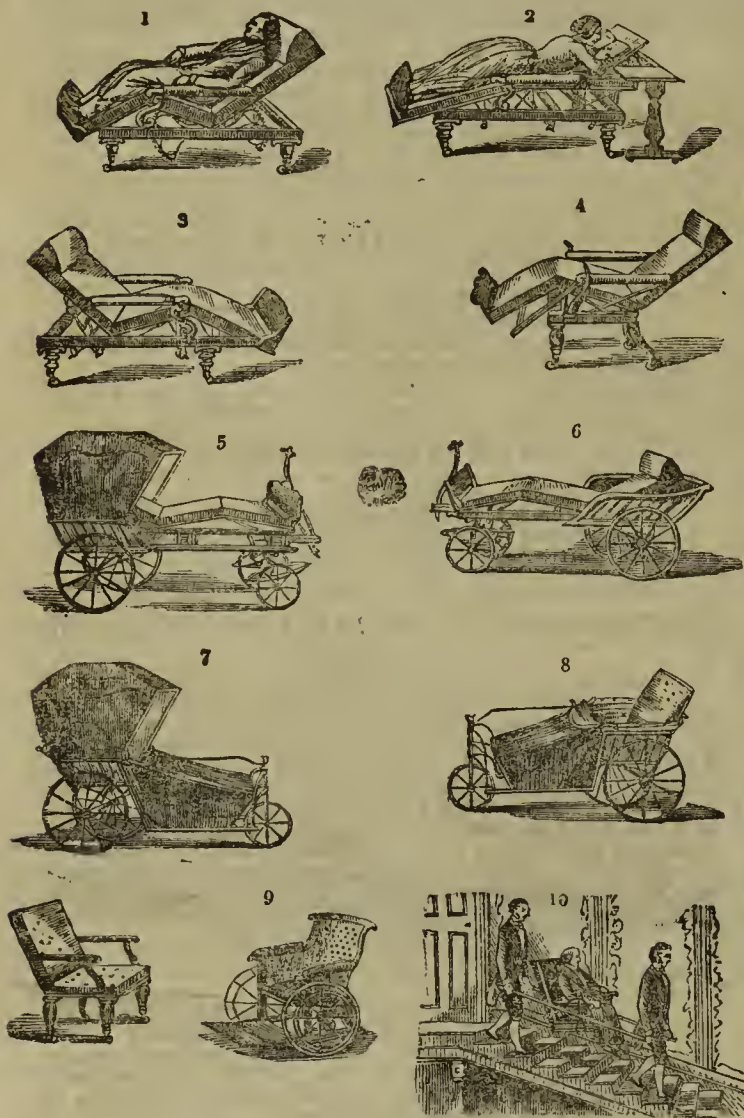
J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 33, Great Russell-street. Bloomsbury. A List of Preparations forwarded on application.



## Comforts for Invalids.—Messrs

CHAPMAN and ALDERMAN, of No. 8 Denmark street, Soho, London, beg most respectfully to inform their medical friends that they have now completed their mechanical arrangements for their Graduating Spinal, Fracture, and General Invalid Couches, Chairs, Carriages, &c. &c. The Illustrations will show that they can be made to wind into any position whatever, according to the requirements of the patient. No. 1 is the same as was supplied, by the recommendation of Sir B. Brodie, Bart., to the late Sir R. Peel, Bart., when he met with his fatal accident. Price twenty-eight guineas.—No. 2, in a Prone Position.—No. 3, as an Easy Chair, the arms being made to throw back, to enable the patient to get on and off easy.—No. 4, a Self-adjusting Spinal Chair. Price fifteen guineas.—No. 5, a Spinal Carriage, with a Shifting Couch. Price thirty guineas.—No. 6, without a Hood. Price twenty guineas.—No. 7, a Bath Chair. Price twenty-five guineas.—No. 8, without a Hood. Price fifteen guineas.—No. 9, a Self-propelling French Merlin Chair. Price fifteen guineas.—No. 10, their newly-invented Equilibrium Carrying-Chair, which answers as an Easy Chair in the room, as well as for carrying the invalid up and down stairs, the Poles being made to hook on and off. Price eight guineas.

Hospitals and Public Institutions supplied.



The above can be had on hire.

STAYS SUPERSEDED.

## Great Exhibition Elastic Bodice.

—Stiff Stays destroy natural grace, produce deformity, and implant disease. Curvature of the spine, consumption, and a host of evils arise from their use. MARTIN'S ELASTIC BODICE is without whalebone or lacing, at the same time furnishing a sufficient support, and imparting to the figure that natural elegance, which is quite impossible under the pressure which is the great aim, as mischief is the certain end, of all kinds of stays. The time and patience of the wearer are also spared, by a simple fastening in front, to obviate the trouble of lacing. As there are several imitations of these celebrated Bodices, it is necessary to inform the Public that they can be obtained only of the Inventors and Manufacturers, E. AND E. M. MARTIN, 504, New Oxford-street.

A Prospectus, &c., on receipt of a stamp, can be sent by post.

## Medical Agency, 50, Lincoln's-inn-fields, Conducted by

MR. BOWMER, M.R.C.S.L.

All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.

(OFFICE HOURS, 11 TILL 4.)

## St. Mary's Hospital, Cambridge-place, Paddington.

Physicians—Dr. Alderson, Dr. Chambers, and Dr. Sibson.  
Assistant Physicians—Dr. Handfield Jones, Dr. Sieveking, and Dr. Markham.

Surgeons—Mr. Coulson, Mr. Lane, and Mr. Ure.  
Assistant Surgeons—Mr. H. Spencer Smith, Mr. H. Haynes Walton, Mr. James Lane.

Physician Accoucher—Dr. Tyler Smith.

Surgeon Accoucher—Mr. I. Baker Brown.

Ophthalmic Surgeon—Mr. White Cooper.

Aural Surgeon—Mr. Toynbee.

Dentist—Mr. Nasmyth.

Resident Medical Officers:—Mr. Trotter, Apothecary; Mr. Bullock, and Mr. Lawrence.

Fees for the Practice of the Surgeons:—

Six months ... .. 9 guineas.

Twelve months, or such time as is required by the College of Surgeons for

Membership... .. 20 guineas.

Perpetual ... .. 30 guineas.

Clinical lectures will be given upon medical and surgical cases in the Hospital by the physicians and surgeons, and upon the diseases of women and children, ophthalmic surgery, and aural surgery, by the special officers.

There are three resident medical officers, who board in the Hospital and are appointed for 18 months, two non-resident medical officers, a curator, a medical registrar, and a surgical registrar, who are appointed by the Weekly Board on the recommendation of the Medical Committee. These offices are open to competition among the qualified pupils of the hospital. Clinical clerks and dressers will be selected from the best qualified students, without extra fee.

Further information may be obtained from any of the medical officers, or from the Secretary of the Hospital, who is authorized to enter the names of pupils.

Board-room, August 26, 1853.

S. SHEPHERD, Sec.

## The Artificial Tympanum.—Mr.

YEARSLEY'S PAPERS on his 'NEW MODE OF TREATING DEAFNESS' are reprinted from the 'Lancet,' in the form of a Pamphlet, which may be obtained of Mr. Churchill, Medical Publisher, 46, Princes-street, Soho, price One Shilling, or sent by post on receipt of Sixteen Postage Stamps.

"We have ourselves seen the remedy applied by Mr. Yearsley in several cases of apparently incurable deafness, and the effect produced appeared to be almost miraculous. This happy discovery establishes for our profession another claim to public gratitude and respect."—Leading Article of the 'Lancet.'

## Jozeau's Copahine-mege, or Sac-

charated CAPSULES, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhœa, Gleet, and Leucorrhœal Discharges, on an average of six days (see "Lancet" of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by G. Jozeau, sole French Chemist, 49, Haymarket, London; and Jozeau, Pharmacien, 161, Rue Montmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with his name of Gabriel Jozeau printed thereon.

## Shower and all Domestic Baths.—

Purchasers of these valuable and important family requisites, should immediately inspect DEANE, DRAY and Co's extensive Stock, warranted the best manufactured, both for finish and durability. Deane, Dray, and Co.'s RECUMBENT SHOWER-BATH, forms at the same time an excellent Sponging-bath, and may also be used as a Hip-bath, thus affording to all the members of a family the various applications of the bath. Shower-baths of improved construction; hip, plunging, sponging, vapour, and other baths, of various sizes, and patterns. An illustrated pamphlet on baths and bathing may be had on application, or free by post.

Established A.D. 1700.

Deane, Dray, and C. (opening to the Monument), London-bridge.

The Publisher of the "MEDICAL CIRCULAR," in answer to several enquiries from the country, begs to state that the following are the terms for inserting Advertisements:

Four lines and under	£0 2 6
Every additional line	0 0 6
Whole Column	2 15 0
Whole Page	5 5 0

London: Printed by WILLIAM TROUNCE, at his Office, No. 9, Cursitor-street, Chancery-lane, in the Parish of St. Andrew, Holborn, in the County of Middlesex; and published by CHARLES JAMES HARRIS, at No. 123, Strand in the City of Westminster.—September 7th, 1853.



THE  
MEDICAL CIRCULAR  
AND  
General Medical Advertiser.

No. 37, NEW SERIES. }  
No. 63. }

WEDNESDAY, SEPTEMBER 14, 1853.

{THREEPENCE.  
STAMPED, 4d.

TABLE OF CONTENTS.

Leading Articles:	Page		Page
The College Examiner and the Private Scholar ... ..	197	Correspondence ... ..	208
A New Way to Pay Old Debts ... ..	198	Medical Notes and Queries... ..	209
Mirror of Periodical Literature... ..	199	Hospital Reports ... ..	209
Contents of the Medical Journals ... ..	202	Statistics of Battles, Sieges, and Campaigns ... ..	211
Bibliography ... ..	202	Our Note Book ... ..	213
The Medical Men of the Three Kingdoms ... ..	203	Cholera in Liverpool ... ..	213
The Anatomy of Quackery (No. XXVIII) ... ..	204	Obituary... ..	214
An Epitome of Toxicology... ..	205	Medical News ... ..	214
Biographical Notices ... ..	207	Notices to Correspondents ... ..	214

CHURCHILL'S MANUALS.

Fcap. 8vo. cloth, 12s. 6d. each Volume.

AGGREGATE SALE 55,500 COPIES.

ANATOMY.—ERASMUS WILSON, F.R.S.  
CHEMISTRY.—DR. FOWNES, F.R.S.  
MATERIA MEDICA.—DR. ROYLE, F.R.S.  
MEDICAL JURISPRUDENCE.—DR. TAYLOR, F.R.S.  
NATURAL PHILOSOPHY.—DR. G. BIRD, F.R.S.  
OPHTHALMIC MEDICINE.—WHARTON JONES, F.R.S.  
PHYSIOLOGY.—DR. CARPENTER, F.R.S.  
POISONS.—DR. TAYLOR, F.R.S.  
SURGERY.—MR. FERGUSSON, F.R.S.  
London: JOHN CHURCHILL, Princes-street, Soho.

STANDARD MEDICAL WORKS.

1. PROUT ON THE NATURE & TREATMENT OF STOMACH AND RENAL DISEASES. *Fifth Edition.* 8vo. 20s.
2. WALTON'S OPERATIVE OPHTHALMIC SURGERY. 8vo. cloth, 18s.
3. COOPER ON DISLOCATIONS & FRACTURES. *New Edition.* Edited by Bransby Cooper. 8vo. 20s.
4. COOPER ON THE STRUCTURE & DISEASES OF THE TESTIS. With 24 highly-finished Coloured Plates. *Second Edition.* 4to. £1 10s.
5. LAWRENCE'S TREATISE ON RUPTURES. *Fifth Edition.* 8vo. 16s.
6. HOPE ON DISEASES OF THE HEART AND GREAT VESSELS. *Fourth Edition.* Post 8vo. 10s. 6d.
7. CARPENTER'S PRINCIPLES OF PHYSIOLOGY, GENERAL & COMPARATIVE. *Third Edition.* 8vo. 28s.
8. CARPENTER'S PRINCIPLES OF HUMAN PHYSIOLOGY. *Fourth Edition.* 8vo. 28s.
9. ROBERTON ON PHYSIOLOGY & DISEASES OF WOMEN. 8vo. 12s.
10. ACTON ON DISEASES OF THE URINARY AND GENERATIVE ORGANS. *Second Edition.* 8vo. 20s.

11. BIRD ON URINARY DEPOSITS; THEIR DIAGNOSIS, PATHOLOGY, AND THERAPEUTICAL INDICATIONS. *Fourth Edition.* Post 8vo. 10s. 6d.
12. RAMSBOTHAM'S PRINCIPLES & PRACTICE OF OBSTETRIC MEDICINE AND SURGERY. 120 Plates. *Third Edition.* 8vo. 22s.
13. BUDD ON DISEASES OF THE LIVER. *Second Edition.* 8vo. 16s.
14. WILSON ON DISEASES OF THE SKIN. *Third Edition.* 8vo. 12s. The same Work, with Engravings on Steel, accurately coloured. 8vo. 30s.
15. PIRRIE'S PRINCIPLES AND PRACTICE OF SURGERY. 8vo. 21s.
16. BENNET ON INFLAMMATION, AND OTHER DISEASES OF THE UTERUS. *Third Edition.* 8vo. 12s. 6d.
17. COULSON ON DISEASES OF THE BLADDER AND PROSTATE GLAND. *Fourth Edition.* 8vo. 10s. 6d.
18. LEE'S CLINICAL MIDWIFERY; COMPRISING HISTORIES OF DIFFICULT, PRETERNATURAL, AND COMPLICATED LABOUR. *Second Edition.* Fcap. 8vo. 5s.
19. GAIRDNER ON GOUT; ITS HISTORY, ITS CAUSES, AND ITS CURE. *Second Edition.* Post 8vo. 7s. 6d.
20. LISTON'S PRACTICAL SURGERY. *Fourth Edition.* 8vo. 22s.
21. HALL'S PRACTICAL OBSERVATIONS AND SUGGESTIONS IN MEDICINE. *First and Second Series.* Post 8vo. 8s. 6d. each.
22. CONOLLY ON THE CONSTRUCTION AND GOVERNMENT OF LUNATIC ASYLUMS. Post 8vo. 6s.
23. CLARK (SIR J.) ON SANATIVE INFLUENCE OF CLIMATE. *Fourth Edition.* Post 8vo. 10s. 6d.
24. SKEY'S OPERATIVE SURGERY. 8vo. 18s.
25. BRANSBY COOPER'S LECTURES ON SURGERY. 8vo. 21s.
26. UNDERWOOD ON DISEASES OF CHILDREN. *Tenth Edition.* Edited by Dr. DAVIES. 8vo. 15s.
27. COULSON ON LITHOTRITY AND LITHOTOMY, 8vo. cloth, 8s.

London: JOHN CHURCHILL, Princes-street, Soho.



## The Medical Circular.—The Pub-

lisher respectfully announces that the STUDENTS' NUMBER of this Journal, for the MEDICAL SESSION 1853-4, will be Published on WEDNESDAY, the 21st of SEPTEMBER next.

Prospectuses of the Schools and Advertisements should be forwarded without delay.

## To Lecturers and Demonstrators.

—Lecturers on ANATOMY and SURGERY are wanted in an old established School. Gentlemen are requested to communicate immediately with MEDICUS, No. 28, Bedford Square, stating their qualifications, and the class they are prepared to undertake.

## Essays on Mental Derangement.

By JAMES VEITCH, M.D., Edinb., and formerly, for years, Medical Chief of the Royal Naval Lunatic Asylum. S. HIGHLEY and SOX, 32, Fleet-street.

## On True and False Spermatorrhœa :

With a view to the Correction of wide-spread Errors in relation to the Treatment and Cure of the Impuissant and Sexual Hypochondriacs, in general. Translated from the German of Dr. PICKFORD. Baillière, 219, Regent-street, & 290, Broadway, New York

## Nos. 5, 9, 13, (New Series) of the

"MEDICAL CIRCULAR."—Any gentleman possessing these Numbers, and who may be willing to dispose of the same, will greatly oblige by forwarding them to the Publisher, who will immediately return the full price in Postage Stamps, or exchange them for any other Number, if desired.

Office, 128, Strand.

## Drug Price Currents forwarded, free

of Postage, on application, by Messrs. HEWLETT and GODDARD, Wholesale Druggists, 6, Arthur-street West, Upper Thames-street, near London-bridge, containing the ready-cash prices for Drugs and Pharmaceutical Preparations of the purest quality. Messrs. H. and G. solicit the attention of the Medical Profession resident in the Provinces, Infirmary Committees, Dispensaries, &c., &c., to the advantages attendant upon the above Price Current.

## Charing-cross Hospital Medical

School, West Strand, London :

WINTER SESSION, October 1853, to March, 1854.

Anatomy—Mr. E. Canton.

Chemistry—H. H. Lewis, A.M.

Demonstrations and Dissections—Mr. Golesbro.

Physiology and Pathology—Mr. E. Canton.

Medicine—Dr. Chowne and Dr. R. Rowland.

Surgery—Mr. Hancock.

SUMMER SESSION, May, 1854, to end of July.

Materia Medica—Dr. Steggall and Dr. Willshire.

Botany—F. W. Headland, B.A.

Midwifery, &c.—Dr. Chowne and Mr. Hird.

Medical Jurisprudence—Dr. G. Birkett and Mr. Hird.

Practical Chemistry in the Laboratory—H. H. Lewis, A.M.

All the Lectures required by the College of Surgeons and Society of Apothecaries, £45, without Practical Chemistry, which is £2 2s.

HOSPITAL PRACTICE.

Consulting Physician, Wm. Shearman, M.D.

Physicians—Dr. Golding and Dr. Chowne.

Assistant Physician—Dr. Rowland.

Surgeons—Mr. Hancock and Mr. Avery.

MEDICAL PRACTICE.—Full period required, £15 15s. Surgical, £15 15s. Both Medical and Surgical practice, full period, £26 5s.

JOHN ROBERTSON, Hon. Sec.

## The Middlesex Hospital School of

Medicine.—The WINTER SESSION will commence on Monday, October 3rd, 1853, with an Introductory Lecture by Dr. Frere, at eight o'clock, p.m.

The Hospital is now undergoing a further enlargement, and will receive upwards of 300 in-patients. The annual number of out-patients exceeds 12,000.

The School buildings have been considerably enlarged ; the size of the Anatomical Museum has been doubled ; and a new Library and Museum of Materia Medica have been provided.

Fee for Eighteen Months' Medical, and Three Years' Surgical Practice, £30.

Fee for attendance on the Hospital Practice and Lectures required by the College of Surgeons and Apothecaries' Company, £75. This sum may be paid by instalments of £30 at the beginning of the First Session, £30 at the beginning of the Second Session, and £15 at the beginning of the Third Session.

For further information, apply to Mr. De Morgan, Treasurer to the School, at the Hospital daily, from One to Two o'clock ; to Dr. Crofe, the resident Medical Officer, or to Mr. Shedden, Secretary to the Hospital.

Prospectuses may be obtained on application at the Hospital.

## Westminster Hospital Medical

SCHOOL.—The Session 1853-4 will commence on Monday, October 3rd, with an Introductory Address by Mr. Guthrie, F.R.S., at 4 p.m.

LECTURES.

PHYSIOLOGY—Mr. Hillman.

ANATOMY—Mr. Holthouse.

SURGERY—Mr. Holt and Mr. Charles G. Guthrie.

MEDICINE—Dr. Hamilton Roe and Dr. Basham.

CHEMISTRY—Mr. Harman Lewis, M.A.

DENTAL SURGERY—Mr. Clendon.

SUPERINTENDANCE OF DISSECTIONS—Mr. Power.

SUMMER SESSION.

MATERIA MEDICA—Dr. Basham.

MIDWIFERY—Dr. F. Bird.

FORENSIC MEDICINE—Dr. Fincham.

BOTANY—Dr. Radcliffe.

NATURAL PHILOSOPHY—Mr. Brooke, F.R.S.

Hospital Practice daily. Clinical Lectures are given every week by Physicians and Surgeons. General Fee for all the Lectures required by the College of Surgeons and the Society of Apothecaries, exclusive of Practical Chemistry, Forty Guineas ; for Hospital Practice, Twenty-six Guineas. Clinical Assistants, Clinical Clerks, and Dressers are selected from the best qualified pupils without extra fee.

Prizes and Certificates of Honour will be awarded at the commencement of the Summer Session.

Prospectuses and further particulars may be obtained on application to

F. J. WILSON,

Secretary to the Hospital.

## St. Bartholomew's Hospital & Medi-

cal College.—The WINTER SESSION will commence on October 3, with an Introductory Address by Mr. Stanley, at Seven o'clock, p.m.

LECTURES.

Medicine—Dr. Burrows.

Surgery—Mr. Lawrence.

Descriptive Anatomy—Mr. Skey.

Physiology and Morbid Anatomy—Mr. Paget.

Superintendence of Dissections—Mr. Holden and Mr. Coote.

Demonstrations of Morbid Anatomy—Dr. Kirkes.

Chemistry—Mr. Stenhouse.

SUMMER SESSION, 1854, commencing May 1.

Materia Medica—Dr. Roupell.

Botany—Dr. Farrer.

Forensic Medicine—Dr. Baly.

Midwifery, &c.—Dr. West.

Comparative Anatomy—Mr. McWhinnie.

Practical Chemistry—Mr. Stenhouse.

Natural Philosophy—Dr. Gibbon.

Hospital Practice.—The Hospital contains 650 beds, and relief is afforded to nearly 90,000 patients annually. The in-patients are visited daily, and Clinical Lectures are delivered weekly by both the Physicians and the Surgeons.

The Out-patients are attended daily by the Assistant-Physicians and Assistant-Surgeons.

Collegiate Establishment.—Warden, Dr. Black. Students can reside within the hospital walls, subject to the rules of the Collegiate system, established under the direction of the Treasurer and a Committee of the Governors of the Hospital. Some of the Teachers and other gentlemen connected with the Hospital also receive students to reside with them.

Scholarships, Prizes, &c.—At the end of the Winter Session, Examinations will be held for a Scholarship of the value of £45 a year, and tenable for two years ; and for one of £50 for one year. The Examinations of the Classes for Prizes and Certificates of merit will take place at the same time.

Further information may be obtained from Mr. PAGET, or of any of the medical or surgical Officers or Lecturers ; or at the Anatomical Museum or Library.

## Important to the Medical Profession.

—NEW BOOKS supplied as soon as published, at a reduction of 15 per cent., on direct application, with remittance, to JOHN HOLDING WOODLEY, 30, Flec-street, City, London. Purified Cotton Wool, 2s. per lb.

## Dr. Pereira.—This late Eminent

Physician's opinion of HARDS' FARINACEOUS FOOD for Infants and Invalids:—

"I have carefully examined, and repeatedly prescribed 'Hards' Farinaceous Food' (See Pereira's 'Treatise on Food and Diet,' pp. 309 and 473, &c.), which is prepared from the most nutritious of the cereal grains. It combines both nitrogenised and non-nitrogenised alimentary principles, and forms a very valuable food for children and invalids.

"JOHN PEREIRA, M.D., F.R.S.,

"Assistant-Physician to the London Hospital.

"47, Finsbury-square, July 1, 1843."

Sold by Chemists and Druggists, Patent Medicine Vendors, Tea Dealers, and Italian Warehousemen, in 1s. and 2s. packets, and tin cases, 7s. 6d. each. Observe—all genuine packets and cases are signed "Jas. Hards," and manufactured at the Royal Victoria Mill, Dartford, Kent.



## The Medical Circular.

WEDNESDAY, SEPTEMBER 14, 1853.

### THE COLLEGE EXAMINERS AND THE PRIVATE SCHOOLS.

THE impropriety of committing to the Examiners of the College of Surgeons the power of recognising or closing any medical school their judgment or caprice may select, has been already adverted to in a recent article, and we have shown that such an investment of authority is false in principle, and that its exercise is attended with much jealousy and distrust. A stranger to the system of government in force in our profession, would scarcely credit the assertion that the same body of men who, as Examiners and the prescribers of the curricula, enjoy the power of determining which and how many schools shall be privileged to instruct the candidates for their diploma, should, at the same time, themselves be lecturers and teachers, and, therefore, objects—and, who could doubt, *favoured* objects?—of their own legislation. Such a power is an anomaly which no unprejudiced man could reconcile to his sense of justice, and which no man of delicate honour could exercise without a painful sentiment of its indecorum.

The more punctilious and chaste a man's honour might be, the more uneasiness he would feel at the exertion of a power which, in almost every case, while injuring a rival, would redound to his own private advantage. The knowledge of the necessary result would disgust him with his functions, and make him pause before he crushed a competitor, and drew suspicion upon his own motives. We are afraid that this sensitiveness on the point of honour is not to be found among the Examiners of the Royal College of Surgeons; and that the old saw, characterising Corporations as bodies that will not hesitate to do in a collective capacity what, as individuals, they would blush to conceive, is as applicable to the College in this particular as in many others.

There can be no doubt that the Examiners have not used their power justly; and that they have, in some instances—perhaps, many—screened a delinquent School, which, if their requirements had been strictly enjoined, ought to have been struck out of their roll. But these Schools have been their own—Schools that have had mouth-pieces at the Board to ask for time, to excuse, palliate, procrastinate, and defend. No matter how strong public conviction may be of their inadequacy, how often they have been exposed in the press, how notoriously incompetent their teachers, how insufficient the museums, they are safe, because Mr. A or B possesses a seat and a voice potential at the Board of Examiners, and will take care that his own, or his son's, or his nephew's fees shall not be curtailed.

It is far otherwise with a School not enjoying the comforting smile of Examinatorial favour. We will take an example:—There is the "HUNTERIAN SCHOOL OF MEDICINE," the oldest private School, we believe, now open in the metropolis, and from which the Examiners have recently withdrawn their recognition. One fine morning, in consequence of a secret intimation from a spy or an enemy, a Deputation from the Board of Examiners pounced down upon this Institution at a most awkward juncture, while the museum was in disorder from repairs, and at a moment when the winter Lecturers had removed their drawings and preparations, and the summer Lecturers had not commenced their course. The Deputation were dissatisfied at what they saw, or at what they did not see, and the recognition was withdrawn.

Now this School, during Mr. Dermott's time, was without a museum; yet it was recognised, and many very excellent Surgeons left its portals. Since that time Mr. Tuson's museum—a very good one, though deficient in some points, and formerly recognised by the College—has been purchased, and added to the School; yet now, forsooth, the Examiners can see no merit in it; and with or without a museum, the School must be abruptly closed. These proceedings are arbitrary, and, we need not add, unjust. They are so obviously harsh and severe, that we are satisfied that the Examiners, upon re-consideration, will modify their sentence. Despotie resolutions such as these outrage all sense of equity, and cannot be enforced.

If the College think that alterations or additions are necessary to ensure the proper education of the pupils, they should give notice of at least one Session's length, intimating that unless their instructions are complied with by the expiration of that time, they will withdraw their recognition. The teachers would thus have opportunity and time to meet the wishes of the College, and would be enabled also to keep faith with the students. This course has, indeed, been taken with the Charing Cross Hospital School, and the same measure of equity will doubtless be extended to the "Hunterian School of Medicine."

We understand that, relying on the justice of the College, the lecturers at this school intend to re-open in October, and we have no doubt of the propriety of the decision. We cannot believe that the Examiners intend definitively to close the school after a first visit, and without an extension of time. It is too preposterous. Many arguments might be used in favour of the maintenance of private schools which we have not, at the present time, space to expound, but we cannot refrain from expressing our jealousy of the power exercised by the *public* over the *private* teachers, and from declaring our determination to interpose our influence to prevent this authority from degenerating into a tyranny, ending in the ultimate crushing and extinction of all the private institutions.



Mr. Ewart has given notice in the House of Commons that he will move for returns, among other things, "Of the number of Medical Schools and Hospitals from which the recognition of the College of Surgeons has been withdrawn within the last three years, ending the 18th day of August, 1853, together with a list of schools and hospitals that have applied to be recognised as schools of instruction for medical students in the same years, and the causes which led to the withdrawal of any schools or hospitals."

We shall be curious to see the answers to these enquiries. Such is the jealousy entertained by the Legislature of all Corporate Bodies that, unless the College has exhibited not merely rigid justice, but liberality with those Schools not under the immediate patronage of the Examiners, it may be assumed that a hard measure of justice will be dealt to itself; and it is not unlikely that a part of the retribution will be the deprivation of these Examiners of the power they now so irregularly and injudiciously exercise.

#### A NEW WAY TO PAY OLD DEBTS.

SHOULD any of our readers wish to be acquainted with the full-potentiality of an "If," we advise him to read the leading article in the last number of the "Association Medical Journal,"—an article obviously intended as a reply to our observations. We have always had great faith in an "If," but never before conceived that it enjoyed such surprising powers. Were an "If" for one year Chancellor of the Exchequer, the national debt would be expunged; or were it, better still, an annuitant's or a poor doctor's housekeeper, life would cease to be the hard, stern, dry, and intractable thing it is, and present itself as a delightful illusion, satisfying every sense, and inexhaustible in its resources, exempt from care and mischance—a veritable Arcadia, the luxury of poets, and the paradise of bankrupts. "If," it is said, is a great peacemaker: it is also a great arithmetician. It is true that we have never seen the name on a title-page, but the unique volume must exist somewhere, for our learned colleague has evidently come fresh from the study of it, and is already a proficient. He is trying to prove that the "Association Medical Journal" is a profitable concern; and observe how ingeniously his arithmetic sustains his proposition:—

"For this purpose, we may illustrate our present position by viewing the members of the Association as subscribers to a Medical Journal conducted in the ordinary manner, and thus estimate the revenue of the Journal issued to its two thousand subscribers at 7d. [*why not 9d., the profits would then be increased.*] per week each. We find that the total receipts from this source would be £3,033 6s. 8d. Now assuming that the *whole amount* of the subscriptions of members went to pay for the Journal expenses, *which is far from the case*, there would then, viewing it as a commercial undertaking, *be a profit* to the subscribers on the year of £1,000, or upwards of 30 per cent.: *no inconsiderable proof of the sound principles upon*

which the business has been hitherto conducted. \* \* \* It will moreover be found that, while the estimated cost for the *first twelve months* amounts to £856 16s. 6d. + £758 9s. 7d. = £1,617 6s. 1d., the receipts, IF the members were subscribers at 7d. per week, instead of paying or *promising to pay* £1 1s. per year, would amount, as before stated, to £3,033 6s. 8d. (!) which, with a *handsome* amount allowed for contingencies, would make the Journal property to be worth, at a fair calculation, £1,000 per annum! [Bravo! If this association ever become bankrupt—but the "If" is an improbability with Dr. Cormack for Treasurer.]

"But it must be borne in mind that, the expenses of some Branches being paid out of the subscriptions of members, leaves from these Branches *only* 18s. 6d. as the available yearly amount to be devoted to general Association expenses: and from this, £200 has been during the past year voted for Medical Reform, besides many other incidental expenses of which the members derive their full advantage. It is *thus evident* that for their annual subscriptions the members obtain a Journal *worth* (!) 30s. per ann., [*modest man!*] and all other advantages derivable from membership; and thus, by that *esprit de corps* which supports the Journal and enables it to be conducted at its present low rate of yearly charge, *a profit of at least £1000 is divided among the members.* (!!!)"

Gracious powers! Here is a medical association dividing a thousand pounds per annum among its members, and by the profits of journalism too! We want the pen of an American editor to supply the superlatives to our admiration. We thought that at the last meeting at Swansea, a fear was expressed by Sir Charles Hastings, that the Journal was plunging the Association into debt, and that the members had determined to retrench. How could we have fallen into such an egregious error? Dr. Cormack here proves indubitably upon the authority of the Chinese "If," the celebrated arithmetician, that the society is prosperous, the Journal successful, and that the members are actually dividing among them a profit of £1000 per annum! We have no doubt that some of the members, upon the receipt of this intelligence, will dive expeditiously into their pockets to get a tangible proof of their good fortune. If they succeed in catching the half-sovereign, we hope that they will drill a hole in it and duly string it for luck. We intend to profit in our own way by the information, and shall offer a handsome salary to the Chinese Professor to undertake the office of treasurer to the "Medical Circular." If he decline our offer, we will use our influence to procure him the appointment of accountant to the Bankruptcy Court.

YELLOW FEVER.—The fever at New Orleans, and several other places in the Southern States, was hourly on the increase. The deaths at New Orleans, on the 21st, from it were 270; and for the week, 1350; and from other causes, 230. It had also broken out at Baltimore and Cumberland; at Natchez, with a population of only 5000, the deaths had been upwards of 300 from the same cause. A correspondent of the *New York Tribune* writes respecting New Orleans:—"At the hospitals the suffering is very great, and it is a wonder that any recover. In one room I visited there were about 40 women. They are placed in cots on either side of the room, with just room enough between the cots for the attendants to give the poor sufferers their medicines."



## Mirror

OF

## PERIODICAL LITERATURE.

(From the "Dublin Quarterly Journal of Medical Science," August 1st, 1853.)

## ON THE CURE OF URINARY FISTULÆ BY COMPRESSION.

Mr. Hamilton, Surgeon to the Richmond Hospital, has tried compression for the cure of Urinary Fistulæ in several cases, with considerable success. He remarks that he was induced to attempt this plan from observing the extreme obliquity of the passage of the fistulæ in several *post-mortem* examinations, and considering that this condition offered facilities for obliterating the fistulæ by pressure. We quote one of the cases:—

"T. Mooney, aged 40, a painter,—pale and sallow, a hard drinker,—was admitted into the Richmond Hospital, September 24, 1850, with retention of urine and a large urinary abscess. No instrument could be got into the bladder, there was so close a stricture, but an opiate and the warm bath relieved the retention. The abscess burst into the urethra, pressure on it causing a discharge of pus and urine from the urethra; and when he made water he observed the swelling in the perineum to become larger. He had frequent rigors and vomiting, and was generally extremely ill. For a short time he rallied, and got much better; he then became worse, with a return of the rigors and vomiting, and great obstruction in passing water, once amounting to complete retention, which was suddenly relieved in the warm bath by a gush of pus coming from the urethra. These symptoms arose from the abscess working its way to the perineum, which, as well as the scrotum, had gradually become more swollen. I therefore made a free opening, and let out a quantity of pus and urine. This gave great relief, the urine flowing freely through the wound.

"Oct. 32rd. I passed a No. 4 gum-elastic catheter, which I fastened in.

"25th. The instrument still in; the greater part of the urine comes by the cut. I withdrew the catheter, and replaced it by one of No. 7; he had a rigor the next day, and I removed the instrument.

"Nov. 3rd. I passed a No. 6 gum-elastic catheter, and left it in; at the end of the second day there seemed to be no disposition in the fistula to close; I therefore tried compression by means of a compress and bandage. The following day I found that it had answered admirably well, scarcely three or four drops having come by the fistula, and I re-applied the compress. The next day the fistula had completely closed. He remained in three weeks after, to have the passage dilated, and then left sooner than I wished, but in every respect apparently well, and getting flesh.

"The stricture here was a very bad one, extremely close, with a good deal of surrounding callosity of twenty years' standing; and three times he had urinary abscess. Little progress was made in closing the fistula by keeping an instrument in the bladder. The good effects of the pressure were most remarkable, and the speedy cure following its application needs no comment.

"The fistula remained well for a year and five months, when he again presented himself at the hospital for admission. In the interval he had totally neglected the use of instruments, and had continued his usual drunken habits."

We need not quote the remainder of the report; by pursuing the same measures as before, the patient ultimately got well. The mode of applying compression is thus described:—

"A few words as to the mode of applying the compression. If the fistula is deep at the bottom of a sulcus, as sometimes happens, it is best to put a very small compress of fuzzy lint over the opening, so as to fill up the

hollow, and then gradually compresses over this; if the surface of the fistula is plain, a moderate-sized flat compress, with one or two larger ones over it, will do; a double-headed spica bandage of strong calico keeps these in their places, and exercises a firm, steady, equable compression. The bandage should be pinned to the compress, and plenty of pins should be used at the crossings of the bandage to prevent its slipping. The gum-elastic catheter, which has been previously introduced, may be best secured in by a piece of thread tied round the top, and the ends twisted round two pins, one in each groin, where the bandages cross. A little plug of wood in the catheter can be removed when the patient feels a desire to pass water,—it should not be done too often. If the patient says he thinks some water has come through the fistula, the bandage and compress can be removed, and if found to be the case, a larger-sized catheter can be passed, and fresh compresses and bandage applied with tighter pressure. But if there is no feeling of the water having come, the apparatus may be left on for forty-eight hours; and, as the cases here given prove, at the end of that time the cure of the fistula may be complete."

(From the "Medical Times and Gazette," Sept. 10.)

## ON THE RELATION BETWEEN THERAPEUTICS AND PATHOLOGY.

A discursive but very interesting lecture on this subject, is published by Dr. Geo. Johnson. He enters minutely into the varieties of bodily disorder produced by mental anxiety, and makes the following observations on Epilepsy:—

"Passing on now to the consideration of those cases of epilepsy which owe their origin to influences acting primarily upon the mind, we find that they naturally divide themselves into two classes:—1st. Those which result from great terror, or excessive and sudden grief, and in which the first paroxysm usually comes on suddenly without being preceded by warning symptoms; and 2nd. Those which arise from the influence of continued anxiety, and which are preceded from a variable period by premonitory symptoms.

"With reference to the first class of cases, I mentioned, in my last lecture, the chief causes of sudden shock or terror, which I have known to excite epilepsy. The most frequent have been the vision of a supposed ghost, witnessing a fit of epilepsy in another, or the sudden and violent death of another. One woman became epileptic from hearing of the sudden death of an acquaintance; she immediately felt, as she said, a sudden "turn and agitation," and within an hour she had a convulsive fit. One girl attributed her fits to the fright of hearing a knocking, which she imagined to be supernatural; and a delicate, nervous boy, who is now under my care, actually became epileptic from the shock of seeing a horse fall and break his leg. When epilepsy results from a sudden shock or terror, the first fit usually comes on immediately, or within a few hours after the shock has been received. The only exception to this rule which I have met with occurred in the case of a man whose history I have already given, who, after seeing the violent death of a child, continued to dream of the accident, and, at the end of two years, became epileptic. In this case there can, I think, be no question, that the shock of terror was the exciting cause of the disease, and that this influence was perpetuated and increased by means of the continual restlessness and the frightful visions by which the poor man was nightly harassed.

"In the great majority of cases, when an attack of epilepsy has been excited by fright, the fits return and constitute a permanent disease. In only one out of eleven cases which originated in this way, and of which I have either notes or a distinct recollection, has there been a single paroxysm without a return. In one other case the fits



continued to recur for a period of five years, then ceased, without any obvious cause, for a period of fifteen years, and after this were again induced by a great anxiety. A comparison of a great number of observations would be necessary to ascertain in what proportion of cases epileptic convulsions which have resulted from fright have a permanent tendency to recur after the first paroxysm; it is certain that the proportion is a very large one. It is an interesting but very difficult inquiry what, in this respect, constitutes the difference between epileptic convulsions which results from sudden and violent mental emotion, and those attacks which are excited by the irritation of teething, and more especially by some specific fever poison, or by suppression of urine. The last case of renal epilepsy which I saw, occurred in a boy who had about twelve violent fits of convulsion in twenty-four hours; he was relieved by cupping on the loins; he recovered from the renal disease, and has had no return of the convulsions, nor is it at all likely that he will. It is evident, from the history of such cases, as well as from cases of puerperal convulsions, that the occurrence of one, or of several, attacks of epilepsy is not in itself a sufficient explanation of the persistent tendency to a recurrence of the disease, which is often left when the first paroxysm has been excited by great and sudden fear. It appears probable that, in such cases, the original shock of terror leaves a permanent morbid condition of the brain, although the precise nature of the change escapes our observations. No one who has carefully examined the structure of the brain can deny or doubt, that an organisation so wonderfully complex and delicate may undergo numerous changes which entirely escape our most refined means of investigation. One of the chief obstacles to the progress of mental and cerebral pathology has been the tendency to attribute to the coarse morbid appearances in the brain and its membranes all the symptoms which have existed during the patient's lifetime. It would not be difficult to extract, from published reports on the pathology of the brain, descriptions of precisely the same morbid appearances in connexion with a history of symptoms essentially different in different cases. The cautious pathologist, while he notes every abnormal appearance in the brain, will admit that changes more important still may entirely escape his observations. It is probable, that every thought, every sensation, and every movement of the body, is attended with some change in the texture and composition of the brain. No one expects to find the traces of these living actions in the dead brain, yet such an expectation would appear scarcely less reasonable than the attempt to find, in any *post-mortem* appearance which we can recognise, the essential cause of mental derangement, delirium, or convulsions. 'There are cases,' to use the words of Dr. Gooch, in reference to some disorders of the mind in lying-in women, 'in which observation of the disease throws more light on its morbid anatomy than its morbid anatomy on the nature of the disease; the living symptoms illustrate the dead morbid appearances better than the dead morbid appearances do the living symptoms.'

"It cannot be doubted, that many of the morbid changes which have been detected in the brains of epileptics are the consequences rather than the essential causes of the disease. We often have demonstrative evidence of the extreme vascular engorgement occasioned by the epileptic paroxysm; and it is not difficult to perceive that such a condition must be attended with serious risk of yet greater mischief. A short time since, I saw a footman, whose appearance, when he arose one morning, had excited great surprise among his fellow-servants. The conjunctivæ, eyelids, and other parts of the face, presented numerous spots and patches of ecchymosed blood. He told me, that, when he awoke, he found himself struggling violently, his mouth was bleeding, and, on examination, I found that the edges of his tongue had been injured by his teeth. He evidently had been seized with an epileptic fit, and the appearance of his face was sufficient proof of the degree of vascular congestion which that fit had

occasioned. If the vessels within the skull had been ruptured to the same extent as those on the exterior, the result might have been a fatal apoplexy; yet this would have been no less a *consequence* of the epilepsy than was the subcutaneous ecchymosis. It is surprising that the epileptic paroxysms do not more frequently and speedily produce great and obvious structural changes in the brain than they ordinarily do. In one case which came under my observation, it is probable that the brain was seriously injured during the very first fit. A boy, five years of age, was terrified by a policeman, who threatened to take him to the station for making a noise. He ran a few yards, and fell in a fit at the door of his home. After he came out of the fit, the left hand remained numb and weak, and he occasionally complained of pain in the left foot. These symptoms continued and increased: the hand became so insensible, that a blow from his schoolmaster's cane gave him no pain; and the leg became weak, so that he slightly dragged it in walking. About six months after the first attack, he came home one day with a bruise on the temple, which was probably occasioned by his having fallen in a fit. On about three occasions after this, he was seized with convulsions when at home, and his mother believes that he sometimes had fits when in the street. He often complained of headache, which increased towards the end of May, 1847. This was about two years after the first fit. I first saw him on the 31st of May; he was then insensible, with squinting; the face was flushed, and the scalp hot. He continued in the same state until the 5th of June, when he died.

"On opening the head, the lateral ventricles were found to contain a large quantity of clear serum. In the tail of the right corpus striatum, there was a hard swelling, about the size of a small hazel-nut, which projected against the contiguous surface of the optic thalamus. When cut into, it presented a yellow colour, and had somewhat the appearance of firmly contracted fibrin. There can be little doubt that this indurated mass was the cause of the partial paralysis of the left hand and leg. It is not probable that it was in any way the cause of the epileptic fits, but more likely that it was a consequence of these; and the partial palsy which remained after the first fit of epilepsy renders it probable that the corpus striatum was injured during that convulsive paroxysm."

(From the "Lancet," September 3, 1853.)

#### ON THE DURATION OF PREGNANCY IN THE HUMAN FEMALE.

Dr. Reid adduces further evidence in this paper, in confirmation of the doctrines propounded in his former article. He also makes some observations respecting the deceptiveness of the sensations called "quickening;" and thus sums up his inferences:—

"The subject of pregnancy, as to its *duration* in the human female, may perhaps be considered as fully tested in the foregoing papers: facts, cases and tabular statements have been more relied on than hypotheses and arguments, and as deductions drawn from them, we may, I think, fairly give as the result that—

"The duration of pregnancy is not altogether a fixed period. It varies somewhat in the human female, as it does in the lower orders of animals.

"This deviation, however, is not to any great extent. The only *certain* data for calculation are those depending on the *known time of conception*.

"The *average* duration of the pregnant state, when calculated from this event, is about 275 days, or it may have a range from the 270th to the 280th days.

"There is no full or satisfactory evidence of gestation having been prolonged beyond 293 days.

"The code of Napoleon, which allows 300 days, and the Prussian law, which fixes the *ultimum tempus* at 301 days, may be regarded as liberal.

"The *catamenial period* must generally serve as our



guide, in default of some exact knowledge. It is, however, often fallacious, and is only a means of approximation as to the probable time of parturition.

"The fortieth week after the last appearance is the most likely period, and the forty-first the next.

"Conception may take place during an accidental stoppage of the catamenia; it may occur also without any previous perceptible menstruation.

"*Peculiar sensations*, although indicative of conception in exceptional cases, are either absent or fallacious in the great majority.

"*Quickening*, or the first appreciation by the mother of the fetal movements, may often be useful as a guide, but is not a certain one as to the exact period of gestation; it will, however, aid us as collateral evidence, and generally denotes about the seventeenth or eighteenth week of pregnancy."

#### REPORT OF THREE CASES OF ASIATIC CHOLERA.

Mr. Henry Behrend, surgeon to the Liverpool Dispensaries, reports three cases of this epidemic disease. The first case occurred in a German emigrant boarding-house, where, about a week before, two other cases of choleraic diarrhoea had also occurred, but did well. The first of the three cases manifested all the symptoms of Asiatic cholera, and eventually succumbed. Mr. Behrend remarks upon it:—

"The most remarkable feature in this case was its origin. There can be but little doubt that S— brought the seeds of the malady with him from Hamburgh, where it is at present extremely rife; and it is more than probable that the other cases would have pursued an equally fatal course had they not being checked in time. I confess that I look upon these emigrant lodging-houses with a great degree of suspicion, and believe that they will be mainly instrumental in bringing the cholera to our shores, as, in spite of all the sanitary regulations which are enforced upon them, they offer abundant facilities for the reception and spread of disease. Measures should certainly be at once adopted to check any symptoms of diarrhoea that may present themselves in immigrants from ports where the cholera is known to prevail; but this can only be effected by regulations from the local boards of health, and must be rendered compulsory upon the proprietors of the houses.

"Another point of interest is the extreme facility with which, in the first instances, the symptoms of choleraic diarrhoea yielded to the simple astringent remedies. It is I believe, generally admitted that the great majority of cases are perfectly amenable to treatment, provided they are seen before collapse has come on.

"The fatal case was as strongly and characteristically marked as any which came under the notice either of Dr. Vose or myself during the course of the last epidemic."

Mr. Behrend adds:—

"The two following cases of Asiatic cholera—one of which has already proved fatal—having since occurred in the same emigrants' lodging-house in which the case above reported took place, it is advisable to put them on record, with a view to obtaining a correct history of the epidemic.

"Ferdinand S—, aged thirty-six, a native of West Prussia, left Hamburgh on the 31st of August, and arrived here *via* Hull on the 3rd of September, in perfect health, having had no premonitory symptoms on the voyage. He supped heartily, and went to bed on the night of the 3rd in good health, but was disturbed at one o'clock A.M. by violent purging, which continued throughout the morning, and at eight A.M. vomiting came on. The evacuations consisted of a thin fluid, at first rather darkish-coloured, but speedily assuming the usual rice-water appearance, and free from albuminous flakes. At ten A.M. cramps in the legs supervened. I first saw him at this time, and found him complaining of great lassitude and weakness; he had just vomited, but neither the purging or the vomiting was continuous; pulse at the

wrist barely perceptible; surface of the skin warm and moist; voice natural but weak; extremities warm; no pain about the abdomen or chest; occasional cramps in the feet. He had taken two doses of the chalk mixture with laudanum. I ordered ten grains of calomel with five of Dover's powder to be taken every hour, and mustard-poultices to the lower extremities and abdomen.—One P.M. Decided change for the worse; quite pulseless; surface cold; skin shrunken; voice sunk to a whisper; diarrhoea and vomiting occasional; intense thirst; answers questions very reluctantly. To continue the powders every hour, and to take of the following mixture two tea-spoonfuls every hour:—oil of turpentine, two drachms; the yolk of an egg; tincture of opium, two drachms; distilled water, eight ounces: mix. Stimulant applications to the surface, and brandy to be administered internally.—Seven P.M. No improvement; state of collapse well-marked; he is roused with difficulty; voice completely lost; features pinched; eyes sunk deep in the orbits; skin quite cold; diarrhoea occasional; vomiting ceased. To continue the medicines every hour.

5th.—Nine A.M. Remains in a state of collapse; features, if anything, more shrunken; has regained his voice but speaks in a thick, husky tone; vomiting, diarrhoea, cramps have ceased; extreme weakness, and inclination to sleep. To continue the treatment, but to take the powders and mixture every *second* hour.—Three P.M. Surface of the body warmer; pulse perceptible at the wrist, but exceedingly weak; answers questions more readily, and in a better voice, but he is very lethargic; no return of the symptoms, and no complaint of pain. He has taken a little soup for the first time since the seizure.

6th.—Nine A.M. Has slept well all night, and is drowsy, doubtless, from the opium; pulse better, but still very weak; skin cool; no diarrhoea or vomiting. To continue the medicines every *fourth* hour. In spite of the large quantity of calomel he has taken, there are no signs of salivation. I have hopes of this man's recovery, though he remains in a dangerous state.

"Sophia S—, the wife of the last patient, aged thirty-four, within a fortnight of her confinement, accompanied her husband from Hamburgh here, and slept with him on the night of September 3rd, in which he was attacked. She was then in her usual state of health, and had not suffered from diarrhoea during the voyage.

"At eleven A.M. on the fourth of September,—her husband having been attacked ten hours previously, and having remained by his side during that time—she was seized with sudden vomiting and purging, but not having seen the evacuations at this time, I cannot speak as to their nature. She felt weak, and was extremely depressed in spirits, owing to her husband's dangerous state, and her approaching confinement. Ordered her the compound chalk mixture with tincture of opium in full doses, and ten grains of calomel immediately, and to be repeated every hour. The patient grew rapidly worse; her features assumed the unmistakable appearance of the true type of cholera; and when I next saw her at seven P.M. she was in the stage of collapse; tossing about in bed, and complaining of cramps in the abdomen; no perceptible pulse; surface cold; vomiting occasional; the bowels were incessantly discharging a stream of fluid, darker-coloured than in either of the preceding cases, and having albuminous flakes floating on the surface. To continue the powders, and to take the turpentine and laudanum mixture prescribed for her husband. Local and internal stimulants.

5th.—Nine A.M. The medicines were administered regularly during the night: she did not sleep; was very restless; and complained of oppression about the chest and dyspnoea; surface of the body cold; pulse imperceptible; features shrunken and rigid; the skin of the hands remarkably shrunk and blue; no evacuations or cramp during the night. She died at noon.

"These two cases differ from the first in one important point—the absence of any premonitory symptoms, the



disease not having shown itself until after their arrival here, whereas S—— had suffered from diarrhoea—slight, it is true, yet persistent—for a fortnight previous. I am, nevertheless, of opinion, that they brought the malady with them from the Continent; and, regarding all the cases as imported ones, do not apprehend the spread of the epidemic from the occurrence of these isolated examples. The chief feature of interest, in a scientific point of view, is their direct connexion with Prussia and Hamburgh, where the epidemic has been for some time known to exist."

## CONTENTS OF THE MEDICAL JOURNALS.

**Monthly Journal of Medical Science.**—(No. XLV. September, 1853.)—PART I.—ORIGINAL COMMUNICATIONS.—Case of Stricture of the Urethra which had existed from Early Infancy cured by Operation: By Kelburne King, M.D. Edin. Case of Epiphora: By Mr. Benjamin Bell, F.R.C.S.E. On the Mode of Death from the Inhalation of Chloroform: By Mr. E. R. Bickersteth. Practical Observations on Breech Presentation of the Fœtus, with Cases: By Dr. Charles Bell. On the Condition of Urine in Typhus and Typhoid Fevers: By Dr. George W. Edwards. Observations on the Blood of Cholera Patients: By Dr. W. Robertson. Observations on a Case of Fœcal Obstruction: By Dr. Christison.—PART II.—REVIEWS.—Dunglison's Medical Lexicon.—Griffiths on the Chemistry of the Four Seasons.—PART IV.—PERISCOPE.—On the Binocular Microscope, and on Stereoscopic Pictures of Microscopic Objects.—PART V.—MEDICAL NEWS, etc.—Proceedings of Physiological Society. Medical Evidence. Publications Received.

**Lancet.**—(No. XI. Vol. II. September 10, 1853.)—A Mirror of the Practice of Medicine and Surgery in the Hospitals of London. St. Thomas's Hospital: Mercurial Tremor. St. George's Hospital: Pleuritic Effusion; Death; Autopsy. Charing-cross Hospital: Purpura Hæmorrhagica in a Debilitated Subject; Extensive Sloughing of the Lower Lip and of the Integuments of the Left Forearm and Hand; Closure of the Mouth; Operation; Recovery.—Two Cases of Epilepsia Laryngea treated by Tracheotomy, with Remarks on that Operation. By Marshall Hall, M.D., F.R.S., &c. On the Duration of Pregnancy in the Human Female. By James Reid, M.D., (concluded.) A Case in which Hydatids were Discharged from the Kidney during Life. By E. H. Sieveking, M.D., F.R.C.P. On the Treatment of Bubo. By John L. Milton, Esq., M.R.C.S. Eng. General Blood-Letting; with Illustrative Cases. By W. Cumming, Esq., M.R.C.S., &c. Report of Three Cases of Asiatic Cholera. By Henry Behrend, Esq., M.R.C.S. Cases in Private Practice. By W. Tiffin Iliff, Jun., Esq., Kennington. II.—Sanguineous Effusion resembling Fungus Hæmatodes of the Thigh. Case of Operative Midwifery. By J. T. Mitchell, Esq., F.R.C.S. Long Umbilical Cord. By F. C. Gray, M.D., Sheerness.—FOREIGN DEPARTMENT.—Impending Death from the Inhalation of Chloroform; Recovery by the direct Insufflation from Mouth to Mouth, according to M. Ricord's Method.—A Bean extracted from the Bladder by the Lithotrite.—REVIEWS AND NOTICES OF BOOKS.—On Scarletina in her Majesty's Ships *Agamemnon* and *Odin*, in 1853. The Etymological Compendium, or Portfolio of Origins and Inventions relating to Language, Literature, and Government; Architecture and Sculpture; Drama, Music, Painting, and Scientific Discoveries; Titles, Dignities, &c.; Names, Trades, and Professions; Parliaments, Laws, &c.; Universities and Religious Sects; Epithets and Phrases; Remarkable Customs; Seasons, Months, and Days of the Week; Remarkable Localities, &c. By Wm. Pulleyn. Edited by Merton A. Thoms. Third Edition.—LEADING ARTICLES.—The Royal Maternity Charity: The Expediency of Substituting Skilled Assistance for Midwives. Imperfections and Injustice of the Vaccination Extension Act. Management and Governance of the London Hospitals and Medical Schools.—Statistics of Battles, Sieges, and Campaigns. Examination of the Body of the late Mr. Bransby Cooper.

**Medical Times and Gazette.**—(No. CLXVII. September 10, 1853.)—ORIGINAL LECTURES.—Clinical Lectures on the Relation of Renal Disorders to Disorders of the Stomach, and to other Acute and Chronic Diseases. By H. Benec Jones, M.D., F.R.S. Lecture I.—ORIGINAL COM-

MUNICATIONS.—Army Medical Reports. No. VI.—Reports upon the Exhausting Apparatus of Dr. Junod. By Drs. Maclean, Scott, Dartnell, and Forrest. (With an Engraving.) History of the Recent Epidemic of Infantile Leucorrhœa; with an Account of Five Cases of Alleged Felonious Assaults, recently tried in Dublin. By W. R. Wilde, F.R.C.S. Two Cases of Extra-Uterine Pregnancy, in One of which Recovery resulted, a Six Months' Fœtus having Escaped by the Bowel. By William Filliter, Esq., M.B. Lond.—NEW INVENTIONS.—Some Account of a New Ophthalmoscope. By T. Spencer Wells, F.R.C.S. (With an Engraving).—HOSPITAL REPORTS.—St. Bartholomew's Hospital: Cases of Laryngitis in which Tracheotomy was Performed. Guy's Hospital: Cases in which Tracheotomy was Performed. St. Thomas's Hospital: Chronic Laryngitis; Tracheotomy; Recovery, with Closure of the Wound—Pulsating Varix over the Bridge of the Nose; Operation; Cure. Bloomsbury Dispensary: Chronic Abscesses in the Thigh.—EDITORIAL ARTICLES.—Medical Education in India. The Cholera and the Board of Health.—REVIEWS.—A Manual of Materia Medica and Therapeutics; including the Preparations of the Pharmacopœias of London, Edinburgh, and Dublin, with many New Medicines. By J. Forbes Royle, M.D., F.R.S. The Invalid's Own Book; a Collection of Recipes from Various Books and Various Countries. By the Hon. Lady Cust. Habit, Physiologically Considered. A Lecture Delivered at the Bristol Literary and Philosophical Institution. By John Addington Symonds, M.D., &c.—PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals.—FOREIGN CORRESPONDENCE.—Medical Sketches in Germany: No. I.—Introductory.—PROVINCIAL CORRESPONDENCE.—Scotland: Doings in the North.

**Association Medical Journal.**—(No. XXXVI. September 9, 1853.)—LEADING ARTICLES.—Finance: The Journal and the Transactions Financially Considered. The Fees Received from Club Patients. Medical Students and the Gold Diggings of Australia.—ORIGINAL COMMUNICATIONS.—Notes on the Vinegar Plant: By Spencer Thomson, M.D. Clinical Illustrations of some Diseases of the Esophagus: By C. E. Reeves, M.D. Turpentine in the Treatment of Purpura: By W. Smith, Esq. Gallic Acid in the Treatment of Purpura Hæmorrhagica: By T. P. J. Grantham, Esq. Fever in Rural Districts: By W. Viner Beadle, M.D. Treatment of Chronic and other Diseases by Baths of Compressed Air: By Thomas Poyser, Esq. Pathology of Phthisis: By Cornelius Black, M.D. Case of Doubtful Sex: By James M. Churchill, Esq.—PERISCOPE REVIEW.—Practice of Medicine and Pathology: Chloroform in Hooping Cough; Constipation and Fæcal Obstruction; Turpentine Vapour Baths.

**Dublin Medical Press.**—(No. DCCLXVI. Vol. XXX. September 7, 1853.)—ORIGINAL COMMUNICATIONS.—Four Complicated Cases of Hernia. By C. Trencerry, Esq., Surgeon of the Civil Hospital, Gibraltar, and Corresponding Member of the Surgical Society of Ireland. Rare Case of Infanticide. By T. H. Babington, M.B., F.R.C.S., of Coleraine. Depression of the Skull relieved by a Novel Mode of Cupping. By S. Nicolls, M.D., Surgeon to the Longford Union Infirmary.—SELECTIONS FROM MEDICAL JOURNALS.—A Treatise on the Epidemic Erysipelatous Fever of the United States. By H. N. Bennett, M.D., of Bridgeport, Connecticut. Hydrophobia treated by Asparagus. By A. Chairetes, M.D., of the Royal Botanic Gardens at Athens. The Action of Liquor Potassæ on the Urine in Health. Influence of Human Effluvia.—REVIEWS AND NOTICES OF BOOKS.—The Decline of Life in Health and Disease; being an Attempt to investigate the Causes of Longevity, and the best means of attaining a healthful Old Age. By Barnard Van Oven, M.D., Fellow of the Royal Medical and Chirurgical Society, &c.—LEADING ARTICLES.—Leading Article. Gratuitous Advice. Medical Life in London. Killarney Dispensary.

## BIBLIOGRAPHY.

NEW WORKS IN MEDICINE AND THE COLLATERAL SCIENCES, PUBLISHED FROM THE 13TH TO THE 31ST OF AUGUST.

Medical Reform: being the Sketch of a Plan for a National Institute of Medicine. Svo. pp. 77, swd. 1s. Burton and its Bitter Beer. By J. Stevenson Bushnan. 12mo. pp. 180, swd. 1s. Physiology of Temperance and Total Abstinence; being an



- Examination of the Effects of the Excessive, Moderate, and Occasional Use of Alcoholic Liquors on the Healthy Human System. By Dr. W. B. Carpenter. Post 8vo. pp. 184, 1s.; or fine paper, cloth, 2s. 6d.
- The Code for Safety; or, the Laws of Epidemics, embracing Causes, Effects, and Aids, Preventive and Curative; together with Proofs of the Indetity of the Summer Flux and the Asthenic Bronchitis of large Towns. By G. F. Collier, M.D. 2nd edition, enlarged. 8vo. pp. 120, cloth, 7s. 6d.
- The Invalid's Own Book: a Collection of Recipes from various books and various countries. By the Hon. Lady Cust. 12mo. pp. 164, cloth, 3s. 6d.
- The Distribution of Heat over the Surface of the Globe, illustrated by Isothermal, Thermic Isabnormal, and other Curves of Temperature. By H. W. Dove. 4to. pp. 26, with map, cloth, 12s.
- The Journal of Health: a Monthly Magazine. Edited by Dr. Walter Johnson. New series, Vol. 2, 8vo. cloth, 2s. 6d.
- Electricity and Galvanism in the Treatment of Cancerous, Nervous, Rheumatic, and other Affections. By Richard M. Lawrence, M.D. 8vo. pp. 101, cloth, 2s. 6.
- The Gymnastic Free Exercises of P. H. Ling. Arranged by H. Rothstein. Translated, with additions, by M. Roth. A Systematised Course of Gymnastics without apparatus. 12mo. pp. 144, 58 illustrations, cloth, 2s. 6d.
- On the Impolicy of providing for a family by Life Assurance since the Recent Discoveries in California, &c. By James Maclaren. 8vo. pp. 60, sewed 2s.
- Cases of Consumption, Bronchitis, &c. 8vo. sewed, reduced to 2s.
- The Medical and Surgical Pocket-case Book. By James Part. Oblong 8vo. pp. 210, cloth, 3s. 6d.
- Chemistry no Mystery; or, a Lecturer's Request: being the Subject-Matter of a Course of Lectures. Edited by Dr. Scoffern. 2d edit. revised, 12mo. pp. 316, cloth, reduced to 3s. 6d.
- Introduction to Physiological and Systematical Botany. By W. Macgillivray. 12mo. cloth, reduced to 6s.
- Veterinary Art: a Practical Treatise on Diseases of the Horse. By W. C. Spooner. New edit. post 8vo. pp. 110, sewed, 2s.
- A Manual of Domestic Economy. With Hints on Domestic Medicine and Surgery. By W. B. Tegetmeier. 12mo. pp. 140, cloth, 1s. 6d.
- A Practical Treatise on Lateral Curvature of the Spine; with Directions for securing its effectual Removal. By Charles Verral. 2nd edit. 8vo. pp. 52, sd. 1s. 6d.

## THE MEDICAL MEN OF THE THREE KINGDOMS.

BY S. THOMSON, M.D.

PART V.

(Continued from Vol. II., page 412.)

Strictly to continue in the course hitherto kept by this history, we ought now to review our provincial ranks on the ground of literature, philosophy, and other superadded fields wherein medicine delights to discipline and refresh her soldiers. Were we to run off into an episode, we would not think it a breach against the species of writing we have presumed to attempt. But the genius of our history does not desire leave for any such, howsoever rightful, escapades. Could a retrospect of any part of our performance seem suited to promote the purposed end, or to introduce new lights or objects in keeping with the main design, that would be the utmost interruption we would wish to venture. In liberties of this sort we shall haply more than once beg to be indulged, not hopeless of a cheerful and generous permission, since we pretend to ourselves to have discovered a special walk of writing, destined to the use of special readers, who will be perfectly pleased to let us conduct it according to our whim.

But that is no concern of the rest of the world, where we do not at this time solicit any favour, and hence, if officious criticism should dart upon us, we will shelter ourselves within the defences put up by Le Sage, in his grand history of Gil Blas de Santillane:—"S'il y a toujours été un assez grand nombre de mauvais auteurs, il faut convenir qu'il y a toujours été bien plus de mauvais critiques."

A body of 1875 men are recalled for further inspection out of the preceding parts of our history. These are all doctors in medicine, being the whole we have been able to collect in the kingdom of England, out of 10,148 men who form the medical profession. What may be the merit of this distinction enjoyed by a fifth part of practitioners, we will not just now pretend to judge; but, doubtless, every doctor, if it be his own fancy, may be allowed to wear "a feather in his cap"—aye, even to the complexion of that of the peacock. But if they be feathers of humbler wing, provided they vary in hue according to the place from which the cap is derived, they will enable us to discern the numerous companies which compose the host. Would that we had the skill of a brigadier, to venture some evolutions of this force, with the hope to marshal it in various forms of array, and change front according to the diversity of its emblems. But, suppose it placed on the field of a kaleidoscope, we may now and then, by a fortunate turn, have an instructive manœuvre, if we will be contented with the luck of results which are beyond our ability to control.

And first thus stands the field:

### IN LONDON:

British Degrees .....	509	
Foreign Degrees.....		110— 619

### IN THE PROVINCES:

British Degrees .....	1104	
Foreign Degrees.....		152—1256
	1613	262 1875

Next thus:—

	London.	Provinces.	Total.
Scottish Degrees.....	383	1000	1383
English .....	117	90	207
Trinity Coll. Dublin.	9	14	23
Erlangen and Giessen	68	47	115
Other Foreign.....	42	105	147
	619	1256	1875

Then in this way:—

	London.	Provinces.	Total.
English Degrees.....	117	90	207
Other Degrees.....	502	1166	1668
	619	1256	1875

And again thus:—

	London.	Provinces.	Total.
Scottish Degrees.....	383	1000	1383
Other Degrees.....	236	256	492
	619	1256	1875

And once more as follows:—

	London.	Provinces.	Total.
Edinburgh Degrees .	195	596	791
Glasgow Degrees ...	35	111	146
Other Scottish.....	153	293	446
Oxford & Cambridge	58	53	111
Other English.....	59	37	96
The rest .....	119	166	285
	619	1256	1875

We shall not do more at present than lay down those few diagrams of the doctorate which we have selected, for reasons not yet to be made known, from many that occurred in the rotations of the fickle cylinder. If any one is desirous to see more of them, he may roll the instrument for himself, and make such commentaries and meditations as he pleases upon what is presented to his eye, in like manner as also what we ourselves have trans-



ferred to paper. For if we desire some further maturity of our opinions ere we trust them to go abroad, that is not to hinder a reader's turning anything in his own head which way soever he may think fit. Nor will our silence meanwhile retard the growth of this history, or make it the less complete and voluminous, for the reader's own associate thoughts, or independent lucubrations falling in by the way, will often fill up a blank, expand an idea, or illuminate a discovery, in a manner to form to himself the most pleasurable, and to us the least laborious, portion of this disquisition—such incidental musings being admitted by us to be as genuine and authentic a part of its substance as any part we may ourselves write, if they be in no way opposite to the purpose, temper, and dignity of our undertaking.

Radcliffe, Lancashire.

## The Anatomy of Quackery.

### QUACK MEDICINES, THEIR HISTORY, COMPOSITION, AND QUALITIES. NO. XXVIII.

MESSRS. R. AND L. PERRY AND CO.'S "SILENT FRIEND;" "CORDIAL BALM OF SYRIACUM;" "CONCENTRATED DEPRESSIVE ESSENCE;" "PURIFYING SPECIFIC PILLS;" AND "PREVENTATIVE LOTION."

(Continued from page 145.)

To the Editor of the "Anatomy of Quackery."

— Street, Middlesex Hospital, Aug. 31, 1853.

DEAR SIR,—I anticipate the information promised in your next paper, and, having had a little *fracas* with your heroes, flatter myself I am wiser than my neighbours. The mysterious house in Berner's-street is No. 19, the residence, &c., of Messrs. Robert and Louis Perry, significantly distinguished in the two great London Directories as "PATENT MEDICINE VENDORS," but *self-dignified* with the title of "CONSULTING SURGEONS," in their long clap-trap advertisements, and in the title-pages of their thrice beastly publications. I have pored over that valuable work, the "*London and Provincial Medical Directory*," for the last ten minutes, without finding any such names; and although Dr. R— told me that the names of *all the Quacks and odd fellows* were to be found in the "*British Medical Directory*," yet I have failed there also. Funny coincidence! My own experience, coupled with these strange facts, leads me to suspect that these "*Consulting Surgeons*" are no *Surgeons at all*, and simply *nostrum-mongers*. But, to be brief, without too great particularity, I must tell you, Mr. Editor, that owing to some strange concatenation of circumstance that fell out a little while since, with which, singular to relate, some ladies were connected (God bless them, nevertheless), I began to feel a little "queer" and "nervous." Well! what could I do? Doubt and terror seized my mind. I feared being laughed at, exposed, or neglected. In my anxiety, I looked over the columns of that moral evening journal, the "*Sun*," and as "a drowning man will catch at a straw," so I, in my unsullied verdancy, caught at the proffered assistance of the immaculate authors of "*The Silent Friend*." I determined to pay them a visit. "The will is father to the thought," but neither my will nor thoughts were sufficient to pilot me to No. 19, as I imagined, unobserved. However, the attempt must be made; and, after walking several times up and down Berner's-street, until I conceived the "coast was clear," I made a "dead bolt" to the door, and suddenly joined the class of peripatetic visitors you have so amusingly referred to. That mysterious door opened as if by magic, and a soft-tongued lacquey showed me, unasked, into the "sanctum sanctorum" of these Israelitish philanthropists. Mr. Editor, it was with fear and trembling that I took the proffered seat in that umbrageous and richly-curtained room. However, being left alone for a few

minutes, time and solitude restored my self-possession, and I began to examine the apartment in which I so strangely found myself. The room was nearly square, but the furniture and decorations were so arranged as to give it nearly the appearance of an octagon. In front was a three-sided projecting window, of enormous proportions to the room it lighted, elaborately and heavily draped with curtains of various colours. At every angle were pedestals, shoulder high, bearing busts, from that of Hippocrates to the Duke of Wellington. On either hand mirrors and gold glittered in profusion; whilst behind me stood a cabinet, of the most elaborate carved work and elegant proportions. My seat was facing the window, and before me stood a writing-table, on the opposite side of which, considerably elevated, was placed the "magician's chair." The room appeared, on the whole, of a kind that dissipated my embarrassment, and, had there been less attempt at gaudy display and effect, would have passed muster as "respectable." At length one of the doors opened, and the junior proprietor of the establishment, after saluting his visitor, took his seat in the lofty chair opposite him. His position was such that his features were turned from the light, obscured, and shaded; those of the patient, on the contrary, were in the full rays pouring in from the artfully arranged drapery of the windows opposite. This made me feel rather queer and confused, I must confess, and— \* \* \*

The party with whom I was *tete-a-tete*, was a tall-looking, moustachioed, well-oiled individual, of about the middle stature, who, if not himself a direct descendant of the patriarch, bore a remarkable resemblance to those who are so. Business was soon commenced, and interrogatory followed interrogatory in quick succession, uttered in a lisping, "stop-short" manner, rather foreign; at all events, scarcely English. Over what occurred in that mysterious chamber, I must however pass in silence. Suffice it to say, that I became possessor of a "sealed" copy of the "*Silent Friend*," a bottle of the veritable "*Balm of Syriacum*," and I know not what else. I paid the fees, ("fools and their money are soon parted"), and hastened home, resolving to swallow the "balm" wholesale.—as I was told "*I could not take too much of it*." I did so, I can assure you, Mr. Editor, as by the evening of the second day my 11s. bottle was empty, and I was about opening another. I thought this pretty well to begin with. The truth is, it is not such unpleasant stuff, tasting, as it does, not unlike peppermint cordial, with a dash of cloves and paregoric in it. However, the second night proved unfortunate for the fame of the "*Cordial Balm of Syriacum*." As the day advanced, I became restless and feverish, and these feelings appeared to increase with every fresh imbibition of the Syrian drug. Night came, and I retired to bed,—not to rest. I felt oppressed and uncomfortable. At length I fell into a half-delirious slumber, and was haunted with the most harrowing dreams and annoying priapism that can possibly be imagined. This continued until morning, when I rose, harrassed, nervous, and fatigued. I therefore determined once more to pay a visit to Berner's-street. I was proceeding thither, when I met Mr. —, a Surgeon, who, in my confusion, managed to obtain the cue to my apparent indisposition. He persuaded me to defer my intended visit, and walk home with him. I did so; and what do you think, Mr. Editor, was his advice? He said,—"*My dear fellow, your's is an imaginary disorder: you have nothing in reality the matter with you. Throw those nostrums to the dogs. Just get a tepid bath to quiet your nerves, take this blue pill to-night, and draught in the morning, and you will not need a doctor*." I followed the advice of my friend, and the second day afterwards was as well as ever. The remainder you may anticipate. My eyes were opened, and \* \* \*; but never mind the rest.

You are welcome to use this as you please.

Your obedient servant,

J. D.



Exactly so! We thank our correspondent, and avail ourselves of his kindness.

He is right. We know of only three legally-qualified medical practitioners of the name of Perry now practising in London:—John Perry, Esq., 4, Eaton Square; J. G. Perry, Esq., 12, Westbourne-street; and R. R. Perry, Esq., Hampstead.

The truth of his other statements are borne out by our own experience. On a recent occasion we paid a personal visit (incognito) to the establishment of the Messrs. Perry, and purchased both book and medicines. Things appeared to our eyes very much as our correspondent describes them, and it would be useless to go at length into details. We shall therefore merely remark, that we spent some thirty or forty minutes in the apartment alluded to by our correspondent, during which time Mr. Perry was most anxious to make a patient of us. We stated that we merely wished to purchase his book and medicines, and have his directions how to take the latter, and until we experienced the effects, we would not become a patient. We hinted at having been in communication with some of the leading members of the faculty, who had proved unsuccessful in our case. Mr. Perry assured us, in his most *insinuating* manner, that such would not be so with him, we might depend on it, and that “the medsins demselves without de advice would be no gud.” We were, however, inexorable; thinking it quite enough to pay the money for what we had received, and for which, we can assure our readers, we did not get “quid pro quo.” Subsequently, we carefully examined our purchases, and in due course shall give the results to the reader. We may add that our 11s. bottle of “Balm of Syriacum” was “sucked out” in about thirty-six hours, by a gentleman connected with our establishment, for the purpose of testing its peculiar effects, which proved on the second night to be equally disagreeable, and of the same character as those described by J. D.

In our next we shall place before our readers some curious documentary evidence in connexion with our present subject.

(To be continued.)

### PROFESSOR HOLLOWAY AGAIN!!!

The following circular, which has been recently very generally circulated by the professor, offers another example of the insinuating effrontery of the Quack fraternity; at the same time affording (as suggested by a correspondent) “a symptom of collapse in the nostrum trade from our recent exposures:”—

“224, Strand, London, Aug. 27, 1853.

“Sir,—I think it probable that you sell my medicines, and therefore I should be happy to print some of my hand-bills for you, with your name and address upon them, if you would have them distributed; and in that case, you can send me your card.

“You will please to state what you believe to be the population of your neighbourhood, and I shall then be able to form some idea of the number you require.

“I will allow 1s. 6d. per thousand for their being distributed from house to house, and send you the amount in postage-stamps. If it cost a little more than I allow to have the work well done, I am sure you will cheerfully pay it yourself, as the advantage to you would be more than commensurate with the trifling outlay.

“My bills are distributed in this way throughout every town in the kingdom, and I am informed by a great number of vendors that their sale have considerably increased by this means.

“I will send you a supply 3 or 4 times a-year, and forward the parcel to any house that you choose to name for enclosure, together with show-cards for your windows, if you require them.

“I do not wish to deprive the wholesale houses of any part of their connexion, and therefore would suggest that you continue to obtain your supplies of my medicines from

them; unless £20 worth be wanted at a time, and paid for in cash, you could do equally well with them.

“I enclose a stamped envelope to cover reply,

“And am, Sir, yours respectfully,

“JOHN DRIVER,

“for

“THOS. HOLLOWAY.”

## An Epitome of Toxicology.

DESIGNED FOR THE BUSY PRACTITIONER  
AND ANALYTICAL CHEMIST.

(COMPILED FROM THE LATEST AUTHORITIES, EXPRESSLY  
FOR THIS WORK.)

(Continued from page 166.)

ALPHABETICAL LIST OF VARIOUS SUBSTANCES, WITH  
THE CHANGES THEY UNDERGO AND THE FORMS THEY  
ASSUME IN THE LIVING BODY. (CONTINUED.)

Substances.	Transformations, &c.
Narcotic Principles...	Some suffer decomposition; the majority are eliminated in combination; form undetermined.
Nitrate of Potassa ...	Has been detected in the blood and urine unchanged.
Nitrate of Silver.....	Its action on the albuminous tissues has been already mentioned. (See Metallic Salts.) On coming in contact with albuminous liquids, a white curdy precipitate is formed, soluble in excess of either of its constituents, and in caustic ammonia and chloride of sodium. It consists of 84.5 per cent. of albumen, and 15.5 per cent. of nitrate of silver. At first this precipitate is white, but gradually becomes coloured, and ultimately blackish, owing to the partial reduction of the silver. Similar changes take place when it is applied externally, either to the moist sound skin, to a mucous surface, or to an ulcer. In the primæ viæ it seems to form both albuminates and chloride, by which its action is modified. The slate-colour or bronze tinge it sometimes imparts to the skin, when long exhibited internally, appears to arise from the deposit of the chloride of silver in the corion, and in some instances in the cuticle and corpus mucosum, where it gradually becomes darkened. (1) In hair dyed with this salt, the dark colour is owing, partly to the reduction of the silver, and partly to the formation of the black sulphuret of silver, at the expense of the sulphur of the hair. It has been detected in the solids, the blood, and the urine.
Nitric Acid.....	Stains the skin yellow, owing to the formation of xanthoproteic acid. Forms compounds with albumen; insoluble when there is excess of acid; unites with the saline matter of the primæ viæ, and enters the circulation in a neutral form; eliminated chiefly by the kidneys, partly in combination, rendering the urino acid. (See Acids.)
Non-Metallic Com- bustibles .....	} These form combinations with hydro- gen, oxygen, &c., in the system. (See Sulphur and Phosphorus.)

(1) Dr. A. T. Thomson.



Nux Vomica .....	This drug owes its poisonous properties to the presence of strychnia and brucia. (See Strychnia.)	Purgative Principle..	Several impart their properties to the milk; many have been detected in the secretions. (See the individual names.)
Opium.....	The part the proximate principles of opium play in cases of poisoning with this drug, are still undetermined. It acts principally upon the cerebral lobes; (1) it has been attempted to identify its action with that of alcoholic liquors, but there is a marked difference between the action of these two classes of substances. (2) Its odorous principle is eliminated by the kidneys, slightly altered; its narcotic principle has also been detected in the urine, and in the milk.	Pepper (odorous principle) .....	Appears in the breath, blood, and urine, slightly changed.
		Port Wine (colouring principle) ...	Eliminated by the skin and kidneys, slightly changed.
		Prunes (colouring principle) .....	Eliminated unchanged.
		Potassa .....	Combines with the acids of the primæ viæ, and decomposes and combines with the albumen and fibrine of the tissues and fluids, forming soluble compounds; unites with fat, forming an emulsion which readily permeates the membranes. It has been detected in a neutral condition in the blood; eliminated chiefly by the kidneys, partly in combination, and partly as carbonate, &c. One drachm of carbonate of potassa daily rendered the urine alkaline; (1) two drachms of carbonate of potassa rendered the urine alkaline in six minutes. (2) The <i>carbonate</i> is less active than the caustic alkali, and the <i>bicarbonate</i> still less so than the carbonate. (See Alkalies.)
Odorous Substances..	Many reappear in the urine slightly altered, and have been detected in the blood and perspiration; some of those that are volatile also appear in the breath. This is the case with Fennel.	Potassium ... ..	Metallie potassium has never been used as a poison. The <i>iodide</i> has been detected in the blood, urine, milk, nasal secretion, tears, and viscera, unchanged. The <i>sulphuret</i> has also been detected in the blood and the urine; in the latter partly unchanged, but chiefly converted into sulphate of potassa; it imparts the odour of sulphuretted hydrogen to the breath.
Oils (fixed) .....	Some (as that of almonds) pass by the kidneys, unchanged, another portion escaping with the alvine evacuations, whilst a part probably suffers combustion in the system, or becomes appropriated.		
Oils (volatile) .....	Most of these pass by the kidneys slightly altered, and several are also eliminated by the breath and perspiration.		
Onions (odorous principle) .....	Reappears in the breath, perspiration, and urine, slightly altered.		
Oxalic Acid .....	Has been detected in the blood, and in the urine, in combination with an alkali. (See Acids.)		

(1) MM. Desportes and Flourens.  
(2) Orfila.

(4) Mascagni and Wohler. (5) Brande.

## MEDICAL BIOGRAPHY.

THE great interest which has been excited in the Profession and among a large section of the community by the publication of the Portraits and Biographical Sketches of Members of the Medical Profession in this Journal, leaves no doubt that their *re-publication*, in a separate form, will receive considerable support, not only from those who are individually interested, but from their numerous connexions, who naturally take pride in seeing a faithful record of the attainments, the status, and the good deeds of those for whom they feel affection or friendship. This laudable feeling is associated with a higher pleasure when such Biographies tend to the advancement and instruction of mankind, which must be especially the case with those which relate to persons engaged in a noble and eminently useful profession. The first Volume will include the Biographical Sketches of Members of the Profession, which have already appeared in the "Medical Circular," in addition to many others now waiting their turn, agreeably to the alphabetical arrangement of the "London and Provincial Medical Directory."

Further particulars of this important and most interesting Work will appear in a future Number.

## NOTICE.

Our next Number will be our "STUDENT'S NUMBER," and will contain an address to THE STUDENTS, by GEORGE ROSS, Esq., the Editor of the MEDICAL CIRCULAR, together with a SYNOPSIS of the MEDICAL SESSION 1853-4, and a full account of the regulations of the LICENSING BODIES, HOSPITALS AND SCHOOLS.



## Biographical Notices.

### ADAIR CRAWFORD, M.D.

Dr. Adair Crawford took his degree at Edinburgh, in the year 1820, and became a member of the Royal College of Physicians in the year 1830. He now occupies the post of Assistant-Physician to the London Fever Hospital. He has resided in St. Petersburg, and is a member of the Imperial College of Physicians of that city. In 1848 he published his "Observations on the Cholera in St. Petersburg." He is also the author of a treatise on "Inflammation of the Brain," and of the article "Inflammation," in the Cyclopædia of Practical Medicine. He resides at No. 3, St. James's-street.

### MERVYN ARCHDALL NOTT CRAWFORD, M.D.

This gentleman, although a Physician to one of our Metropolitan Hospitals, is not very generally known. He is a graduate of Cambridge, where he took his degree in 1839. He is also a Fellow of the Royal College of Physicians, and a Fellow of the Royal Medical and Chirurgical Society. Dr. Crawford is Physician to the Middlesex Hospital, and Lecturer on the "Practice of Physic" in the Middlesex Hospital Medical School; and was formerly Physician to the St. George's and St. James's Dispensaries. He resides at No. 62, Upper Berkeley-street.

WM. EVERARD CREASY, ESQ.

JAS. JOSEPH CREGEEN, ESQ.

H. NELSON CRELLIN, ESQ.

WM. CRELLIN, ESQ.

JOHN CRESSWELL, ESQ.

(Vide "London and Prov. Medical Directory, 1853.

### EDWARDS CRISP, M.D.

Dr. Crisp is one of the few gentlemen who have emerged from the shades of general practice into the more conspicuous ranks of the consulting Physician. He did not take up this position, however, without being subjected to some trials, which, under a better system of medical discipline, he would not have undergone. We think it always a creditable ambition when a Surgeon manifests a desire to rise to the higher ranks, and to pursue his avocation in a more scientific spirit than he is able to indulge amidst the routine and hurry of general practice. It is to be regretted, therefore, when unnecessary obstacles are interposed to the accomplishment of an ambition so honourable; and we are satisfied that the antiquated ordinances that prevent some of the ablest and most experienced among the general practitioners from participating in the honours and advantages of a connexion with the Royal College of Physicians, are as injurious to the interests and influence of the College itself, as pernicious to the social and moral tone of the profession at large. While laws are made purposely to degrade to a low level the large bulk of the profession, with what decency can the "pures" charge them with being degraded? Fortunately, the profession is rising in estimation, despite the oppressive Acts and Charters which fetter the energies and depress the ambition of its members. Many of the most enlightened men of past times,—we might almost say the majority,—have risen out of the degraded ranks: they were neither the nurslings of Universities nor College pets, but industrious, thoughtful, and experienced general practitioners, whose talents and ambition commanded the respect of the public, and exacted too often a tardy and meagre recognition from the exclusive dispensers of professional honours. From such men have issued that vigour and originality of thought which have preserved to this day nearly all that is worth recording of the labours of the College of Physicians during the past century.

The subject of our sketch was born at Rendlesham, in Suffolk, his father being a large agriculturist in that

county. He is the eldest of eleven children, one of whom, Edmund Crisp, was drowned in the attempt to save his servant from the same death. He has two brothers in the profession,—Mr. F. Crisp, of Walworth; and Dr. H. Crisp, Assistant-Surgeon to H.M. 64th Regiment.

Dr. Crisp received his preliminary education at the Ipswich School, then kept by the Rev. W. Howarth, and became a pupil of the late Mr. Crevan, Surgeon, of Long Melford, Suffolk, with whom he remained four years. During the years 1826 and 1829 he passed his professional studies at St. Bartholomew's Hospital. During this period, in 1828, he passed his examination at Apothecaries' Hall, and in 1829 became a member of the College of Surgeons. After receiving his diploma, Dr. Crisp spent several months at the Schools in Paris, and subsequently commenced practice, in April, 1829, in the Camberwell New Road. He removed to Walworth in the following year; and, after a successful career as a general practitioner, left in September, 1847, Mr. Charles Taylor, of Camberwell, and his brother, Mr. F. Crisp, succeeding to his practice,

The greater part of the following year, 1848, Dr. Crisp spent in Dublin and Edinburgh, for the purpose of seeing the Hospital practice in those cities; and graduated at St. Andrews in the month of August in the same year. At this period those events occurred which have attached an unusual interest to Dr. Crisp's name. Naturally anxious to be admitted into the Royal College of Physicians of London, he offered himself for examination, but had the misfortune to be rejected, as it was stated, "for want of practical knowledge." Though rejected, Dr. Crisp was not overcome, and he published in self-defence, "The Examination of a Rejected Candidate at the College of Physicians, London; and an Examination of the Examiners." The press engaged in the controversy; and imputations of personal prejudice were freely applied to one of the members of the Examining Board. We will not disinterment the ashes of this dispute; the Examiners were harsh, and Dr. Crisp indignant; and the result was, that the College of Physicians have been very cautious in the exercise of their powers since that time, and we believe have desired to act in a more liberal spirit.

Notwithstanding his rejection, Dr. Crisp commenced practice as a Physician, in Parliament-street, in April, 1849, and was elected Physician to the Metropolitan Dispensary, in Fore-street, in the same year.

Dr. Crisp has been a frequent contributor to the medical periodicals, and has enjoyed also the honor and the misfortune of editing a journal,—the "London Medical Examiner,"—which was started in 1850, but only two volumes, we believe, appeared. "*De mortuis nil nisi bonum*," and we can say, with pleasure and truth, that this periodical contained some interesting articles, chiefly from the pen of its Editor. Some of Dr. Crisp's contributions to medical literature have been both curious and valuable, and certainly indicate no "want of practical knowledge." He published in the "Lancet," from 1830 to 1847, the following cases, among others:—Impervious Colon, Congenital; Poisoning by Prussic Acid, the Patient after taking the Poison exercising the Power of Volition; Bronchial Inflammation, with the Formation of False Membrane (Croupal); Fatal Epistaxis in a Woman 40 Years of Age; Sudden Death from Rupture of one of the Aortic Valves; Puerperal Convulsions, with Albuminous Urine; Croup, recommending large and repeated Doses of Calomel and Tracheotomy as a last Resource.

Also Essays on Cerebral Disease, with deductions from several cases; Arteritis and dry Gangrene; Gall Stones, with Statistical Deductions; Perforations of the Stomach from Simple Ulceration; on Polypus of the Uterus. (Trans. of the Medical Society of London, 1843.)

He obtained the Silver Medal at the Medical Society of London, 1843, and the Jacksonian Prize on the "Structure and diseases of the large Blood-vessels," 1845. The latter work was published in 1847, and translated into German (Berlin), 1849. The Spanish translation (Madrid)



is nearly completed. An Appendix to this work was published in 1852.

The following interesting cases and specimens of lesions of the vascular system, were exhibited at the Pathological Society of London, 1846 and 1847 (*vide Transactions*): Spontaneous Rupture of the left Ventricle of the Heart; Absence of the Pulmonary Artery; Heart consisting of a Single Ventricle; Eccentric Hypertrophy of the Left Ventricle of the Heart; Ossification of the Coronary Arteries, producing Angina Pectoris; Strangulated Crural Hernia, the Stomach being in contact with the Pubes; Lungs, and Trachea of a Child after Tracheotomy for Croup; Large Polypus of the Uterus removed by Ligature; Bony Testicle of a Ram weighing 10 ozs., and several Specimens (10) of Disease in the Lower Animals. 1853.—Ossification of the Peritoneum, with the Microscopical Examination of Analogous Structures; Two Specimens of Malformations of the Umbilical Cord; Tuberculated Deposit in the Lungs, Liver, and Spleen of an Infant; Heart of a Child converted into Adipocere after being in a Bottle for several years.

In the "London Medical Examiner" he published the following Essays:—Cholera, with the Occupations of 4,258 persons, from the Registrar General's Reports; Spontaneous Rupture of Ovarian Cysts, with Statistics; Croup, with 17 Cases treated by the Author; On the Causes of Instant Death; On Intestinal Worms; Sketches of the Schools, Hospitals, Medical Institutions, and Periodical Literature of London, Dublin, Edinburgh, and Paris; On the Beneficial Influence of Tar in the Treatment of Cutaneous Diseases; On the Abandonment of Blood-letting in the Modern Practice of Physic, and its Injurious Results; The Histories of the College of Physicians, Surgeons, and of the Apothecaries' Company, with some other articles. The five last Essays are published separately. In April, 1852, he was the successful candidate for the Jacksonian Prize on "Intestinal Obstructions within the Abdomen."

Besides the foregoing Cases and Essays, Dr. Crisp has read many papers at the London Medical Society. He is a Fellow of the Zoological Society, the annals of which contain many interesting communications from him, relating to the anatomy and physiology of animals.

Dr. Crisp has been a diligent student and practitioner, and has done much towards generalising our information on many subjects, as well as extending it by communicating many important facts in science and practice. The College of Physicians would certainly not have sustained any loss of dignity or usefulness by admitting him to their privileges; for most assuredly they retain among them many men who, notwithstanding their University education, and their "practical knowledge," have not given many proofs of being capable either of adorning the science of medicine, or of upholding the dignity of the College. We trust that Dr. Crisp has forgotten the slight, and that the College has repented of its haste.

**THE CONTAGIOUS INFLUENCE OF CROUP.**—The son of a highly-esteemed practitioner of Paris, M. Blache, has just met with an untimely death by closely watching a child suffering from croup, who was under his father's care. The little patient, aged nine years, had had very severe symptoms of suffocation, and M. Blache had performed tracheotomy; the son, himself a very promising house-surgeon to a Paris hospital, was entrusted with the watching of the child at this critical period. The poor young man took the disease, and died in three days, the patient succumbing soon afterwards. The profession in Paris have expressed unfeigned sympathy for the bereaved father.

**MONUMENT TO DR. JENNER.**—His Royal Highness Prince Albert has transmitted 25*l.* to the Committee for the proposed monument to Dr. Jenner. The statue is to be a colossal bronze figure, and is to be erected in a conspicuous part of the Metropolis. The model has been designed by W. C. Marshall, R.A.

## Correspondence.

### ON UTERINE HYDATIDS.

*To the Editor of the "Medical Circular."*

SIR,—Having found that, although some cases of Uterine Hydatids are simple in their character, the hydatids being expelled by the contraction of the uterus, and healthy action ensuing, yet as some cases have occurred to me which were tedious in their cure, or led to such disorganization of uterine structure as to cause the loss of life, I thought examples of such might not be unacceptable.

One of the simple cases is that of Mrs. B., aged 45, mother of several children; suffering under no general weakness, yet as it was the period of the cessation of the menses, considerable discharges of blood took place. The usual remedies for hæmorrhage were given, which arrested its flow only for a short time. The uterus acted on its contents with pain similar to labour; more than a quart of hydatids were thrown off, like small bunches of grapes, enveloped closely in membrane; and the patient, with generous diet and ferruginous tonics, was gradually restored to health.

In another instance, a woman, who was the subject of tetania, and had at different times thrown off from the uterus hydatids, becoming pregnant, was delivered of a living child, a long continued convalescence following.

The following is a case of a more tedious nature:—Mrs. W., aged 48, of a delicate habit, was the subject of severe uterine hæmorrhage, which left her considerably debilitated; but, for the last two months previous to my being called in, had been troubled with morning sickness, and a return of what she considered menstruation every fortnight; she felt faint upon using any exertion, complained of the hæmorrhage and of a weight upon the right side of the lower bowels, with a constant feeling of gnawing and irritation, and incapacity of lying on the side affected. The breasts were sore, with a sense of burning heat across the chest; a humour exuded around the nipples, and from one nipple a coral-like feeling extended to an enlargement of part of the breast. The gums had a red line around the junction with the teeth; the tongue, though moist, had a livid appearance; there was occasional vomiting, and constant spitting of glairy mucus; the bowels irritable; urine, small in quantity, loaded with lithates, and there was a tendency to anasarca—these forming the sympathetic symptoms which are manifested in cases of uterine hydatids. She was suddenly seized with profuse hæmorrhage, with great bearing down; more than a quart of uterine hydatids were thrown off from the womb, all clustered together, and attached to a body of cellular tissue; afterwards followed a membrane enclosing a flocculent body, like the placenta, probably a blighted ovum, but, from the weakness of the part, unable to be formed. After this the stomach ceased to throw off any glairy mucus; and the heat and tenderness of the breasts left her.

In the first instance, as the hæmorrhage was considered to be the result of the cessation of the menses, the *secale cornutum* and *matico* were given; but, as usual in all these cases, they failed to have any effect. Astringent lotions were used, and tonics of sulph. ferri with conium administered, but the effect was very partial, and the case was not clear until the discharge of the hydatids. After they were discharged, tinct. lytta, given every four hours, arrested the hæmorrhage, and increased the action of the kidneys from half-a-pint to three quarts of urine, thus relieving the general system. A throbbing and mucous discharge continuing, they were met by belladonna and zinc, suppositories or pessaries. Port-wine and quinine were given daily, but it was six months before her general health was restored.

Mrs. P., aged 30, the mother of one child, supposing herself pregnant, sent for me, being attacked with pain



similar to labour pain, but I found there was only a mucous discharge, with some membrane floating in it. The discharge continued at intervals, and in a fortnight afterwards, being seized with sudden pain, three quarts of hydatids were thrown off, and the patient immediately sunk.

The *post-mortem*.—The uterus showed, from the constant irritation of the hydatids producing slow inflammatory action, complete destruction of its organization, the uterus itself being about the size of a child's head, and its parietes thickened about an inch by fibrinous deposit. It was like buffy white leather, perfectly bloodless; and its inner surface, where the hydatids were attached, had the appearance of a honeycomb. I consider the patient to have lost her life from the general sympathetic irritation and disorganization of the uterus.

I am, Sir, yours, &c.,

W. MONDAY, M.R.C.S.

Keanington.

## Medical Notes and Queries.

### NOTE.

AQUA BENEDICTA.—There appeared in the "Times" of November 25, 1852, a report of the trial, before Mr. Baron Alderson, Old Court, of an *Irish* girl, named Johanna Connell, for the murder of George Lapham, an infant, seven weeks old, by administering to him a quantity of oil of vitriol. From the history of the case it would at once appear, to an *Irish* reader, that the misfortune was entirely accidental, being the consequence of the blunder of a silly but warm-hearted female, in exhibiting oil of vitriol in place of *holy water*, which latter her education had taught her to believe an almost infallible remedial agent. Notwithstanding, had the evidence been sufficient to bring home the cause of death to the action of the acid, the life of this innocent person would likely have been forfeited (not to the laws of her country, but) to the ignorance of the court, exemplified in the following quotation: "Mr. Sleight asked his lordship to put to the witness the question whether the prisoner had not talked of administering 'holy water' to the child as a certain means of cure. Baron Alderson said he would not put such a question. *He did not think anybody would be so stupid as to say such a thing.*" (!) Now, be it known to the jurists of England, that, by the *Irish*, chloride of sodium is more highly valued, as a medicine, than all other drugs together, and, strange to say, in the *ipsissima forma* treated by Baron A. with such unmitigated contempt—*holy water*. Millions of the *Irish* peasantry, and thousands of a higher grade, are in the daily habit of saturating their systems, by the internal and external application of this divine solution, both as a prophylactic and as an antidote against all the ills, whether moral or physical, to which flesh is heir. We do not treat the *cold-water* advocates with contempt, neither should Baron A. have flouted the poor *Irish* girl's faith in her favourite *salt-water* lustration. Did she not follow the example of the ancient Greeks and Romans, whom from infancy we have been taught to venerate? What were their *Catharsion Hudor* and *Aqua Lustralis* but the *holy-water* of Old Ireland, in both composition and application? But we may have too much of a good thing, and it is, I believe, a fact, that of the treatment of certain diseases we, in Ireland, know less than do many practitioners in other parts of the empire. We have too seldom an opportunity of acquiring experience in the treatment of disease of which *spasm* or *delirium* forms the prominent feature. To have the patient's chamber sprinkled with "*holy water*," and to put him through a thorough course of the sacred mixture, is, in such cases, the usual practice of the people; which failing, he is, in most instances, abandoned to his fate, and treatment not sought or permitted, even when it could be had gratis! In my immediate vicinity, and, as it so happened, about

the time of the above display of judicial acumen, two instances occurred in which oil of vitriol was employed, by mistake, for "*holy water*." In one, by a mother, an involuntary homœopath, who douched her infant with the sulphuric "*fire-water*" as a remedy for a trifling scald; and in the other, by the proprietors of "*an ould runt iv a cow*," whose dorsal region received a copious libation of the supposed mystic element. "What the d—l can be the matther wid the cow?" screamed Judy, as the agonised animal commenced a series of uncouth gymnastic feats; "What, in the name iv wondther, can be the raison iv such infarnal hathred to the blessed wather?" "Och! have ye no gumption at all at all," replied Paddy. "Don't ye know, ye ould fool, that her late owner was a bloody Orangeman?" The Orangeman is supposed to be the sole *Irish* contemner of the *aqua benedicta*; and, when speaking of labour lost, it is usual to add, "you might as well seek *holy water* in an Orange lodge." Truly, between our affection for the *eau benite*, *eau benite de cour*, and *eau benite de cave*, the "*Ould jim o'the say*" may still be held, *par excellence*, the "*Island of Saints*."

T. M.

August 26, 1853.

## Hospital Reports.

### ST. MARY'S HOSPITAL.

*Perineal Section.—Puncture of Bladder, etc., etc.*

On Wednesday, Aug. 19, several very interesting cases were submitted to operation at this hospital. The patient first brought into the theatre was a stout, middle-aged woman, in robust health. Over the middle of the lower part of her back was a large, solid feeling, and moveable tumour, which, from its position and contour, forcibly suggested to those who had not handled it, the idea that it was a *spina bifida*. Chloroform having been administered, Mr. Coulson made a vertical incision on each side of the mass, and connected the two by a transverse one across its middle; he then dissected the flaps upwards and downwards, and the tumour thus exposed was with the greatest facility turned out from its bed. It proved to be a solid, almost globular fibrous growth, the size of two fists, circumscribed and enclosed in a tense glistening capsule. Its surface and section were white, and very little vascular: the latter was crossed in various directions by radiating bands of fibrous tissue, and showed one or two small cavities containing serum. As the tumour had possessed almost no connexion with the surrounding parts, very slight bleeding had resulted, and the edges of the wound having been carefully brought together by sutures, Mr. Coulson proceeded to make some clinical comments on the case. He stated, that he had never before seen removed so large a tumour of the ordinary hard fibrous kind from the surface of the body. There had been but little difficulty in forming a correct diagnosis before the operation, as the history given, and the entire absence of symptoms referable to disease of the nervous system, rendered it almost certain that it had no connexion with the spinal canal. The woman had considered it of five years' growth, and referred its origin to an injury she had received. With respect to the H-shaped incision which had been practised, Mr. Coulson stated that he was indebted for the suggestion to Mr. Haynes Walton, and had, in many cases of large outgrowths, found the operation much expedited by adopting it in preference to those in common use. In the present case, if he had known how slight were the connexions which the tumour had with the surrounding parts, he should scarcely have deemed it necessary to make such a free exposure of it.

The second case was one of epithelial cancer of the glans and prepuce in a man of middle age. Mr. Coulson amputated the penis in the usual way, about an inch from the pubes. He afterwards stated, that the patient had enlarged glands in each groin; but, in the hope that these



might depend on "simple irritation," it had been deemed right to give him the chance of relief afforded by a removal of the primary disease.

The patient next placed on the table, was a man who, for several years, had suffered from obstinate stricture of the urethra, in two different parts of its course; and also from a fistulous opening communicating with the penile portion of the canal just anterior to the scrotum. The most anterior of the two contractions, both of which were long and very gristly, was just in front of the fistula, and had been cut through from without, in another hospital, two months previously. The deeper stricture was in the bulbous urethra, and was so close that a No. 2 sound could but just be introduced, while a No. 4 passed readily through the front one. Mr. Coulson stated his belief, that the want of complete success which had attended the former operation, had been due to the circumstance, that the posterior stricture had not been treated, and that remaining, it had sufficed to keep the whole canal in an unhealthy and irritable condition, unfavourable to recovery. He had, therefore, decided to re-divide from the fistula the front stricture, and also from the perinæum to cut through the one situated in the bulbous urethra. ("Syme's perineal section.") Chloroform having been given, and a small grooved staff passed into the bladder, Mr. Coulson made an incision through the integuments, etc., from the posterior verge of the scrotum in the median line backwards, and then dissected inwards to the staff. Having reached the latter, he entered the membranous urethra behind the stricture, and then turning the edge of the knife forwards, he divided the whole length of the stricture, which was, he stated, of cartilaginous hardness, and nearly an inch long. This done, Mr. Coulson made an incision, in front of the scrotum, into the urethra, and freely divided the stricture there situated. The knife used was exactly similar to that employed by Mr. Syme, a small, straight-backed scalpel. A director having been passed through the perineal wound into the bladder, the staff was withdrawn, and a full-sized silver catheter introduced without difficulty in its stead. The bleeding had been but trifling. The patient having been removed to bed, Mr. Coulson made some short remarks on his case, alluding, among other things connected with the operation, to a very ingenious suggestion, by Mr. Haynes Walton, by which a flexible catheter, instead of a silver one, might be easily introduced, and the necessity for keeping a director in the membranous urethra, during the change of instruments, done away with. Mr. Walton was afterwards kind enough to show us his modified instrument for this purpose. It consists in an ordinary small staff, such as that used during the operation, the handle of which may be screwed off, and replaced by a slender metal rod, over which a silver-pointed gum-elastic catheter, of any size, open at the end, may be easily passed into the bladder, after which, the metal staff is withdrawn, and re-introduced as often as it may be necessary to change the catheter. This suggestion appears to be a very valuable one, and, as will be seen, it may be adopted, not only in the difficulty just alluded to, but in any case in which difficulty is apprehended, in effecting the change of an instrument already introduced into the bladder.

The fourth, and last, case brought into the theatre was a puzzling and very unpromising one. The patient, a poor cachectic man, worn down by his disease, had urinary fistulæ in almost all possible directions. They opened in the penis, scrotum, and perinæum, above the pubes, and by the side of the rectum; the surrounding parts were swollen, and much distorted by solid œdema, and the canal of the urethra was so irregular that it had been found impracticable to introduce any instrument into the bladder. Mr. Coulson stated, that it had been suggested to him to lay open the membranous urethra, in which, probably, the original stricture existed; but from a consideration of the difficulties which frequently attended a search for that canal in cases where no staff could be passed as a guide for the knife, especially in the midst of

such a mass of disease as that presented by the perinæum in the present instance, he had been induced to decline the attempt, and had decided to puncture the bladder by the rectum. The hopes entertained from the latter measure were, that the urethra being freed from the irritation of the urine, might recover itself to some extent, perhaps sufficiently to permit of the introduction of an instrument into the bladder, and that, meanwhile, some of the sinuses might heal, and the general swelling of the parts have time to subside. The operation was performed in the usual manner, a long curved trocar being used, the canula of which was afterwards left in, and retained in position by means of tapes. Only a very small quantity of urine escaped, the bladder having been probably nearly empty.

Sept. 1.—The patients in the first two cases above alluded to are now nearly convalescent, and the latter two have progressed thus far very favourably.

#### ST. BARTHOMEW'S HOSPITAL.

*Large Bursa containing Solid Bodies beneath the Deltoid Muscle—Treatment by Free Incision.—Recovery.*

[Under the care of Mr. STANLEY.]

Elizabeth Gardiner, aged 11, a healthy-looking girl, was admitted in June, 1853, on account of a large bursal tumour beneath the upper part of the right deltoid muscle. It could be felt on each side of the muscle, but was most prominent in front of its inner margin, from under which it projected as a fluctuating bag, in which some small solid bodies could be easily felt. The fluid could be very readily pressed from one side to the other, and also appeared to pass up under the acromion, and in close proximity to the shoulder-joint. The patient stated, that she had been accustomed to carry very frequently a heavy basket on the affected arm, and knew of no other cause for the appearance of the disease; she had been induced to apply for advice on account of the pain and inconvenience which had attended it. It had existed, without material alteration, for nearly six months. There was no doubt as to the diagnosis; but the question of treatment involved much difficulty, from the danger of setting up inflammation, which might extend to the joint. Mr. Stanley preferred to keep the child under observation for a time, and to make a trial, however unhelpful, of the milder remedies in vogue before resorting to operative procedures; he therefore directed the application of blisters to the part, and, subsequently, of a strong solution of iodine. Probably on account of the solid bodies which it contained, and which kept up irritation, no improvement resulted from the use of these, although during their trial the arm was regularly kept at rest in a sling.

On June 16, therefore, Mr. Stanley made a small incision into the front and most prominent part of the swelling, and, having allowed a considerable quantity of glairy fluid to escape, and thus confirmed the diagnosis, he freely enlarged the opening with a bistoury, until the wound was at least two inches long. About a dozen melon-seed-like bodies were removed. A piece of wet lint was laid over the part, and the patient confined to bed, with the shoulder resting on a pillow. No undue constitutional disturbance followed the measure, and, in the course of a few days, healthy and profuse suppuration was established from the cavity, which continued for several weeks. The whole afterwards filled up by granulation. There was no affection whatever of the shoulder-joint; and in the beginning of August the patient was discharged, quite well, and with the bursal sac permanently obliterated.

*Large Anastomotic Aneurism on the Scalp.—Treatment by Ligature, etc.—Recovery.*

[Under the care of Mr. STANLEY.]

James Casey, aged 15, a stout and very robust lad, was admitted April 11, 1853. Nearly in the centre of the vertex of the head, but inclining a little to the right side, was a pulsating vascular swelling, of an oval shape, and



measuring about three inches in length by one and three-quarters in breadth. Its borders, however, were not well defined, but irregular and terminating in various parts in the large dilated trunks by which it was fed. These vessels, which entered the mass from several points, but in greater number on the right side than elsewhere, usually consisted of a large artery, and by its side a much larger and varicose vein. They could be traced from the tumour to considerable distances, often as far as several inches, their distribution coinciding with that of the various branches of the occipital, supra-orbital, and temporal arteries. The tumour itself was in its centre half an inch or more in thickness, and felt to the touch as if made up of a congeries of inosculating vessels of very various sizes, and some of them quite large. It appeared to involve only the scalp, and was slightly moveable on the subjacent bone. The hair grew freely over almost its entire surface, excepting in one or two small portions, where the cuticle itself was vascular and discoloured as in cutaneous nævus. The pulsations were of considerable power, but by pressure they might be overcome, and the tumour emptied, to refill, however, on the removal of the hand. This process of redistension was accomplished, not by a sudden gush, but a progressive swelling out from different quarters of the tumour. The history given by the patient, a not very intelligent lad, was, that it began to form six years ago, and was still gradually increasing in size. His mother was not aware that there had been anything of the kind in the scalp during infancy. It had not produced any inconvenience until quite latterly, when, on two occasions, from a slight scratch while combing the hair, it had bled profusely.

There appeared little doubt but that this tumour was an example of the anastomotic or branching aneurism, consisting of a congeries of enlarged arteries, veins, and capillaries, the two former being probably freely connected by anastomosis. The question of treatment was, however, one involving some difficulty, and respecting it, a consultation was held, in which most of the surgical staff of the hospital took part. Among the measures proposed were, first, the excision of the tumour and ligature of the surrounding vessels; but opposed to this, was the risk of extremely profuse hæmorrhage during the operation. Secondly, the ligature of the various trunks by which the supply of blood was kept up, or the ligature of some of them, and the oblitative compression of others,—a suggestion which was negatived, on account of the great and indefinite number of the vessels involved, taken in conjunction with the consideration that they had probably dilated only in order to supply the demands of the diseased structure, and that, consequently, if cut off, they would be soon replaced by others. In like manner, being in doubt as to the probability of a successful result, from compression of the whole mass, and in fear of the effects of injecting it with any irritating fluid, Mr. Stanley declined the adoption of those plans. After much consideration, it was ultimately decided to operate as if for nævus, by placing a ligature round the base of the whole tumour.

On April 25, accordingly, the patient's head having been previously shaved, he was brought into the operating theatre, and placed under the influence of chloroform. A strong needle, armed with double whipcord, was then passed through the short or transverse diameter of the tumour; a tolerably free incision through the scalp was next carried round it, and its two halves separately tied. On account of the thickness of the structures included in each ligature, it was necessary to use great force in drawing them tight. During the application, they were prevented from slipping out of the line of the incisions previously made by means of needles, which had been introduced so that their projecting ends might serve to direct the cord into the wound. To the mouths of two vessels which had been wounded by the incision, and seemed inclined to bleed freely, separate ligatures were applied. Compresses of wet lint were laid over the part, and the patient sent back to bed. On recovering from

the effects of chloroform, he complained of some, but not very severe pain; it was sufficient, however, to cause him to sleep badly on the following night. No notable amount of constitutional disturbance followed; and as the sloughing advanced, the pain became relieved; the patient had throughout no head symptoms. About the tenth day the ligatures came away, and the destruction of the posterior segment of the tumour then appeared to be complete. A small portion, however in the centre of the anterior half, had escaped the influence of the ligature; and as the sloughing parts around became removed, was found to retain its vascular and pulsatile characters. It afterwards somewhat increased in size, and, about six weeks subsequent to the first operation, the greater part of the surface having in the meantime scarred over, Mr. Stanley injected this remaining portion with about a half a drachm of the acid solution of the perchloride of iron. Instead of simply coagulating the blood, this measure caused sloughing of the part immediately concerned, and severe erysipelatous inflammation of the scalp surrounding it. Abscesses formed over the forehead: and, on account of the sinuses left in various directions by these, the patient has been kept under treatment in the hospital until within the last few weeks. When discharged, however, he had quite recovered his health, and the cure of the original disease was perfect, a healthy cicatrix having taken the place of the vascular mass on the scalp. The enlarged trunks, which before the operation crossed the scalp on all sides, for the supply of the tumour, had become contracted in size, and were scarcely to be found.

#### STATISTICS OF BATTLES, SIEGES AND CAMPAIGNS.

[FROM A CORRESPONDENT.]

Referring to the circumstances of military service in various countries and in different climates, it may not prove uninteresting here to quote the results of some battles and campaigns in the East Indies, as compared to similar results in Europe.

At Waterloo, the Duke of Wellington }  
lost in the proportion of ... .. } 1 to 6

The Indian returns show the following ratios:—

1803.	Assaye	...	...	...	...	1 to 3
1804.	Dieg	...	...	...	...	1 — 4½
1817.	Mehedpore...	...	...	...	...	1 — 6
1817.	Sitabuldy	...	...	...	...	1 — 4½
1818.	Korygaum...	...	...	...	...	1 — 3½
1845.	Maharajapore	...	...	...	...	1 — 6
1846.	Battles of the Sutlej...	...	...	...	...	1 — 5
1848.	Chillianwallah	...	...	...	...	1 — 7

"Here," says the *Edinburgh Review*, No. CXC VII., "is no proof of cowardice on the part of the defeated, whose loss in every affair, except perhaps the last greatly exceeded our own."

During the siege of Seringapatam, in 1799, it was stormed and captured "by 4376 men, in two columns." The loss in the assault was as follows:—

	Killed.	Wounded.	Missing.
European officers	22	45	—
" N.C.O. and soldiers	181	122	22
Native soldiers	119	420	100

making a total, killed, wounded, and missing, of 1031 men.

Of the above officers, 25 were killed and wounded in the assault.

Lord Lake, with an original force of 9000 men, augmented afterwards by the force from Bombay, according to Major Hough, appeared before Bhurtpore in January, 1805. During four successive assaults, each increasing in desperation, Lord Lake was repulsed with the losses on each occasion, and in aggregate, as follows:—



First assault ... ..	456 men killed and wounded.
Second „ ... ..	573 „ „
Third „ ... ..	894 „ „
Fourth „ ... ..	987 „ „

Total ... .. 2910 men killed and wounded.

There were of officers killed, 15, and 95 wounded, making a total of officers killed and wounded, 110. "Major Thorn gives the loss, in all the operations, at 3100 men and 102 officers, killed and wounded." (Major Hough.)

During the expedition to Walcheren, in 1809, 1.67 per cent. of the entire force was killed in action, and 32.2 per cent. perished by disease, making a grand total of 34.69 per cent. in that fatal and ill-directed attempt.

Of the losses in the earlier campaigns of the French revolutionary war, we receive but the following general statements:—

In 1794, says Dr. William Fergusson, the French army in Flanders, composed principally of mere boys, many of them of five feet three or four inches in height, "kicked us before them like a foot-ball through Flanders and Holland into Germany, destroying in their course full three-fourths of our army." The same authority, speaking of the same campaign, says, "that by disease, by famine, by the rigour of the season, and by the sword, out of a host of fully 30,000 men, when the retreat from Flanders first began, scarcely 8,000 remained to witness its completion."

Figured statements more in detail would be desirable in respect of so important an operation as that described by Dr. Fergusson, but they are not now procurable; and in respect of the continental wars of 1745 and of 1756, as well as of the first American war, it were in vain to expect any more accurate record.

The hospital arrangement of the British army in 1794, was very defective, and the experienced regimental surgeons were, by order of an old broken-down court physician of London, superseded by "graduates of the English Universities. The consequence was as might have been foreseen."..... "Disorderly hospitals" says Dr. Fergusson, "will destroy an army faster than it can be recruited." We may infer, also, that in those days, the sanitary arrangements were on a par with the hospital management, and where both those are deficient together, there can be no hope for the safety of any army.

In the Peninsular army, again, under the Duke of Wellington, taking forty-one months during which the war was carried on with the utmost vigour, an annual mortality of about 4 per cent. occurred in battle and from wounds, and 12 per cent. was from disease, "being nearly 16 per cent. of those employed;" whereas, in the first year of the first Burmese war,  $3\frac{1}{2}$  per cent. of the British troops were killed in action, and 45 per cent. perished by disease, "making a total loss of  $48\frac{1}{2}$  per cent.; consequently each person employed throughout that year encountered more risk of life than in three Peninsular campaigns."

In the second year of the Burmese war, the losses in action and by disease were "about one-half of what occurred in the first," making a total for two years of  $5\frac{1}{2}$  per cent. killed in action, and  $67\frac{1}{2}$  by disease, or a grand total for the two years of  $72\frac{1}{4}$  of the European force employed under Sir Archibald Campbell. The official records exhibit a loss of 61 officers of her Majesty's army alone, killed, wounded, and died of disease, "a very heavy loss, indeed," says Colonel Tullock, "considering that the average number of officers present did not probably exceed 150."

The expedition to Rangoon, during the first Burmese war, was therefore the most fatal of which we have any record.

This result of a war with a savage race is the most remarkable circumstance of all, and it is well worthy of notice. The Burmese are held in light estimation as soldiers by Europeans, but without reason. Warring in their national fashion, in well-constructed stockades, they inflicted on British troops almost the same proportionate amount of loss as did the legions of Napoleon, commanded

by the marshals of France. Speaking of the destruction of the European force on this occasion, Colonel Tullock makes the following just observation:—"It seems essential to bring such facts as these prominently to notice, because there is no mode of estimating the severity of military service except by comparison, and it is of importance that the authorities with whom rests the ultimate reward of the soldier should have some means of knowing the risk of life and peril of constitution by which his pension has been earned."

A national mode of warfare always makes itself felt. It does not imitate, and is not, therefore, subject to the moral inferiority, the weaknesses, inabilities and incapacities resulting from the systematic routine of organized bodies, so cramping to the physical and moral energies of men. When the princes of India set aside their hordes of 80,000 to 100,000 horsemen, and imitated Europeans in forming brigades of disciplined infantry, and in stand-up fights, it was easy to foresee the speedy destruction of their armies, and the fall of their empires.

The Highlanders, in 1745, were sneered at by British officers, and especially by those of the cavalry who made the least respectable figure in that remarkable contest. The British army was then, as now, officered by gentlemen and disciplined on the Prussian system. The formation of general lines and movements in line were then, as now, its characteristics; yet in conflict with peasants led by country gentlemen, it was first quickly routed, and then destroyed. Even at Culloden, where the mountain peasant was led in the usual manner, the result was the same.

"The Scottish Highlanders," says Robert Jackson, "were badly provided with arms; they, notwithstanding, defeated the regular and experienced troops of the Crown, both at Preston-pans and at Falkirk; and there are grounds to believe, from the decided experiment that was made upon Barrell's regiment at Culloden, that they would have defeated them a third time, had there been union in council and accord in action." These various circumstances of service are deserving the careful consideration of the military surgeon.

For the conduct of his difficult and toilsome duties, it is not enough that he should have some foreknowledge of the probable amount of his sick, but he should also have some foreknowledge of the probable amount of his wounded men.

This tact in calculation forms, indeed, one of the requirements of an effective administrative officer.

Nor are the results of statistical investigations confined to military operations. On the contrary, they may be rendered subservient to, and suggestive of, vast improvements in civil communities, as remarked by Lieut.-Col. Tullock in the following important observations:—

"To ascertain the races of men best fitted to inhabit and develop the resources of different colonies is a most important inquiry, and one which has hitherto attracted too little attention both in this and other countries. Had the government of France, for instance, adverted to the absolute impossibility of any population increasing or keeping up its number under an annual mortality of seven per cent., (being that to which their settlers are exposed at Algiers,) it would never have entered on the wild speculation of cultivating the soil of Africa by Europeans, nor have wasted a hundred millions sterling with no other result than the loss of 100,000 men, who have fallen victims to the climate of that country. In such questions, military returns, properly organized and properly digested, afford one of the most useful guides to direct the policy of the colonial legislator; they point out the limits intended by Nature for particular races, and within which alone they can thrive and increase; they serve to indicate to the restless wanderers of our race the boundaries which neither the pursuit of wealth nor the dreams of ambition should induce them to pass; and proclaim, in forcible language, that man, like the elements, is controlled by a Power which hath said, "Hither shalt thou come, but no further!"—*Lancet*, Sept. 10.



## Our Note Book.

### DYSENTERY.

M. Delioux employs in chronic dysentery an enema composed of tincture of iodine 3ij to 3iij, iodine of potassium 15 to 30 grains, and water ʒvj to ʒviij. An emollient lavement is first administered, to clear the intestine, and the iodine is then at once thrown up. Occasionally it causes slight colic, which can be prevented by opiate injection. Of 12 cases mentioned, 10 were cured; 2 were unaffected. A great part of the iodine is absorbed and appears in the urine. [Eimer has already recommended the use of iodine injections in acute dysentery.]—*L'Union Méd., Mars.*

### SCARLATINA.

Dr. Walz has also employed frictions with fat in 74 patients with scarlatina: all were cured. In 69 cases there was no desquamation; in 4 cases there was secondary dropsy, which was easily cured in one case by diaphoretics, in three by sulphur. The same treatment has been employed in measles.—*Schmidt's Jahrbuch*, April.

### NERVES OF THE HEART.

Cloetta has repeated, with the aid of the microscope, the investigations of R. Lee on the nerves of the heart, with the result of confirming the chief observations of that author. He could not, however, satisfy himself of the existence of the *fascia cordis*. As the nerves cross the vessels, many of them present flat enlargements having a considerable resemblance to ganglia, and actually described as such by Lee. Cloetta, however, only regards them as nerve-expansions, as he could not see any ganglionic cells in them under the microscope. He confirms the statement of Lee as to the greater richness in nerves of the left ventricle than the right. Microscopic examination shows an abundant supply of nerves in the endocardium.

### NERVES OF THE UTERUS.

Hershefeld has satisfied himself that nerves exist in the neck as well as in the body of the uterus; they are derived both from the cerebro-spinal and the sympathetic systems.

### NERVES OF BONE.

Kolliker has made very extensive researches on the distribution of nerves in bone. He finds that filaments accompany the vessels, and are distributed with them, not only in the medullary surfaces of the long bones, but also in the spongy substance of the epiphyses, and even in the compact substance of the shafts. In the very centre of the cortical substance alone has he failed to detect nerves. In the short bones, the bodies of the vertebrae have been found very rich in nerves; in the scapula, the ilia, the sternum, and the cranium, they can also be demonstrated. They are derived from those of the cerebral and spinal systems, the sympathetic having apparently no share in furnishing them. It is not ascertained how they terminate.—*British and Foreign Medico-Chirurgical Review*, April.

### CANCER.

M. Devay, of the Hotel Dieu Lyon, has long been engaged in investigating the therapeutical properties of conium in cancer, being of opinion that Storck's experiments should be resumed with the aid of the improved chemical knowledge of the present period. He finds the best preparations to be an extract and balsam, containing 1 per cent. of conicine, made from the seeds of the plant, gathered when at maturity, of full weight, and of an ash-grey colour. As the result of his researches he states, —1. That an ointment, applied externally, in chronic enlargements of scrofulous glands possesses a resolvent power greater than that of any other substance. 2. In engorgements of the uterus, or inflammatory hypertrophy of the organ—so frequently complicating its prolapsus or deviation—this medicine, employed internally and ex-

ternally, is of great service. 3. In cancerous affections it exerts remarkable calming effects, and in some cases even cures seem to have resulted from its employment, especially in the atrophied form of scirrhus. Its use is less satisfactory in soft and rapidly increasing tumours, but the progress of some of these has seemed to be retarded. In other cases, it has diminished the size of secondary tumours, rendering the primary ones more amenable to surgical operation. As a means of assuaging suffering, whether used topically or taken internally, it is invariably preferred by the patients to opium and all other narcotics.—*Gaz. Méd.*, 1852, No. 52.

### ASCITES.

Teissier relates 3 cases of ascites treated by iodine injections, composed of 60 to 70 grains of iodine of potassium, 7 to 10 drachms of tincture of iodine, in 6 ounces of water. The iodine was rapidly absorbed and excreted through the kidneys.—*Gazette des Hop.*, 1852, p. 120.

M. Ore has used iodine injections in 5 cases: two were cured; three died, but not from the injection. The first effects were sinking, pallor of face, lowering of pulse, and severe pain; in ten minutes these symptoms went off; subsequently, there was heat, pain, fever, some meteorism, colic, and sleeplessness. No important peritonitis, however, ever appeared to come on. The strength used was one part of the tincture to three of a vehicle. The remedy is contra-indicated in ascites, dependent upon liver or heart affection, or when there is kidney-disease. When the ascites is from peritonitis, or follows ague, the injection is to be used.—*Bull. de Thér.*, Sept. 1852.

### FRACTURE.

M. Nélaton recently called the attention of his class to a deformity of not infrequent occurrence after fracture of the leg. The astragalus and the whole foot, as well as the malleoli, are carried backwards, and the lower extremity of the bones of the leg forwards. If this is unattended to, a vicious setting takes place, and the patient suffers great loss of power in the foot, especially on ascending stairs. As extensive movements are prevented by the contact of the tibia, only short steps can be taken. To prevent this deformity, the foot should be carried forwards and the leg backwards, and this is to be effected by a strong splint placed behind the leg, and supported by the heel, which is securely bound to it. To protect the heel from painful pressure, circles of agaric, having apertures central, may be placed between the splint and the heel, so as to render the pressure diffused and supportable.—*Gaz. des Hop.*, No. 30.

M. Maisonneuve likewise suggests a contrivance for preventing the upper ends of the bones projecting forwards in compound fracture of the leg. He prevents this by a plantar-splint, which, 28 or 30 centimetres long, is applied along the sole of the foot, so as to project 5 or 6 centimetres beyond the heel. It is kept on by two bandages. The first is carried circularly round the splint to keep it *in situ*; and the other, which is very short, is applied by its middle under the heel, while the two ends cross each other at the upper end of the splint, where they are secured. The foot is thus suspended to the plantar-splint, the lower extremity of which rests on the cushion that supports the rest of the limb. The foot, thus gently suspended in the air, is, with the fragment attached to it, carried forwards, while the weight of the leg carries the upper fragment backwards.—*Gaz. des Hop.*, No 23.

THE CHOLERA IN LIVERPOOL.—A death from Asiatic cholera has occurred in Liverpool. The deceased was a German emigrant, and had imported the disease from Hamburg, and the death occurred in a crowded lodging-house in one of the inferior parts of the town. The attention of the Health Committee has been drawn to the case, and also to the dangerous overcrowding of these emigrants' lodging-houses, which are numerous in Liverpool.



## Obituary.

Sept. 8.—CHARLES PRICE, M.D. at Brighton, in his 77th year.

## Medical News.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practice on Thursday, Sept. 1, 1853:—John William Farley Dudley, Patrington, Yorks; Fergus Ferguson, Bolton; William Johnson Dawson, Yorkshire; William Yonge Jeeves, Sharrow-grange, Yorkshire; George Kirk, Middlesborough-on-Tees; Charles West Roberts, Bristol; Samuel Thorpe, Manchester.

MEDICAL BENEVOLENT COLLEGE.—At a meeting of the Council, held on Tuesday last, thanks having been voted to the Rev. Thomas Bazely, the Rector of Poplar, for kindly preaching in aid of the funds of the College, the Treasurer reported that Dr. Kenny, of Canton, had, unsolicited, advocated the cause of the College in that distant country, and remitted 222 dols. (55*l.* 10*s.*) as the result of his disinterested exertions. Many of the Chinese are liberal contributors.

THE DEATHS IN NEW YORK for the week ending the 20th ult. were 969, of which upwards of 400 were caused by the extreme heat.

CHOLERA.—BERLIN, AUGUST 30.—The cholera has appeared here in a very virulent form, though in a very few cases; since the beginning of the month up till now, 52 cases have occurred, of which 37 were fatal. Now that the epidemic is here, the deliberations as to the building a cholera hospital have been brought speedily to an end in the affirmative. *Hamburg*.—We have received information from Hamburg, on which reliance may be placed, that Asiatic cholera, which for several weeks has appeared there in single or isolated instances only forming what is technically called "sporadic" cases, is now assuming an epidemic form. There appears to have been in all, from 160 to 180 cases of the disease, about two-thirds of which have been fatal, a circumstance which proves the extreme virulence of its character. The present seats of the malady are the places where the poor English sailors, to the number of about 800, lodge and spend their time on shore. They are at present wholly uncared for. During the epidemic of 1848 great numbers of lives among this class of men were lost for want of the most common precautions, and this loss of life will be repeated unless timely measures are taken for their protection.

BONE-SETTERS AND QUALIFIED SURGEONS.—At Spalding, on the 30th ult., an inquest was held on the body of Mr. Henry Branton, a respectable yeoman, who resided near Pode-hole, in the Parish of Pinchebeck. His death is regretted by those who knew him, and his loss is irreparable to his widow and family of nine young children: it was partially owing to a fall which he received on the 17th from a ladder whilst ascending a stack upon his homestead, when, although he fell only a few feet, his hip and one of his thighs sustained considerable injury. The shock to his frame and general health proved excessive. In the first instance he availed himself of the able services of Mr. Ball, surgeon, who applied every remedy which professional skill could suggest; but the patient subsequently sent for Mr. Mason, of Wisbeach, who has a reputation as bone-setter, when Mr. Ball felt it incumbent on him to discontinue his attendance. Mr. Barron, of Holbeach, attended the deceased in conjunction with Mr. Mason, and stated in his evidence that he found the deceased in a very debilitated and dangerous state, suffering from diseased lungs, and from the effects of a severe fall, under the combined influence of which he gradually sunk. The following verdict was returned:—"That the deceased died on the 29th of August, from exhaustion, owing to

injury to the system connected with diseased lungs, the death being accelerated by an accident fall from a ladder." The jury unanimously acquitted Mr. Ball of any blame for discontinuing his attendance, as he had done so under a sense of professional etiquette, although they regretted that the deceased was thereby at a critical and painful period deprived of his valuable and humane services.—*Boston and Stamford Herald*.

ALLEGED CHARGE OF PROCURING ABORTION.—At the Chester assizes, on the 11th August, before Mr. Baron Platt, Mr. Thomas Goulden, aged 59, surgeon, "a respectable-looking man, whose anxious countenance betrayed that he felt the degradation of his position," was indicted for using an instrument upon the person of Mary Ann Lockwood, for the purpose of procuring abortion. After the statements of Council and the evidence had been heard, the jury retired, and in a quarter of an hour returned a verdict of Not Guilty. The prisoner was immediately discharged. Mary Ann Lockwood, the witness against Goulden, was then indicted, as being the patient in the above charge of procuring abortion. The jury were directed to find a verdict of Not Guilty, which they did, and the prisoner, after being admonished by the Judge to avoid taking ardent spirits at night, as "they were very bad things," was discharged.

CHOLERA AT NEWCASTLE.—Up to Monday, 133 cases of the Asiatic Cholera have occurred at Newcastle, of which 53 were fatal. The disease has also broken out at Hexham and at Morpeth. Mr. Grainger has been in Newcastle since Friday, co-operating with the authorities to improve the sanitary state of the town. We cannot expect that we can long enjoy an immunity in this metropolis; and yet our sanitary condition is as imperfect as it was in 1849.

## Notices to Correspondents.

NOTICE.—In order to facilitate the transaction of the rapidly-increasing business of the "Medical Circular," and to meet the wishes of those gentlemen desirous of a personal interview, the EDITOR has arranged to attend at the OFFICE, 128, STRAND, every WEDNESDAY, between the hours of Twelve and Two, p.m.

The "Medical Circular" may be procured by an order on any Newsvendor or Bookseller; or it will be sent direct by post from the Office, to subscribers for one year, on receipt of Sixteen shillings; half-yearly subscription, 8*s.*; quarterly, 4*s.* Cases for containing the numbers, bound in cloth, 1*s.* 6*d.*, or by post, 2*s.*

O. P. Q.—The "Dublin Medical Press" was amusing—the rascal! Perhaps you wrote the after-piece; if you did, it was hardly civil not to send us a ticket for the rehearsal.

INQUIRER.—Under present circumstances it is not "practically necessary," and will be even less so if the Legislature should alter existing arrangements.

MR. W. R.—1st, Yes, but not this week. 2nd, No. 3rd, No. ANGLICUS calls our attention to the fact, that this number of the Edinburgh "Monthly Journal" appears without the familiar names of Christison, Simpson, Bennett, Syme, MacLagan, &c., on the title page, and honoured only with that of its editor, Dr. Robertson. Journalism is in a sad plight in these three kingdoms. Since we have been in the field, the "Medical Examiner," the "London Journal," and the "Provincial Journal,"—all those in fact that felt our rivalry as a fortnightly Journal—have departed. The "Provincial" was converted into a weekly paper at the same time as ourselves, but it is still a failure. Now the Edinburgh is sending away the doctors, bidding good-bye to its friends, and quietly preparing for its final exit. Though a jester by habit, it has already discarded the irreverent practice, and evidently means to die penitent and reformed. We should like to have seen a little fire flashing out from the dying embers—the denouement would then have been more natural and dramatic. To go out like the snuff of a candle is very undignified. As for the "weeklies," they are, indeed, in a very *weakly* state, and are compelled to resort to an inordinate amount of artificial stimulation. Look at the "Lancet," setting up for the patronage of the "licensed dealers in tobacco and snuff,"



trying to humbug the profession with its mock charity, and to increase the ways and means by starting a school! What mountebankery! Then there is the "Medical Times and Gazette," pursuing, indeed, a more shady path, but striking into all kinds of bye-ways to endeavour to waylay customers. The navy and army assistant-surgeons have "lots" of money, and will become subscribers, to a man, after a little more coaxing! We had almost forgotten our friend over the water, the "Dublin Medical Press." It seems to get on by dint of gossip and gaseonade; by abusing English general practitioners, and publishing reports of fictitious dinner-parties, in which, we must confess, there is something to think over and much to laugh at. We grant the author plenary indulgence. *Verbum sapienti.* Now, where will all this end? Clearly in the incontestable supremacy and lead of the "Medical Circular." We pursue a bold, straightforward, career, cordially detested, as a matter of course, by our rivals—and we have no objection to admit our knowledge of the fact,—but generously supported by the profession, so that we can have no anxiety about the issue. We forget one thing. What will become of our Mirror?

A CORRESPONDENT has forwarded to us a medical hand-bill, of which a copy is subjoined. We do not know which of the "Smiths" has the credit of concocting this precious specimen of puffing, but it is the duty of all the rest of the Smiths to find him out, as he is an honour to the family. As publicity is Mr. Smith's object, we are happy in being able to aid him through our columns:—"Medical Establishment, 21, Christ-street, Poplar New Town.—Mr. W. Smith, surgeon and accoucheur, on entering upon the business lately conducted by Mr. Bingham, considers it necessary to apprise the inhabitants of Poplar New Town and its vicinity of the change, and at the same time to solicit their support and confidence, as every article at his establishment is of the best description.—Mr. Smith has for many years been surgeon and accoucheur to one of the largest parishes and lying-in institutions of the metropolis, and has directed his attention to the diseases of children, bad legs, and all affections of the skin, and hopes, by strict attention to his professional duties, to merit the patronage he solicits.—Prescriptions and family receipts shall receive the strictest attention, both as it regards the quality and exactness of the articles prescribed.—N.B. Every article required for domestic purposes, and generally obtainable at chemists and druggists, may be had at the usual prices, and any such, if not in stock, shall be obtained from the city as quickly as possible.

DR. MAURICE SCHULHOF.—We shall be happy to devote a portion of our space to the subject, but we cannot promise without seeing one of the articles.

MR. WOOD is thanked.

P.—The analysis has been received.

J. N. THOMAS, ESQ.—Communication received.

A CORRESPONDENT has sent us the following description, alas! too true:—

#### THE COUNTRY SURGEON.

Luckless is he whom the hard fates urge on  
To practice as a "Country Surgeon!"  
To drag a heavy, galling chain,  
The slave of all, for paltry gain;  
To ride, regardless of all weather,  
Through rain and hail and snow together;  
To smile and bow when sick and tired,  
Considered as—a *servant hired!*  
And oft at points diametric,  
Called to a business *obstetric.*  
Here lies a man with broken limb,  
A lady there with capacious whim,  
Who, in the acmé of her fever,  
Calls him a *savage* if he leave her,  
For days and nights in some lone cottage,  
Condemned to live on crusts and pottage;  
To kick his heels and spin his brains,  
Waiting, forsooth, for—labour pains;  
And, that job over, *lucky* he,  
If he squeeze out—a *guinea* fee,  
Then, broke, like culprit on the wheel,  
He sits him down to hasty meal;  
He sits, when, lo! a patient comes,  
With *rotten tooth* and filthy gums;  
The doctor takes his dentist's tools,  
Fixes the screw and *lugs* and pulls;  
His dinner cold, his hands this mess in,  
All for a *shilling* or—a *blessing*.\*

T. W. W.

\* Fact.

SCALPEL.—The subject has been exhausted in another Journal. We cannot think of riding a dead horse.

#### To the Editor of the "Medical Circular."

SIR,—The profession is sufficiently thronged with legitimate practitioners to render the working into practice a task of no small difficulty, but the struggle is rendered much more harassing than it need be by the inroads of the prescribing druggist. Against their counter-practice as generally carried on, I believe we have no protection, but surely there are some means by which the following piece of effrontery can be punished:—An individual keeping a chemist's shop in Gravesend, has, on the door-post, a plate with his name as surgeon, dentist, and accoucheur, and in the window a framed glass with the announcement, medical and surgical advice gratis, midwifery, cupping, bleeding, galvanism. Is he not, thus, to all intents and purposes, claiming to be a general practitioner? Neither does he confine his "medical and surgical" advice to those who apply in his shop, but also attends, if sent for. With the public this inposition passes current, believing that no man would openly and boldly declare that he practised the three branches of the profession unless he were fully and legally qualified to do so. Suppose that, from noticing the announcement in the window, a person applied for his advice, received medicine and paid for it, would he not, on the evidence of that person, be liable to a prosecution under the Apothecaries Act?—I am, sir, your obedient servant,  
GRAVESEND.

[Our answer to the inquiry is in the affirmative, and advise some qualified man to catch the marauder.]

MR. C. F. YOUNG.—1st, On a "*prima facie*" view we should reply, yes; but it is a point that a lawyer alone could determine after a perusal of the bond. 2nd, You could not compel him to pay for attendance on lectures, inasmuch as no specific course of instruction is laid down. We admit, however, that the words appear to be open to a different construction. In such a case, the Judge would direct according to precedents, which would be against you.

WIDE AWAKE.—We shall probably give the "Descriptive Anatomy" of the New "College" in a future number. Our correspondent may, in the meantime, rely upon it that no "gentleman" will enter the school. Nearly all the chairs are filled by hangers-on of the "Lancet"—e.g., three Sub-Editors, two paid Contributors, and other hungerers after patronage and pelf in *esse* or in *posse*. It should be called the "Refuge for the Destitute."

MR. GARLIKE'S able communication on the Enlarged Tonsil has been received, and shall appear on an early opportunity. We are surprised that our contemporary should fill his journal with the trash—in the shape of German quackeries and English gimcracks—we habitually remark in it, and mutilate a paper of such high practical import as that by Mr. Garlike. However, he shall have fair play.

A SUBSCRIBER.—We are unable to give an opinion of the merits of the work, as we have not received it.

\* \* Several correspondents have written us on the subject of the late eminent Surgeon, Bransby Cooper, and the "Lancet." "I have no idea," says one, "of a man vilifying his neighbour whilst living, and burying him with honours when dead." Another—"You have very properly exposed the vile taste of the Editor of the 'Lancet,' in relation to that amiable and excellent Surgeon, Bransby Cooper. All my medical friends here are disgusted with Wakley, but not surprised." Another expresses a hope that we will continue the graphic sketch of the "Tragedy."

A SUBSCRIBER (Perthshire).—In the last part, probably, of Dr. Copland's Dictionary, under the letter S, now in the press. We know of no other work that will give you the required information.

AN OLD CONTRIBUTOR.—1st, Write to Mr. Alfred Markwick, Croydon. 2nd, Write to Mr. Churchill, Princes-street, Soho.

A TRAVELLER IN BELGIUM.—1, Consult Mr. Mungean, the well-known Dentist, of Brussels. 2, There are several English qualified practitioners in that city. Dr. Alloway is Physician to the English Embassy, and has a large practice among his countrymen.

PHILALETHES.—1st, We do not know, but we believe he was. 2nd, No. 3rd, A man must be more than a prophet to answer your third question. It is probable, however, that a new medical bill will be brought forward next session.

A STUDENT.—Full particulars will appear in our "Student's Number." The "Hunterian School" will, we are informed, go on as usual.

MR. PRITCHARD.—Communication received.



## Royal College of Physicians, Degree

OF M.D., APOTHECARIES' HALL, &c.—DR. COOKE continues to assist (personally or by correspondence) Gentlemen desirous of Graduating in Medicine or Surgery, or of Matriculating at British or Continental Examining Boards.—For terms, &c., apply to DR. COOKE, East Temple Chambers, 2, Whitefriars-street, Fleet-street.

## Prize Medal, Great Exhibition,

1851.—The only one granted for CORSETS in the United Kingdom, was awarded by the MEDICAL JURY to MADAME CAPLIN, 58, Berners-street, Oxford-street, for her HYGIENIC CORPIFORM CORSETS, Elastic Bodice, Belts, &c. For a description of the merits of the above, see Dr. Tilt's great work, "Elements of Female Hygiene."

## W. Twinberrow begs to draw the

attention of the Medical Profession to his

### EXTRACT OF INDIAN HEMP,

Prepared expressly for him at Calcutta, its peculiarly sedative properties being so beneficial where opiates are inadmissible; also to his

### LIQUOR TARAXACI AND MEDICINAL EXTRACTS.

Prepared from the fresh plant (Hyoscyamus Niger, Conium Maculatum, Atropa Belladonna, Cotyledon Umbilicus, &c.), all of which contain the properties of the fresh juices unimpaired in their manufacture.

W. T. has just received a supply of Indian Bael (Ægle Marmelos), now being so much recommended for Dysentery and Diarrhoea.

2, Edwards-street, Portman-square.

## Members of the Medical Profession

and the Public are respectfully requested, before furnishing, to inspect the extensive and well-selected Stock at RICHARD A. C. LOADER'S CABINET AND UPHOLSTERY WAREHOUSES, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

The Stock comprises every requisite for furnishing, at as low a price as goods of a guaranteed quality can be supplied. Catalogues gratis.

RICHARD A. C. LOADER, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

### BANKS OF DEPOSIT AND SAVINGS BANKS.

### INVESTMENT OF CAPITAL.

### NATIONAL ASSURANCE & INVESTMENT ASSOCIATION TRUSTEES.

The Right Hon. the Earl of Besborough.  
The Right Hon. Lord George Paget, M.P.  
The Right Hon. Lord Templemore.  
The Hon. Henry Fitzroy, M.P.  
The Rev. Joseph Prendergast, D.D. (Cantab.), Lewisham.  
George Stone, Esq., Lombard-street.  
Matthew Hutton Chaytor, Esq., Reigate.

## Persons desirous of investing Money

are requested to examine the Plan of this Association by which a high rate of Interest may be obtained combined with perfect security.

Prospectuses and full information may be had at the Office, or sent post free, on application. PETER MORRISON,

Managing Director  
7, St. Martin's place, Trafalgar-square, London.

### SULPHATE OF QUININE.

TO SURGEONS, DISPENSING CHEMISTS, &c.

## Sulphate of Quinine, Pure Cryst-

talized prepared by EDWARD HERRING,

For the use of Hospitals, Dispensaries, Surgeons, Dispensing Chemists, &c.

This Sulphate of Quinine is Chemically pure, its form of Crystal is the same, and in every respect identical with the Sulphate of Quinine of Commerce, the only difference being that the one is bleached and the other unbleached.

The mode of manufacturing the Hospital or Unbleached Sulphate, and also the usual White Sulphate, is being made the subject of a Patent, the peculiarity of process avoiding the use of Impure Animal Charcoal.

It is in use in the large London and Provincial Hospitals and Dispensaries; but its PURITY and GREAT REDUCTION in PRICE are now attracting the attention of Medical Men and Dispensing Chemists.

It is put up in bottles (free) of three ounces and six ounces each; also in one-ounce sample bottles (charged), capsuled with the name of the Proprietor, and labelled with the name of the Inventor.

Both these Sulphates to be had of the leading Druggists in London and the United Kingdom, and in quantities of not less than 100 ounces, of JACOB HÜLLE, jun., Proprietor,

Chemical Works, Trinity-street, Southwark, London.

May 3, 1853.

## To all Bad Writers.—Mr. T. H.

CARSTAIRS continues to give LESSONS to Ladies and Gentlemen in his highly improved METHOD OF WRITING, enabling all those who require it to obtain a command and freedom seldom (if ever) equalled. Prospectuses of terms, &c., may be had at the Establishment, 81, Lombard-street, City.

## Jozeau's Copahine-mege, or Sac-

charated CAPSULES, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhœa, Gleet, and Leucorrhœal Discharges, on an average of six days (see "Lancet" of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by G. Jozeau, sole French Chemist, 49, Haymarket, London; and Jozeau, Pharmacien, 161, Rue Montmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with the name of Gabriel Jozeau printed thereon.

### JOHN HARVEY, NEPHEW AND SUCCESSOR

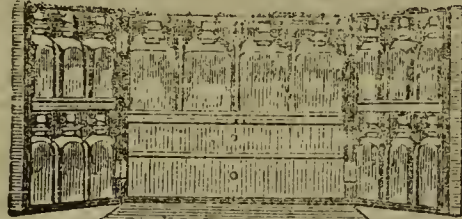
TO THE LATE

### ANDREW SPRINGWEILER,

No. 2, Duke-street, Smithfield, London,

## Medicine Chest and Dressing Case

MAKER. Ship Medicine Chests according to Act of Parliament. EMIGRANT CHESTS, &c. for all Climates.



Chemical and Plate Chests, Toilette, Jewel, Liqueur, and Sample Cases, Writing Desks, Despatch Boxes, &c., &c.

Wholesale and for Exportation.—Warranted to stand any Climate. It having been reported that the business has been removed, J. H. begs to inform the Medical Profession, that he, as Executor and Successor to the late A. SPRINGWEILER, solicits a continuance of their patronage.

### NO ACT OF PARLIAMENT REQUIRED TO SETTLE

### THE BOTTLED-BEER QUESTION.

## Earle Brothers & Co. beg to inform

the Public that they have made arrangements to sell Bass's or Allsopp's Pale Ale and other Pale Ales of the first quality, genuine Dublin Stout, in Bottles manufactured expressly for them, containing the full IMPERIAL QUART and PINT MEASURE, at the following prices:—

	s.	d.
Bass's or Allsopp's best Pale Ales,		
at per Dozen Imperial Quarts	8	0
Ditto ditto Pints	4	6
Genuine Dublin Stout, war-		
ranted of the first quality—		
per Dozen Imperial Quarts	7	0
Ditto ditto Pints	4	0



EARLE BROTHERS & Co., guarantee their Ales and Stout to be of the finest quality, and earnestly invite the Public to avail themselves of the great saving they will make by honouring this firm with their patronage.

EARLE BROTHERS & Co. call the attention of the Public to the important fact, that they are offering Three Gallons—that is One Dozen and a Half of the present mis-called Quarts and Pints—for a Lower Price than the public is now paying for Two Gallons, or One Dozen of precisely the same article, identical in quality, and brewed by the same eminent firms.

The advantage to the Public is one-third more for the same price.

The Public has loudly complained of the short measure it has been the practice of the dealers in Bottled Beer to give.

EARLE BROTHERS & Co. offer the Public a complete remedy, and respectfully beg the Public to avail themselves of it.

### TERMS, CASH.

Bottles charged per dozen Quarts ... 3 0  
Ditto ditto Pints ... 2 6

Full credit given for the Bottles when returned.

EARLE BROTHERS AND Co.,

Wine and Beer Merchants,

4, DUNCANNON STREET, TRAFALGAR SQUARE, LONDON.



# MR. HOOPER'S IMPROVED INVALID WATER OR AIR CUSHIONS, AND MATTRESSES OR BEDS.

Being made of prepared India-rubber, without the admixture of cloth materials, Leakage is avoided.  
See the "LANCET," Jan. 25, 1851.



**CUSHIONS FOR BED-SORES.**—Whether threatened with Sloughing, or in which Sloughing has taken place, Fractures, Dislocated Joints, Ulcerated Cartilages, Coldness of the Stomach, Pain in the Bowels, Spasms, Lassitude, Typhoid and other Fevers, Gouty and Rheumatic Affections, Cancer, Ovarian Dropsy, Coldness of the Stomach and Feet, Consumptive and all Bed-ridden Patients. They are simply placed on an ordinary mattress, and covered with two or three blankets and a sheet as an ordinary bed.

For further reports of their utility, see Mr. Caser Hawkins's Letter in the "Lancet," Oct. 27, 1849; Dr. Hake's Letter in the "Provincial Medical and Surgical Journal," Nov. 1, 1850; Dr. Thorn's Letter, "Medical Times," March 20, 1851; also the "Institute," February 8th, and the "Lancet," Jan. 25th, and Feb. 15th, 1851.

## New Truss for Hernia.—F. Walters

begs to call attention to his NEW TRUSS, with improved *water-pad*. The advantage of water is, extreme softness and the certainty of the pressure being always in the proper place. This truss has received the approbation of the most eminent surgeons, many of whom pronounce it the most perfect ever yet produced. F. W. can, therefore, confidently recommend it to all those requiring such assistance. Manufactured only by F. Walters, of whom can be had the new double-action Cycloidal Enema Syringe; also Walters's celebrated Railway Convenience for Ladies and Gentlemen. —F. Walters, 16, Moorgate, City.

## The Electric Rubber for the Skin.—

The valuable properties of this Rubber are still but little known. It has received the valuable testimony of many of the first Members of the Medical Profession, and also Private Gentlemen. The utility of a daily application, particularly after the cold bath, or sponging, both in restoring the heat of the blood and skin, without in any way injuring the skin, will be self-evident upon the inspection, or one trial, of the Elastic Rubber, made solely for LUDLAM'S, 159 and 160, Oxford-street.

## United Kingdom Life Assurance COMPANY.—Established by Act of Parliament in 1834, 8, Waterloo-place, Pall-mall, London.

### HONORARY PRESIDENTS.

Earl of Courtown. Lord Elphinstone.  
Earl of Lovell and Melville. Lord Belhaven and Stenton.  
Earl of Norbury. W. Campbell, Esq. of Tillichewan.  
Viscount Falkland.

### LONDON BOARD.

CHAIRMAN.—CHARLES GRAHAM, Esq., F.S.A.  
DEPUTY-CHAIRMAN.—CHARLES DOWNES, Esq.  
H. Blair Avarne, Esq. J. G. Henriques, Esq.  
E. Lennox Boyd, Esq., RESIDENT. R. H. Macdougall, Esq.  
Charles Berwick Curtis, Esq. F. C. Maitland, Esq.  
William Fairlie, Esq. William Ralston, Esq.  
D. Q. Henriques, Esq. Thomas Thorby, Esq.

### MEDICAL OFFICER.

Arthur H. Hassall, Esq. M.D. 8, Bennett-street, St. James's.  
The Bonus added to Policies from March, 1834, to December 31, 1847, is as follows:—

Sum Assured.	Time Assured.	Sum added to Policy in 1841.	Sum added to Policy in 1848.	Sum payable at Death.
£	Yrs. Mts.	£ s. d.	£ s. d.	£ s. d.
5,000	13 10	683 6 8	787 10 0	6,470 16 8
*1,000	7 0	. . . .	157 10 0	1,157 10 0
500	1 0	. . . .	11 5 0	511 5 0

\* EXAMPLE.—At the commencement of the year 1841 a person aged 30 took out a policy for £1,000, the annual payment for which is £24 1s. 8d.; in 1847 he had paid in premiums £168 11s. 8d.; but the profits being 2½ per cent. per annum on the sum insured (which is £22 10s. per annum for each £1,000), he had £157 10s. added to the policy, almost as much as the premiums paid.

The premiums, nevertheless, are on the most moderate scale, and only one-half need be paid for the first five years, when the Insurance is for Life. Every information will be afforded on application to the Resident Director.

## Champagne, 40s. per dozen, in One-

DOZEN CASES.—This really fine Wine in splendid condition, and undistinguishable from that charged double the price, is to be obtained only of H. WARREN & Co., who, being the *bona fide* Importers of French and German Wines direct from the vineyard, offer them at unexampled low prices. CLARET, 30s.; HOCK, 36s.; MOSELLE, 36s.; PALE SHERRY, 33s.; OLD PORT, 34s. Orders per post, containing a post-office order, will receive immediate attention. H. WARREN & Co., 302, Regent-street, London (nearly opposite the Polytechnic Institution).

## TO PHYSICIANS, SURGEONS, AND DRUGGISTS.

### BROWN'S CANTHARIDINE BLISTERING TISSUE,

Prepared from pure Cantharidine.

## An Elegant Preparation, Vesicating

in much less time than the Emp. Lyttae. P.L., easily applied and removed, and will not produce stranguary or troublesome after-sores. It has received the sanction and commendation of the most eminent practitioners in the kingdom.—In Tin Cases, containing twelve square feet, 6s. 6d.; and small Cases of six feet, 3s. 6d. each.

### BROWN'S TISSUE DRESSING,

An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the "New York Journal of Medicine," March 1st, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharidis are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the medical profession.

"Accompanying this article is a very simple and neat dressing."

From the "Medical Examiner and Record of Medical Science," for May, 1850, published in Philadelphia.

"We have received from Mr. George D. Phelps of New York, specimens of Brown's Cantharidine Blistering Plaster and Dressing, with which our readers are doubtless familiar as a new and exceedingly neat preparation, easy of application and certain in their effects. We have given them a fair trial, and find they fully answer our expectations."

"Army Medical Department, January 16th, 1847.

"The Principal Medical Officer of the General Hospital, Port Pitt, Chatham, reports that Mr. Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of stranguary.

ANDREW SMITH, M.D.

"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist."

Prepared by THOMAS B. BROWN, PHARMACEUTICAL CHEMIST, 42, ADMIRAL-TERRACE, VAUXHALL-BRIDGE-ROAD, LONDON; and sold by the Sole Consignee, Mr. William Bailey, Wolverhampton, and all Wholesale and Retail Druggists and Medicine Agents throughout the British Empire.



## Medical Agency, 50, Lincoln's-inn-fields, Conducted by

MR. BOWMER, M.R.C.S.L.

All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.  
(OFFICE HOURS, 11 TILL 4.)

## To Surgeons Emigrating, & Others.

—SURGICAL INSTRUMENTS.—The friends of a Surgeon, lately deceased, are desirous of disposing of his surgical instruments, consisting of—Amputating, Trephining, Lithotomy, Ophthalmic, and other instruments, all of which will be sold at a very moderate price. Also an Anatomical figure adapted for Lectures. To be seen at the Office of this Journal, between the hours of 10 and 5 o'clock.

## The Artificial Tympanum.—Mr.

YEARSLEY'S PAPERS on his 'NEW MODE of TREATING DEAFNESS,' are reprinted from the 'Lancet,' in the form of a Pamphlet, which may be obtained of Mr. Churchill, Medical Publisher, 46, Princes-street, Soho, price One Shilling, or sent by post on receipt of Sixteen Postage Stamps.

"We have ourselves seen the remedy applied by Mr. Yearsley in several cases of apparently incurable deafness, and the effect produced appeared to be almost miraculous. This happy discovery establishes for our profession another claim to public gratitude and respect."—Leading Article of the 'Lancet.'

## Board and Education.—St. Andrews, FIFE.

—A Medical Practitioner will be happy to receive into his family a few young gentlemen, under 14 years, as Boarders, either to attend the Madras or United Colleges.

Terms, from 25 to 35 guineas per Session.

A young gentleman wanted as Medical Pupil—advantages considerable.

For further particulars address "Medicus," Post-office, St. Andrews, Scotland; or Mr. Harris, 128, Strand, London.

N.B.—An experienced Tutor superintends the Boarders.—Madras pens 21st September.

## Taraxacum (Davenport's) Liquor,

or FLUID EXTRACT, Prepared by Spontaneous Inspissation, possesses every characteristic of the fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm. 6s. per lb.

COTYLEDON UMBILICUS.—The Solid and Fluid Extracts, 1s. 3d. and 1s. per oz.; also, the Preserved Juice, 5s. 4d. per lb., as recommended by Mr. Salter, of Poole, in Epilepsy.—J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 33, Great Russell-street, Bloomsbury.—A List of Preparations forwarded on application.

STAYS SUPERSEDED.

## Great Exhibition Elastic Bodice.

—Stiff Stays destroy natural grace, produce deformity, and implant disease. Curvature of the spine, consumption, and a host of evils arise from their use. MARTIN'S ELASTIC BODICE is without whalebone or lacing, at the same time furnishing a sufficient support, and imparting to the figure that natural elegance, which is quite impossible under the pressure which is the great aim, as mischief is the certain end, of all kinds of stays. The time and patience of the wearer are also spared, by a simple fastening in front, to obviate the trouble of lacing. As there are several imitations of these celebrated Bodice, it is necessary to inform the Public that they can be obtained only of the Inventors and Manufacturers, E. AND E. H. MARTIN, 504, New Oxford-street.

A Prospectus, &c., on receipt of a stamp, can be sent by post.

## Argyll Baths, 10, Argyll-place,

REGENT-STREET,  
AND AT 5, NEW BROAD-STREET, CITY.

TERMS:

WARM BATHS—ONE SHILLING EACH.

Reserved Rooms, including the Ladies' Department, One-and-Sixpence each; Twenty-one Transferable Tickets, One Guinea.

Vapour, Sulphur, and Harrowgate Baths, 3s. 6d. each—8 for 21s.

Hot Air, Mercurial, and other dry Fumigating Baths, 5s. each—6 for 21s.

Portable Warm Baths sent out within ten miles of London. Single Bath (with hot linen, &c.), within one mile of Argyll-place, 5s.; every additional mile, 1s. extra.

An idea may be formed of the capacity of these Establishments when it is stated that upon their erection and completion upwards of £30,000 has been expended, and that at each place one hundred Baths can be given in an hour.

## For Varicose Veins & Weakness.—

SURGICAL ELASTIC STOCKINGS, AND KNEE-CAPS on a New Principle, pervious, light in texture, and *inexpensive*, yielding a permanent, efficient, and unvarying support under any temperature, without the trouble of Lacing and Bandaging: likewise, a Strong, Low-priced Article for Hospitals and the Working Classes: ELASTIC NET CORSETS of the same beautiful fabric, ABDOMINAL SUPPORTING BELTS, for both sexes, those for ladies' use before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instructions for measurement, and prices on application, and the articles sent by post, from the Manufacturers,  
POPE and PLANTE, 4, WATERLOO-PLACE, PALL-MALL, LONDON.

The Profession, Trade, and Hospitals supplied.

## A New Era in Medical Electricity

is opened by PULVERMACHER'S PATENT PORTABLE HYDRO-ELECTRIC CHAIN BATTERIES.



One Hundred and Twenty Plates permanently connected and arranged, so as to be at all moments ready for instantaneous use, communicating shocks through eight to ten persons—ALWAYS IN THE SAME DIRECTION, and primary VOLTAISM, not secondary currents, as in the old Coil Machines—producing powerful contractions, decomposing distilled water, &c., &c. WEIGHT ABOUT EIGHT OUNCES, and CAN BE CARRIED IN A POCKET-BOOK.

At present a medical man may, at a reasonable expense, carry with him in his daily practice an inexhaustible source of primary Galvanism always ready for instantaneous use wherever a cup of vinegar can be procured, and producing all the effects that he can desire—a circumstance, the importance of which can scarcely be overrated, whether we look to cases of sudden emergency (swoons, fits, catalepsia, asphyxia, uterine hæmorrhage, &c.), or to the frequent opportunities and the facilities thereby afforded of applying ONE OF THE MOST POWERFUL AND UNIVERSAL THERAPEUTIC AGENTS, which has hitherto been kept back only through the difficulties attendant upon its use.



WEAKER CHAINS are constructed on the same principle, to be worn on the body under the garments, communicating a MILD but CONTINUOUS current to the system, which has been found of the most eminent benefit in many various forms of CHRONIC Diseases, where a mild but lasting stimulus of the functions of the nerves is indicated, and to assist the effect of specific remedies, the ACTION OF THE CHAINS BEING MADE LOCAL OR GENERAL, AT WILL.

The Invention has been demonstrated with great success before

THE ROYAL COLLEGE OF PHYSICIANS,  
THE ROYAL COLLEGE OF SURGEONS,  
THE ROYAL PHARMACEUTICAL SOCIETY,  
THE ROYAL BRITISH ASSOCIATION,  
THE ACADEMIE DE MEDICINE (voted thanks to the Inventor).  
THE ACADEMIE DES SCIENCES AT PARIS.

And is already in extensive use in nearly all the Hospitals in London, Edinburgh, Paris, and Vienna.

Extract of a Letter from that distinguished Physician of Guy's Hospital, DR. GOLDING BIRD, M.D., F.R.S., F.R.C.P., &c., &c. (Published with his kind permission):

"We have in this ingenious Invention that which has long been a desideratum, viz., an apparatus of the smallest possible bulk, capable of evolving a continuous uninterrupted current of Electricity, of moderate tension, and always in one direction. . . . I can scarcely recommend Dr. Pulvermacher's Invention too strongly to the notice of my medical brethren."

A FULL DESCRIPTION OF THIS IMPORTANT DISCOVERY, WITH SPECIFIED DIRECTIONS FOR THE USE, Testimonials from high Scientific Authorities, &c., may be had (by post for two stamps), AND THE CHAINS MAY BE FREELY TESTED, at MR. CH. MEINIG'S head depots, 103, Leadenhall-street, and 71, Regent-street, London (at Paris, 45, Rue Richer, and 12, Boulevard des Italiens), and from all C. MEINIG'S Agents in town, country, and the colonies.

The Publisher of the "MEDICAL CIRCULAR," in answer to several enquiries from the country, begs to state that the following are the terms for inserting Advertisements:—

Four lines and under . . . . .	£0 2 6
Every additional line . . . . .	0 0 6
Whole Column . . . . .	2 15 0
Whole Page . . . . .	5 5 0

London: Printed by WILLIAM TROUNCE, at his Office, No. 9, Cursitor-street, Chancery-lane, in the Parish of St. Andrew, Holborn, in the County of Middlesex; and published by CHARLES JAMES HARRIS, at No. 128, Strand in the City of Westminster.—September 14th, 1853.



THE  
**MEDICAL CIRCULAR**  
AND  
**General Medical Advertiser.**

No. 38, NEW SERIES. }  
No. 64. }

WEDNESDAY, SEPTEMBER 21, 1853.

{THREEPENCE.  
{STAMPED, 4d.

TABLE OF CONTENTS.

	Page		Page
Address to Medical Students, by George Ross, Esq. ... ..	217	Rules and Regulations of Universities, Colleges, and Medical	
Contents of the Medical Journals ... ..	223	Examining Boards in Ireland ... ..	226
Books received for Review ... ..	223	Obituary .. ..	232
Synoptical Chart of the Recognised Metropolitan and Provincial		Medical News ... ..	232
Schools... ..	224	Notices to Correspondents ... ..	232

On the First of January next will be published, most carefully revised, and with many new features, which will add greatly to the utility of the Works,

**THE LONDON AND PROVINCIAL MEDICAL DIRECTORY.** Price to Subscribers, 6s.  
Non-Subscribers, 7s. 6d.

**THE MEDICAL DIRECTORY FOR IRELAND.** Price to Subscribers, 4s.; Non-Subscribers, 5s.

**THE MEDICAL DIRECTORY FOR SCOTLAND.** Price to Subscribers, 4s.; Non-Subscribers, 5s.

OBSERVE, that the above are the only Medical Directories, published by Mr. John Churchill, Princes-st., Soho, one of which (the London and Provincial) has been the Index to the Profession for the last eight years, and has received the warmest commendations both from the medical and general press. The utmost pains are taken in the compilation of these works, which are found in all Public Offices, Scientific Institutions, &c., and are constantly referred to in the Courts of Law. Office, 128, Strand, where all communications are to be addressed. C. J. Harris, Secretary.

**Notice to Lecturers, Students, and**

Others.—The **SYNOPTICAL CHART** of the "Medical Circular" will be reprinted on thick cardboard, with considerable additions, and marginal notes and explanations, giving at a *coup d'œil* a complete Table of the Classes, Lecturers, Hours, Fees, &c., of every recognised Medical School in Great Britain. Ready in one week, and to be had at the Office of this Journal, price 6d.

**Apothecaries' Hall, College of**

Surgeons.—DR. STEGGALL continues to assist gentlemen in their studies, preparatory to Examination at the Royal College of Physicians, College of Surgeons, Apothecaries' Hall, St. Andrew's, Aberdeen, &c., either in class or separately.—For terms, &c., apply before One, and after Three o'clock, daily, at 2, Southampton-street, Bloomsbury-square, London.

**Allsopp's Pale Ale, in Casks, of 18**

Gallons, 30s., and infull-sized Bottles, Imperial Measure only, by which the Public gain one-third:—

Quarts ... ..	8s. per dozen
Pints... ..	5s. "
Half-pints... ..	3s. "

Supplied, in the highest state of perfection by HARRINGTON PARKER, Beer Merchant, 5½ Pall-mall.

**Dr. Pereira.—This late Eminent**

Physician's opinion of **HARDS' FARINACEOUS FOOD** for Infants and Invalids:—

"I have carefully examined, and repeatedly prescribed 'Hards' Farinaceous Food' (See Pereira's 'Treatise on Food and Diet,' pp. 309 and 473, &c.), which is prepared from the most nutritious of the cereal grains. It combines both nitrogenised and non-nitrogenised alimentary principles, and forms a very valuable food for children and invalids.

"JOHN PEREIRA, M.D., F.R.S.,

"Assistant-Physician to the London Hospital.

"47, Finsbury-square, July 1, 1843."

Sold by Chemists and Druggists, Patent Medicine Vendors, Tea Dealers, and Italian Warehousemen, in 1s. and 2s. packets, and tin cases, 7s. 6d. each. Observe—all genuine packets and cases are signed "Jas. Hards," and manufactured at the Royal Victoria Mill Dartford, Kent.

**To Lecturers and Demonstrators.**

—Lecturers on **ANATOMY** and **SURGERY** are wanted in an old established School. Gentlemen are requested to communicate immediately with **MEDICUS**, No. 28, Bedford Square, stating their qualifications, and the class they are prepared to undertake.

**To Medical Assistants.—Wanted**

by a Gentleman in the Country, an Assistant with one qualification, for a period of not less than three months. Apply to Mr. Harris, at the Office of this Journal.

**Essays on Mental Derangement**

By **JAMES VEITCH**, M.D., Edinb., and formerly, for years Medical Chief of the Royal Naval Lunatic Asylum. **S. HIGHLEY**, and Son, 32, Fleet-street.

Fifth Edition, now ready,

**The Parent's Dental Guide; with**

a few Remarks on the Use of Impure Gold for Dental Purposes. By **WILLIAM IMRIE**, Surgeon-Dentist.

"Mr. Imrie has obtained the opinion of Dr. Alfred Taylor on the action of the saliva on the gold plates used by dentists, and has received a sufficiently explicit answer to enable him to affirm, that the gold used by respectable dentists can produce no deleterious action upon the animal economy."—*London Medical Gazette.*

London: Churchill, Princes-street, Soho.

**Doctor Green's Medical Baths**

consist of **SULPHUR** and other **FUMIGATING, MINERAL, and VAPOUR BATHS.**

They are recommended for Gouty and Rheumatic Pains, Derangement of the Digestive and other Internal Organs; and particularly for Diseases of the Skin, to which Dr. G. has devoted special attention for near forty years.

These Baths have been resorted to by the Medical Profession and their Families from their commencement, and have arrived at a merited degree of celebrity.

Established in 1822, by **JONATHAN GREEN**, M.D., &c. &c., at No. 40 **GREAT MARLBOROUGH STREET**, Regent-street, opposite Messrs. **Barthes** and **Lowell**, Foreign Booksellers.



## ADVERTISEMENTS.

*On the 1st of January, 1854, will be Published, handsomely bound in cloth, and gold lettered, Imperial Octavo, at a price not exceeding 10s.,*

THE FIRST VOLUME OF

# THE MEDICAL MEN OF THE DAY,

(Illustrated by numerous Portraits, on India Paper, finished in the best style of Wood Engraving.)

REPRINTED FROM THE "MEDICAL CIRCULAR."

WITH EMENDATIONS AND ADDITIONS.

Sketches of Thos. Abraham, W. Acton, John Adams, Wm. Adams, Thos. Addison, M.D., W. F. Ainsworth, Jas. Alderson, M.D., Sir Charles Aldis, Dr. Aldis, Scott Alison, M.D., Jos. Amesbury, H. Ancell, J. M. Arnott, Neil Arnott, M.D., John Ashburner, M.D., S. Ashwell, M.D., John Avery, B. G. Babington, M.D., J. Bacot, J. N. Bainbridge, M.D., E. Ballard, M.D., W. Baly, M.D., G. H. Barlow, M.D., R. Barnes, M.D., E. E. Barron, M.D., J. H. Bennet, M.D., G. Beaman, W. Beattie, M.D., T. S. Beck, M.D., T. Bell, W. Bell, M.D., J. R. Bennett, M.D., G. Birmingham, J. Berncastle, F. Bird, M.D., Golding Bird, M.D., A. Billing, M.D., Jas. Bird, M.D., J. B. Brown, W. Chowne, M.D., Jas. Bird, J. Birkett, J. Bishop, Ed. Blagden, P. Black, M.D., J. Blomfield, J. Blundell, M.D., T. Bodkin, Sir B. C. Brodie, A. Borland, M.D., J. Bowling, B. E. Brodhurst, B. Brooks, W. H. Brown, M.D., W. J. Bryant, T. H. Burgess, M.D., Joshua Burgess, M.D., W. Burnie, M.D., Sir W. Barnett, M.D., Geo. Burrows, M.D., W. H. Burslem, M.D., J. S. Bushnan, M.D., W. Camps, M.D., W. B. Carpenter, M.D., E. Canton, T. K. Chambers, M.D., S. Cartwright, W. O. Chalk, Dawson Cape, M.D., E. J. Chance, H. T. Chapman, W. F. Chatterley, J. Chippendale, J. C. Christophers, Charles Clark, F. Le Gros Clark, G. B. Childs, Sir Jas. Clark, M.D., F. Clarke, J. F. Clarke, W. Coulson, C. Hawkins, W. Clifton, E. Cock, H. Campbell, G. F. Collier, M.D., J. Conolly, M.D., H. Clutterbuck, M.D., B. B. Cooper, H. Coote, Thos. Copeland, J. T. Conquest, M.D., F. B. Courtenay, R. P. Cotton, M.D., J. R. Cornack, M.D., W. J. Cox, A. Crawford, M.D., M. A. N. Crawford, M.D., Edwards Crisp, M.D., John Propert, Esq., Thos. Martin, Esq., Dr. Jas. Adey Ogle, Sir Jas. Eyrc, M.D., W. Fergusson, W. Tyler Smith, M.D., J. Brady, Esq., M.P., W. F. Chambers, M.D., W. E. Erichsen, Jas. Yearsley, Geo. Ross, Thos. Wakley, W. H. Walton, F. Winslow, M.D., John Gay, W. H. Ranking, M.D., Charles Clay, M.D., (Manchester); F. A. Bulley, (Reading); Jos. Moore, M.D., G. G. Bird, M.D., (Swansea); J. T. France, R. G. Hill, (Lincoln); with many others which will appear in the "Medical Circular" during the present year.

THE great interest which has been excited in the Profession and among a large section of the community by the publication of the Portraits and Biographical Sketches of Members of the Medical Profession in the "Medical Circular," leaves no doubt that their *re-publication*, in a separate form, will receive considerable support, not only from those who are individually interested, but from their numerous connexions, who naturally take pride in seeing a faithful record of the attainments, the status, and the good deeds of those for whom they feel affection or friendship. This laudable feeling is associated with a higher pleasure when such Biographies tend to the advancement and instruction of mankind, which must be especially the case with those which relate to persons engaged in a noble and eminently useful profession.

Orders for this Work will be received at the Office of the "Medical Circular," 128, Strand.

EVERY WEDNESDAY.

Price **THREEPENCE**, of any Bookseller, or sent from the Office, 128, Strand, by post, for **Fourpence**; Annual Subscription, **17s. 4d.**; if Paid in Advance, **16s.**;

*The Trade supplied by GILBERT & CO., Paternoster Row;*

# THE MEDICAL CIRCULAR.

HALF THE PRICE OF ANY EXISTING MEDICAL JOURNAL

Nevertheless the Mirror of all and of every passing Medical Event.

CONTAINS:—

**LEADERS**, in which the principal Professional Topics of the day are freely discussed.

**MIRROR** of Periodical Medical Literature, in which is carefully collated all that is worthy of being held in remembrance from the Weekly Journals.

**INDICES** of the Journals, giving at a glance all that is published therein.

**BIBLIOGRAPHY**, or List of Works published during the previous week or fortnight, connected with Medicine or the Collateral Sciences.

**BIOGRAPHICAL SKETCHES** of the more prominent Members of the Profession, and fortnightly a Portrait of the gentleman selected for the week's Memoir.

**CORRESPONDENCE**, controversial, practical, and anti-empirical.

**DEAF-DUMBNESS**, Introduction to the Medical and Philosophical Study of, translated from the French of Hubert-Valleroux, with practical remarks, by James Yearsley. This most interesting Work was commenced and will be concluded in the current volume of the "Circular."

**ANATOMY OF QUACKERY**—Quack Medicines, their history, composition, and qualities.

**TOXICOLOGY**, designed for the busy practitioner and analytical chemist.

**MEDICAL NEWS**, including changes, new appointments, who have come into the Profession, who have died, &c.

**MEDICAL NOTES AND QUERIES**, under which head many points in Medical Science and Practice are elucidated, which otherwise might remain unexplained. Lastly,

**NOTICES TO CORRESPONDENTS** who desire information on any points relating to the economy of the Profession.

## TO ADVERTISERS.

From the peculiar nature of its contents, no Medical Journal is so generally read as the "MEDICAL CIRCULAR." It therefore presents a most desirable channel for advertisements addressed to the Medical Profession.

New Scale of Charges.

Space of Four Lines and under ... ..	2s. 6d.
Every Additional Line ... ..	6d.

128, Strand.—Office hours from 9 till 6.





## NORTHWOODS, NEAR BRISTOL.

AN ESTABLISHMENT FOR THE RECEPTION AND CURE OF A LIMITED NUMBER OF INSANE PATIENTS OF THE HIGHER CLASSES OF SOCIETY.]

DR. DAVEY, RESIDENT PROPRIETOR AND SUPERINTENDENT.

(Formerly of the County of Middlesex Lunatic Asylums at Hanwell and Colney Hatch.)

The above, as a residence for those mentally afflicted, presents many

peculiar advantages. The beauty of the locality, the extensive and highly-cultivated grounds belonging to the mansion, and the wide and diversified prospect, not less than the contiguity of Northwoods to the mouth and valley of the Severn, and its junction with the Bristol Channel, afford, in themselves, a guarantee of its cheerfulness and salubrity. Being built expressly for the purposes of a private Asylum, and adapted, therefore, in every way for the due Classification of the Insane, it affords to its inmates many conveniences and comforts not otherwise attainable; and the importance of these, in a remedial sense, will be directly apparent. Being in the vicinity of Bristol, and within an easy distance of the Yate Station on the Bristol and Gloucester line of railway, it is of course readily accessible. The NON-RESTRAINT PLAN OF TREATMENT is here fully carried out; and all the resources of the humane system, for so many years practised by Dr. DAVEY at the Middlesex County Lunatic Asylums, at Hanwell and Colney Hatch (under Dr. Connolly), are in full operation. The arrangements of the entire household, general and domestic, are made and carried through with but one object, viz., the personal well-being of the invalid inmates of the Establishment. Carriage, and, in some cases, horse exercise, cheerful society, and a variety of amusements, as reading, music, billiards, etc., etc., are provided, and exercise out of doors is much encouraged. Dr. DAVEY resides with his family at Northwoods, and devotes the whole of his time to the care, comfort, and melioration of his patients.

Particulars may be learned on application to Dr. DAVEY, at Northwoods, near Bristol; or (by appointment) at his Chambers, 52, Park Street, Bristol.

## The Best Food for Children, Invalids,

and others.—PATRONISED BY THE QUEEN.—ROBINSON'S PATENT BARLEY, for making superior Barley Water in Fifteen Minutes, has not only obtained the patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light food for infants, children, and invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS form another diet universally esteemed for making a superior Gruel in Fifteen Minutes—light for supper—and alternately with the Patent Barley is an excellent food for children and invalids, being particularly recommended by the Faculty as the purest and best preparations of the kind extant, and far preferable to the Embden Groats.

Prepared only by the Patentees, ROBINSON & BELLEVILLE, Purveyors to the Queen, 64, Red Lion-street, Holborn, London.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in packets of 6d. and 1s., and in family canisters at 2s., 5s., and 10s. each.

## To Authors, Publishers, etc.—Wood

ENGRAVINGS.—Illustrations for Books, Periodicals, Newspapers, and every class of Wood Engravings executed in a superior style, at reasonable prices, by GEORGE DORRINGTON, Designer and Engraver on Wood, 4, Ampton-street, Gray's Inn-road.

TESTIMONIALS.—“We are much pleased with your Engraving, and are obliged by your punctuality.”—Cambridge Advertiser. “We are quite satisfied with your workmanship.”—Edinburgh Evening Post. “The Engraving does you great credit.”—Leicester Chronicle. “The Engraving has worked admirably, we are perfectly satisfied with it.”—Cambridge Independent Press. “Your acclarity, business-like tact and system are admirable.”—Sheffield Times. “We are quite satisfied with the Engravings; they have our entire approval.”—Derbyshire Courier. “The workmanship is very creditable to you, and worthy of the patronage of the press.”—Nottingham Review. “We can fully bear out the encomiums of other newspapers on your ability and punctuality.”—Sherbourne Journal. “We have much pleasure in bearing testimony to your promptitude in the execution of Engravings, and also to the general excellence of the work.”—Leicester Mercury.

ESTIMATES AND SPECIMENS POST-FREE.



## ADVERTISEMENTS.

### To Surgeons Emigrating, & Others.

—**SURGICAL INSTRUMENTS.**—The friends of a Surgeon, lately deceased, are desirous of disposing of his surgical instruments, consisting of—Amputating, Trephining, Lithotomy, Ophthalmic, and other instruments, all of which will be sold at a very moderate price. Also an Anatomical figure adapted for Lectures. To be seen at the Office of this Journal, between the hours of 10 and 5 o'clock.

### Royal College of Physicians, Degree

OF M.D., APOTHECARIES' HALL, &c.—**DR. COOKE** continues to assist (personally or by correspondence) Gentlemen desirous of Graduating in Medicine or Surgery, or of Matriculating at British or Continental Examining Boards.—For terms, &c., apply to **DR. COOKE**, East Temple Chambers, 2, Whitefriars-street, Fleet-street.

### Students' Achromatic Microscopes

at £4 15s.—**C. BAKER**, 244, High Holborn, begs to call the attention of the Profession to his Student's highly-finished **ACHROMATIC MICROSCOPE**, with Sliding Stage, Slow Motion, Adjusting Mirror, and beautifully defining Achromatic Object Glasses; suitable for the highest medical investigation; in neat mahogany case with apparatus complete at £4 15s.

### Skeleton and Skull Repository,

45, Museum-street, Bloomsbury, London. **JOHN HARNETT** begs most respectfully to call the attention of Lecturers, Students, and Gentlemen connected with the Medical Profession, to his large and select Stock of Anatomical Preparations, consisting of Skeletons, loose and articulated Skulls, Hands and Feet, Vertebrae, and Loose Bones, at the lowest possible prices.

### Important to the Medical Profession.

—**NEW BOOKS** supplied as soon as published, at a reduction of 15 per cent., on direct application, with remittance, to **JOHN HOLDING WOODLEY**, 30, Fore-street, City, London. Purified Cotton Wool, 2s. per lb.

#### BANKS OF DEPOSIT AND SAVINGS BANKS.

#### INVESTMENT OF CAPITAL.

### NATIONAL ASSURANCE & INVESTMENT ASSOCIATION

#### TRUSTEES.

The Right Hon. the Earl of Besborough.  
The Right Hon. Lord George Paget, M.P.  
The Right Hon. Lord Templemore.  
The Hon. Henry Fitzroy, M.P.  
The Rev. Joseph Prendergast, D.D. (Cantab.), Lewisham.  
George Stone, Esq., Lombard-street.  
Matthew Hutton Chaytor, Esq., Reigate.

### Persons desirous of investing Money

are requested to examine the Plan of this Association by which a high rate of Interest may be obtained combined with perfect security.

Prospectuses and full information may be had at the Office, or sent post free, on application. **PETER MORRISON**, Managing Director

7, St. Martin's place, Trafalgar-square, London.

### JOHN HARVEY, NEPHEW AND SUCCESSOR

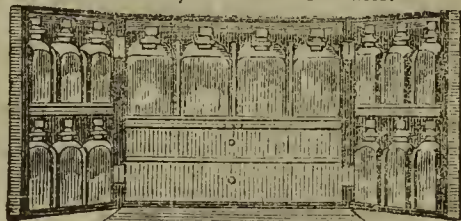
#### TO THE LATE

### ANDREW SPRINGWEILER,

No. 2, Duke-street, Smithfield, London,

### Medicine Chest and Dressing Case

**MAKER.** Ship Medicine Chests according to Act of Parliament. **EMIGRANT CHESTS**, &c. for all Climates.



Chemical and Plate Chests, Toilette, Jewel, Liqueur, and Sample Cases, Writing Desks, Despatch Boxes, &c., &c.

Wholesale and for Exportation.—Warranted to stand any Climate. It having been reported that the business has been removed, **J. H.** begs to inform the Medical Profession, that he, as Executor and Successor to the late **A. SPRINGWEILER**, solicits a continuance of their patronage.

### Dissecting, Post-mortem, and all

kinds of **SURGICAL INSTRUMENTS** of the best quality, and lowest price at **PRATT and Co.'s**, 420, Oxford-st., London.

### Prize Medal, Great Exhibition,

1851.—The only one granted for **CORSETS** in the United Kingdom, was awarded by the **MEDICAL JURY** to **MADAME CAPLIN**, 58, Berners-street, Oxford-street, for her **HYGIENIC CORPIFORM CORSETS**, Elastic Bodice, Belts, &c. For a description of the merits of the above, see **Dr. Tilt's** great work, "Elements of Female Hygiene."

### To all Bad Writers.—Mr. T. H.

**CARSTAIRS** continues to give **LESSONS** to Ladies and Gentlemen in his highly improved **METHOD OF WRITING**, enabling all those who require it to obtain a command and freedom seldom (if ever) equalled. Prospectuses of terms, &c., may be had at the Establishment, 81, Lombard-street, City.

### Jozeau's Copahine-mege, or Sac-

charated **CAPSULES**, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhoea, Gleet, and Leucorrhoeal Discharges, on an average of six days (see "Lancet" of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by **G. Jozeau**, sole French Chemist, 49, Haymarket, London; and **Jozeau**, Pharmacien, 161, Rue Montmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with the name of **Gabriel Jozeau** printed thereon.

### Important to Surgeons and the

Profession requiring Instruments to design.—**BLACKWELL** (a Working Surgeon's Instrument and Razor Maker and Cutler), 3, Bedford-court, Covent Garden, London, solicits attention to the above, and respectfully invites inspection of an extensive stock of Surgeons' Instruments and Cutlery, which are guaranteed of best London make, and offered at very moderate prices.

**B'S REGISTERED GUARD RAZORS ARE UNIVERSALLY APPROVED.**

	s. d.	£ s. d.
Circular Spring Truss.....	from 5 0	double 0 7 6
Single Patent, Salmon's.....	" 7 6	" 0 19 6
" Cole's .....	" 10 6	" 0 18 0
Scott's Reservoir double action Aperient Vase, sold at		

£3 3s..... 2 2 0

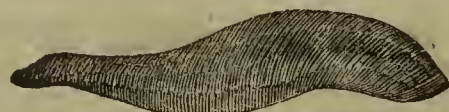
Ellis's Belts and Splint for Fractured Clavicle ..... 0 18 0

Bleeding Lancets, 18s. a dozen; Dissecting Cases from 12s.

Improved Elastic and Spring Crutches, Stockings (no lacing), Knee and Ankle Socks, Bandages, Artificial Legs, Arms, &c.

**MANUFACTORY**, 3, BEDFORD-COURT, COVENT GARDEN.

Army and Navy Surgeons' Outfits at an hour's notice, and a variety of cases, equal to new, for Navy and Emigrant Surgeons, cheap.



### Pure and Healthy Leeches.—

**POTTER and HAILEY** beg to assure the Profession, Druggists, &c., that the Leeches they offer are such as can be recommended for Purity, Health, and Readiness of Biting.

Importers of Leeches and Turkey Sponge, Herbalists, &c., 66, Far rington-market, London.

*Established upwards of Forty Years.*

### Teeth.—By Her Majesty's Royal

Letters Patent.—Newly-invented and Patented application of Chemically prepared White India-rubber in the construction of Artificial Teeth, Gums, and Palates.—**MR. EPHRAIM MOSELY**, Surgeon-Dentist, 61, Grosvenor-street, Grosvenor-square, sole Inventor and Patentee.—A new original, and invaluable invention, consisting in the adaptation, with the most absolute perfection and success, of **CHEMICALLY-PREPARED WHITE INDIA-RUBBER** as a lining to the ordinary gold or bone frame. The extraordinary results of this application may be briefly noted in a few of their most prominent features, as the following:—All sharp edges are avoided; no springs, wires, or fastenings are required; a greatly increased freedom of suction is supplied; a natural elasticity, hitherto wholly unattainable, and a fit perfected with the most unerring accuracy, is secured; while, from the softness and flexibility of the agent employed, the greatest support is given to the adjoining teeth when loose, or rendered tender by the absorption of the gums. The acids of the mouth exert no agency on the chemically-prepared white India-rubber, and, as it is a non-conductor, fluids of any temperature may with thorough comfort be imbibed and retained in the mouth, all unpleasantness of smell or taste being at the same time wholly provided against by the peculiar nature of its preparation. To be obtained, only at 61, Grosvenor-street, London; 22, Gay-street, Bath; 34 Grainger-street, Newcastle-on-Tyne

*Fourth Edition, just published, Illustrated, price 1s.*



## The Medical Circular.

WEDNESDAY, SEPTEMBER 21, 1853.

TO THE STUDENTS OF MEDICINE.

SESSION 1853-4.

GENTLEMEN,—It is an established custom, held in honour, for those who fulfil public duties in relation to the instruction of the rising scions of our profession, to address to them, at the opening of the Winter Session, a few remarks on the importance of the career they are commencing, and the onerousness of the obligations they are about to undertake. On these grave topics let me speak. Your Lecturers will, doubtless, address you with their accustomed earnestness; and to their introductory harangues I leave the rhetoric of exhortation. In the place of that, I give you my experience. A few sober and honest truths, couched in plain language, are all that I intend to offer for your counsel.

The three or four years which a youth spends in London, during the period of his studies, are the most momentous in his whole life, for he then not only acquires the necessary knowledge to enable him to practise his profession, but he forms his character—a result of more importance to the man individually, and of scarcely less consequence to his future patients, than the scientific instruction he has received. What avails knowledge without character? By character I do not exclusively mean the moral and religious virtues, however lovely, honourable, or necessary they be, but the cast of mind, the force of will, habits of thought and feeling, which distinguish man from his fellows in the affairs of this life. I suppose a man, armed at all points with scientific lore, cast suddenly into the midst of difficulty, when action is imperative, delay fatal; he is alarmed, confused, paralysed; and with his fortitude his knowledge vanishes in the moment of his greatest need. To form the character, then, of the medical man should be one of our first objects.

The transition from the quiet and monotony of rural life to the whirl, the excitement, and the dissipation of the metropolis, is, to a youth of eighteen, the greatest trial to which he can be subjected. The new scene comes upon him like a revelation. He is exposed to temptations and feels impulses to which he was before a stranger. His nature undergoes a sudden development; ideas enter that create new desires; the passions awaken, and the soul walks abroad on a journey of observation, yearning to know more with each fresh acquisition.

We will imagine a youth bred in the retirement of a country village, seeing nothing grander or finer than the old church or the modern school-house; finding his excitement in the impounding of a stray horse or the discovery of a hen's nest, his liveliest joy in the return of

the bright Spring-time, with its May-blossom and its exhilarating breezes, its gray mornings, when the fish bite readily, and its mellow evenings, favourable for golf or cricket, his heart returning at night to the sanctuary—the holiest and best beloved—home, and his day's life disturbed by no guilty recollections or unavailing remorse, rounded with serene and refreshing slumber; imagine him arrived in the metropolis, in the midst of long miles of squares, and streets, and alleys, magnificent parks and filthy courts, "gorgeous palaces and solemn temples," beneath whose dark shadows lie the squalid dens of poverty, profligacy, and crime; its noble bridges, its river crowded with masts, its wharves with merchandise; its opulence dazzling the eye from every window; its thronged streets, its diversified pursuits, its uproar, its dreariness, its isolation, its contrasts of grandeur and meanness, wealth and penury, purity and vice; its trading companies, political societies, and charitable institutions; its countless churches and reeking brothels; its hells and its hospitals.

How would he regard this scene?—what new emotions would not spring up in his breast? "The world is all before him where to choose," but "which" to choose has been a problem on which many a youth has shipwrecked his destiny.

On his arrival in London the first difficulty which the student encounters is that of obtaining suitable lodgings; and, if he be a stranger in town, and not recommended, the difficulty will be much increased. On the supposition, therefore, that the parents of the student have not provided a home for him, I will offer a few suggestions for his guidance. The provision of a home is not less important than the selection of a school; because, as I have already intimated, it is essential that the moral man should be preserved from contamination while the intellectual man is fitted for future duties. To provide a substitute for the "home" the student has left, and so to surround him to a certain extent with those wholesome restraints to which he was subjected under his father's roof, it is in the highest degree desirable that the student should be domiciliated with a private family, where he will be subjected to less temptation than in a lodging among strangers and mercenaries, and where also he will not be so likely to feel that urgency for change and pleasure which is often the first step towards the formation of idle and dissipated habits. If it shall be deemed afterwards expedient, for any reason, to live more apart, still residence during one session with a private family will break the suddenness of the transition from the dependence of home to the independence of the world, and be a suitable preparation for a "life in lodgings." Next to a residence with a private family a residence in the colleges now established in connection with the different hospitals is desirable. In these institutions a system of discipline and instruction is enforced, which, while



it tends to curb the restlessness of the passions, and to prevent irregularity of conduct, is peculiarly favourable to the advancement of the pupil in his special studies. Many of the best men in the hospitals now reside within the walls of a college. Too much praise cannot be given to those gentlemen who have been foremost in carrying out this system.

The situation of the residence is hardly of less importance than the house itself; care should therefore be taken that the site be salubrious; and if it be a mile or more from the hospital, so as to necessitate a walk twice or thrice in the day, it will be conducive to the maintenance of the student's health. Young men coming direct from the country, where they inhaled a fine bracing atmosphere and took abundant exercise, and at once settling near the City or the Borough hospitals, in the midst of filth and foul air, and ceasing their usual exercise, run serious risks of injuring their bodily strength. We lost a beloved friend from this cause—a youth of the highest intellectual promise and tenderest affections—who spent his days in the dissecting-room and his nights in the Jewin-street Barracks. The tale is short. He was attacked with typhus, and the result in two short weeks was death. His memory enjoins the warning as solemnly as if he had said—

“I secundo omine; et nostri memorem sepulcro  
Scalpe querelam.”

Emancipated from the restraints of parental authority, and finding himself surrounded by the fascinations and allurements of metropolitan life, the youth is apt to give the world a trial in the belief that he is so far master of himself as not to be overcome by temptation, and that a few acts of folly may be successfully concealed from the knowledge of those whose animadversions he dreads. Let him not yield to this delusion. All those men whose hopes have been blasted and characters ruined, have been seduced by an overweening confidence in their own self-command, insensibly yielding to the flattering persuasion that they could trifle with vice, hold it at their fingers' ends, and take it up or lay it down as suited the inclination. In every Medical School there will be found, though fewer now than formerly, young men of idle habits and vicious propensities, who regale their wits with the vapid slang of the town, turn the Students' Room into a tap, spend their nights at the Cyder-cellars, affect a taste for rowing, or racing, or dog-fancying, make up their books for the Derby, get up sweepstakes, propose matches, lay wagers, wrestle, and box. These men are a burden to their friends and a nuisance to their studious and deserving fellow-pupils. Spending all their money in profligacy, and at last getting into debt, they degenerate into a species of vagabondage, which once brought odium on the character of the medical student; and at the end of the three years, rejected at their examinations—if they ever proceed so far—become the offscourings of society,

and run into the common sink of humanity in the haunts of the Haymarket, or the “diggins” of Australia.

These men should be shunned like lepers; they taint every character they touch, and move about in an atmosphere of pestilence. They generally crave society; for vagabonds are always gregarious, and are the more dangerous because they are generally endowed with certain qualities of gaiety and carelessness, which are attractive to younger minds. Vice could not exist in a state of isolation; an only bad man would be such a monster, even in his own opinion, that his existence would be unendurable; hence he must find associates, and seek to palliate his own iniquity by the example of theirs.

I do not desire to dissuade the student from a proper indulgence in out-of-door sports, inasmuch as they contribute to the bodily health, and maintain the elasticity and spring of the mental faculties. A man can study harder and better in proportion to his bodily vigour; and, even if it were not so, still on its own account it is wise to preserve the health of the system by every legitimate and prudent means. Sport is not vice; it is the ill-use that is made of it that is iniquitous. If a young man abandon himself to any particular fancy of the day, so that he neglect the real business of life, he is then guilty of a crime and a folly, for which, if he be not ashamed now, he will not fail to be sorry hereafter. Exercise or pleasure should be always subordinate to duty, and be a preparation for it. In this sense it is itself a duty, and both desirable and commendable. In the long run, the man of pleasure will find that he has made a poor exchange, and has sadly misspent his time, for he will assuredly find that the man of business will surpass him in all the duties of life. Owen Feltham says that the men of business always govern the men of pleasure, and remarks, “Therefore that man is but of the lower part of the world that is not brought up to business and affairs. And though there be many that think it a little too serious for the capering blood and sprightly vigour of youth, yet, upon experience, they shall find it a more contentive life than idleness or perpetual joviality.”

The laughing philosopher, he of Abdera, made especial butts of those who exhibited unusual eagerness to be either honoured or rich. Though he is said to have laughed at every body, I question if he ever laughed at those who were eager to improve their faculties and benefit humanity. He was no philosopher if he did. I agree with him that it is possible to be too eager in the pursuit of vain things, and that the most industrious man ought to find time to recreate his faculties. A rational man would rather gallop with Socrates on a walking-cane, or roll his tub with Diogenes, and remain poor, than become a Croesus by the continual sacrifice of time, strength, mind, and conscience for that end. We cannot, however, be too earnest in seeking for knowledge



and improvement; and the best way to make our earnestness profitable, is to refresh it with occasional recreation.

Though amusement may be lawful, it should never interfere with duty; and the student should be careful, above all things, to avoid *procrastination*. Let him remember the trite but irreversible truth, that "time lost can never be redeemed." It is true that yesterday's duty may be done to-day; but still it is the duty of yesterday, and a day has consequently been lost for ever. I declare to you, I feel the loss of nothing so much as of time, profoundly convinced that, with time on his side, a man of ordinary ability and industry may achieve the highest object of reasonable desires.

Young men are apt to deceive themselves with the notion that they can win success with a dash—a *coup de main*; that nothing is wanted but intrepidity to carry out the boldest designs. The hot blood and eager hopes of youth delight in such conceptions; but such is not the lesson that either personal or general experience teaches him who as a watchman stands aloft on a tower surveying the attempts and struggles of the hosts of fighting men in the plains beneath. The bold sally may occasionally have a certain limited success; it is brilliant, captivating, inspiring; but it rarely, very rarely, wins a battle. Vigilance, patience, perseverance, these are the master-qualities that command success. True heroes are made of this fibre.

In civil life there is much less "chance" than the young commonly suppose; and the closer our examination of causes, the more convinced shall we become that in every man's life the greatest results, how rapid and startling soever they may appear, have followed from prudence in conduct and perseverance in pursuit—from, in short, a wise and watchful use of time. Let me apply these observations to the student.

There are some young men who are endowed with quick perceptions and a power of rapid acquisition; eager, lively, volatile, capable of learning much in a short time, but indisposed to steady application, never settling to one subject and mastering it, but making a discursive flight over the various regions of science, like drones, gathering sweets but making no honey. Such persons generally acquire the character of being brilliant but idle fellows, whose powers are undeveloped but still capacious; the flattery of injudicious friends frequently confirms a weakness of disposition into a habit of life, and the youth grows into the man with a sanguine faith that he is distinguished by the possession of great mental endowments, and that he ought to command the highest places in the world's gift. Why does he not? Why does he return from his charge dispirited, crest-fallen, sick at heart, and disgusted? Because he has never learned the conquering strength of perseverance. He is a stranger to the might and dignity of labour.

Does he boast of his "genius?" He is judging by a

false standard. Genius he has none. He is deficient in one of its primary elements—industry. I have known several men in my life who may be recognised in days to come as men of genius, and they were all plodders,—hard-working, *intent* men. Genius is known by its works; genius without works is a blind faith, a dumb oracle. But meritorious works are the result of time and labour, and cannot be accomplished by intention or by a wish. The immortal thoughts that seem as if they flowed spontaneously from the soul of Shakspeare, were nevertheless moulded in a die which, doubtless, required many years of unremitting attention to fashion it to his exquisite taste. His intellect, by constant study, had at length been trained to that perfect discipline which enabled it to move with a grace, spirit, and liberty incomprehensible to those minds that have not passed through the same severe ordeal. Every great work is the result of vast preparatory training. Facility comes by labour. Nothing seems easy, not even walking, that was not difficult at first. The orator whose eye flashes instantaneous fire, and whose lips pour out a flood of noble thoughts, startling by their unexpectedness, and elevating by their wisdom and their truth, has learned his secret by patient repetition, and after many bitter disappointments.

If any young man thinks that I have exaggerated the importance of industry, and depreciated the value of mere talent, I am willing to be judged by those men who *have* succeeded—who have asserted the greatness of their genius by the magnitude of their works. That there may be "mute inglorious Miltons" and "village Hampdens" I am prepared to a certain extent to admit; but of what benefit have been their talents to the world or to themselves? They never put their sickle into the corn-fields, and they brought home no harvest; we therefore owe them no gratitude. They are as unknown as if they never were; and no flower growing above their tomb breathes around the world the fragrance of their good deeds.

John Hunter was a remarkable instance of perseverance. He was always in his work. At his meals, in his carriage in the hospital, in the sick chamber, in the dissecting-room, in the museum, he was always collecting and registering facts, or following out some train of meditation. Hence the stupendous monument which he has raised to his imperishable glory. "Patience" is the motto inscribed upon its walls. He began with a broad basis, and industriously piled fact upon fact, while the learned world looked on in amazement at the grandeur of his labours. This monument, seen in the light of his genius, projects its mighty image down the avenue of the far-off future, and, like the shadow upon the dial, measures the altitude of the intellect that established its foundations.

Not less characteristic was the career of the illustrious Newton. When asked how he managed to work out his



grand principle of gravitation, he replied, "By always thinking about it."

If there ever was a man in our profession who might be reputed to possess a "genius" for its practice, it is William Fergusson, the present Professor of Surgery in King's College. He commenced his profession at seventeen, at twenty-three tied the subclavian, and thenceforward quickly established his character as a great surgeon. He is yet a young man. Do you think that his extraordinary facility in the use of the knife is due to an abstract and occult quality popularly called "genius?" Not at all. In the sketch of his career recently published in the "Medical Circular," it was stated that his motto was "Work! work!" He was in the habit of spending sixteen hours a day in the dissecting-room; and in his working hours, as he called them, his thoughts were never for five minutes directed from his profession. Like Newton, he was "always thinking about it."

Activity without concentration is idleness. It acquires little and retains less. It is not labour nor even exercise—it is dissipation. It neither strengthens nor sharpens the faculties, but emasculates vigour, extinguishes the power of attention, deteriorates the understanding, makes men frivolous and self-sufficient, and leaves them ignorant and useless. Without a purpose a man is like a ship without a rudder, making no progress, helplessly baffled by every wave, and driven to leeward by every gust.

However rich the soil, no man's mind will produce fruit worth acceptance unless assiduously cultivated. Genius is not an occult power, like a stage sprite, that will reveal itself at our bidding, and perform intellectual feats to remove difficulties and lead us to success. There is nothing mysterious in its nature or operation; it is no more than the ordinary faculties of the mind educated, invigorated, and rendered productive by industry. Any other belief is a snare.

Although it cannot be expected that every youth should become great in the world of letters or science, yet it must be clearly understood that no man can do even an ordinary thing well unless he place before himself a higher object than that which requires his immediate duty. He who is content with doing a small thing, and doing that, too, indifferently, will be content to do less when the stimulus to exertion is removed. We owe it to society and to ourselves that we develop our powers to their fullest limit, directing their application always to those objects which more immediately concern us in our daily avocations.

It is not the overt work that so much taxes the faculties as the preparation for it. A runner must undergo many weeks of severe training before he engages in the race; and then, amid astonishment and plaudits, he may easily distance his competitors. This extraordinary speed was not the natural pace of the runner. Let every young man reflect on this truth, and train his powers in secret, in his closet, and by quiet meditation.

The great advantage of industry consists in the increased capacity for work. We know not what we can do until we try; our capabilities are almost illimitable. He who comes to me crying, "There is a lion in the path, an adder in the way," I set down as a man having the soul of a slave: he has no self-reliance. Try your strength—persevere—and your faculties will expand with your work, and you will perhaps wonder at the extent of your own performances. Nothing has surprised me more than the extraordinary self-development that comes by practice, and the wondrous ease with which difficult undertakings are subjugated to our mastery. The more we have to do the more we can do; and the word "impossible" comes to be struck out of our vocabulary. I despair of nothing; but when I do not succeed I know that the fault is in myself.

A youth commencing his studies is frightened at their extent and multiplicity. He turns over the leaves of his several volumes; he sickens over the uncouth nomenclature; he distrusts his powers; desponds; defers the period of study; and loses precious time that he never can recover. His folly now is often avenged on him at the Examining Board. Let him know that a week's resolute study will cause his apprehensions, though they were mountains, to crumble like dust. He will feel his proud heart spring with the bound of a conqueror. This will be, perhaps, his first victory, but it is a victory that may be a lasting inspiration, and influence his entire life. It will be a discovery of innate strength, and will teach him a lesson of self-confidence that will make easy all future undertakings.

There is no truth of which I am more convinced than of this—the indefinite extension of human capability. But this truth, like faith, must be felt to be known. When men talk about faith, and define it from their different points of view as "historical faith," "natural faith," "transcendental faith," I know this, that they do not possess "spiritual faith." Of moral truths nothing is known that is not felt. Would the young reader be convinced of the truth of my axiom, let him believe, and, with labour, he will gain the conviction of the progressive development of his powers. His fears will flee like a mist, and he will march forward rejoicing in the broad daylight of self-knowledge.

Why do I urge upon you the great doctrine of self-trust? Because I have noticed that most men, young and old, break down for the want of it. Bend to your work; lay well out upon your oar; stretch forth to the wide sea; fear neither rock nor shoal, nor an ill-wind, and you will seldom suffer shipwreck from mischance. He who timidly hugs the land strikes upon the breakers, and the scoffing waves roll over his head.

Self-trust is especially demanded in a profession so full of direful contingencies as that we follow. In a moment, without warning, we may be summoned to rescue life



under circumstances the most appalling:—a father has been struck by machinery—mutilated, gashed, bleeding—and an operation cannot be deferred; or a mother, in the agony of parturient throes, swimming in blood, gasping and pale, is shuddering under the touch of the cold hand of death. Here moments are hours. If the practitioner lose confidence his patient dies, and his own character and competency may be irreparably blasted.

To acquire confidence the student should remember that tens of thousands have already compassed the same studies as those in which he is engaging, and what they have done must be within the reach of an ordinary understanding. Difficulties vanish as we approach them. Our fears augment their apparent size, but the knowledge acquired by a nearer view soon dwarfs them down to their real magnitude. In order to overcome these difficulties, the student should begin upon a *method* of study—no matter what, if he devise it by his own reflection, for he will find that thus his work is half done. Let the first year's student take copious notes of his lectures, because nothing is grasped by the mind so tenaciously as that which has been written. In the evening let him read over the subjects by the additional assistance of some standard work; let him mark the differences, if there be any, and fix the leading facts on his mind. Note-taking is the only way to study profitably. It is a tedious and laborious course, but it is sure and fruitful. Every prizeman is a note-taker.

A more advanced student, desirous of acquiring a thorough knowledge of the various branches of study, should study one subject at a time, and persevere until he has mastered it. Those who desire you to take care of your health and to vary your studies, give bad counsel. No man that we know has ever studied himself into madness or a consumption.

In pursuing his studies the pupil should never imagine that he knows enough, or that this or that branch of study may be neglected, as it can never be useful to him; or that he may neglect a lecture or reading to-day, and compensate for his lost time by doubled exertion to-morrow. No man ever yet had enough knowledge for his vocation: cases will occur when, unless a man be an idiot or a knave, he will heartily wish that he knew more than he has been able to acquire; he, therefore, who thinks he already knows enough, knows so little as to be insensible to his real wants. It is also a delusion to suppose that certain branches of study can never be useful. It is true that if they are not known they cannot be useful to the individual; but it is equally true that their usefulness will accompany this knowledge, and be a source of frequent delight and profit. Botany, for example, is merely an incidental branch of study, not absolutely essential to the practitioner; yet circumstances may occur, both at home and abroad, when he may find great advantages accrue to him from a knowledge of this science; and

many practitioners have gained valuable patients simply through the interchange of knowledge and sentiment incidental to a knowledge of the history of fruits and flowers. Nothing is so little as to be despised.

Books are, however, secondary media of instruction; in them knowledge is indicated and methodised, formularised and defined; but it is not exhibited. They do not give realities, but their symbols. We may be told that a substance is broad or long; but what is breadth and length we must see with our own eyes, and discover by our own touch. In ordinary things, the knowledge that comes by books is immediately translated into our experience; but it is not so in matters relating to a new science, and medicine, to a student, is a new science.

*Things* are the primary object of the pupil's study. His knowledge of his science, like all real knowledge of physical nature, must come through his senses; the colour, density, form, structure, and relations of objects are thus impressed definitely and clearly upon the mind. Books are helps, guides, teachers; but they are not the thing itself, and cannot even give us a correct representation of the thing. Suppose we are *told* that pus is a "thick, opaque, somewhat oily substance." So is cream. How, then, could a person who had never seen "pus," know it by this description? That which is not seen and felt is only half known; and that which is only half known is the other half error.

In order, then, to study facts, the student must spend as much as possible of his time in the Dissecting-Room, the Dead-House, and the Hospital. These are the true fields where facts are to be gathered. The reeking vapours and noisome stench of the Dissecting-Room may revolt the sensibilities, but knowledge is to be gained only by encountering the loathsomeness and vanquishing our disgust. The wounds and gore of the Hospital may equally shock the delicate fibres of inexperience; but a competent knowledge of the science of surgery can be acquired only by a resolute devotion to our duty, at whatever cost to our feelings and our commiseration. Sir Astley Cooper used to say that a man could only become a good surgeon "by wading ankle-deep in blood." The expression is strong, but it points out the duty to be done and the sacrifice to be endured by every aspirant to fill our ranks.

I have recommended to your adoption those principles of conduct and methods of study which, in my opinion, are best qualified to develop and inform the mind. I have urged upon you the importance of acquiring the power of self-trust, and of observing the duty of perseverance. I have pointed out to you the necessity of studying things before words, and of cultivating originality of thought: let me now say something about the stumbling-blocks which are reported to stand in the way of the acquisition of truth.

An accusation is often brought against our science that it produces atheists—a charge arising, I believe, rather



out of the obstructive prejudices of the unenlightened portion of the public than founded in experience. I have come into contact, in various ways, with as large a number, perhaps, of my professional brethren as any other man, yet, although I have occasionally seen among them one who indulged in a tone of levity in relation to religious subjects, yet I do not know that I have seen amongst them all a declared atheist; nay more, all the atheism I have met with I have observed among the half-educated young men and philosophists that have sprouted forth from those hotbeds of free-thinking—the lower description of literary societies which abound in this metropolis, and are to be found in all our great cities.

How can a student of physiology be an atheist? The presumption passes my conception. We will assume that we are dealing with a man whose ideas are somewhat confused on these topics; he denies the existence of the soul, and conceives that all the operations of the mind originate in the molecular motions of the cerebrum; that the brain is the source as well as the organ of thought, and evolves it as the liver secretes bile, or the kidneys urine. Truly, indeed, the liver secretes bile—a material structure, remark, secreting a material substance; but what, my young friend, does the brain secrete? Sensation, thought! Is thought material? Show me the parity of your reasoning, and I will show you its fallacy. Can you measure thought with a cloth-yard, or put sensation into a scale, and define its *quantum* in penny-weights?

O! but you answer me, the elements of matter may be so arranged that they become capable of new functions, and among those may be sensation and thought. My argument is untouched. This is no new statement, for we know already that a difference of structure begets a different function; but the hypothesis with which the question closes has no proof.

Is there no God? Show me how, by process of division and development, the homogeneous fluid in the ovum is gradually converted into cartilage, cellular tissue, bones, muscles, brain, blood, and acquires sensation and thought! Show me the organic production of a chick. Why does not the chick by some accident become a gosling? I am answered again that the elements of matter have a proper and peculiar arrangement in each case, and undergo certain processes of change in subordination to fixed and definite laws!

You are a promising pupil; but you go further and tell me that, inasmuch as no recorded experience establishes the fact that the lily has ever blossomed into the rose, or that the butterfly has been transformed into the grasshopper, or has even established the fact of a single new evolution of organic life, these special arrangements of matter are coeval with the existence of matter itself; are, in one word—eternal. Soho, my young philosopher, so to get rid of one difficulty you assume a myriad. To obviate the admission of a self-created God, you assume

a self-created matter; and to deny the formative powers of the One Being, you assume a fortuitous combination of atoms in myriads of instances, each of which established for itself permanent laws, and performed for itself, without forethought or design, all the creative and plastic functions attributed to God! To deny the worship of one God, you bow the knee to ten thousand idols.

But the conclusion stultifies the argument, as the argument falsifies the conclusion. A materialist, to reason consistently, must reason inductively; and until he can observe the self-creation of new organic beings, his assumption of the fortuitous combination of atoms is proved, by his own method of arguments, to be a fallacy and a delusion.

A man may be admitted to argue himself into a conviction of his ignorance; but we cannot allow him to clothe his ignorance in a formula and call it science. The materialist, literally, has no ground of vantage. Let the student promptly cut away those briars which are snares in his path.

The study of the science of medicine is a great privilege to an incorrupt and inquiring mind, and in entering upon it the pupil engages in one of the noblest pursuits that can engage his contemplations. The universe is open before him; the book of nature is displayed in its every leaf and in its many-tongued language. Think you how vast is the domain of study, how inexhaustible! All the worlds of thought and science lie tributary at your feet. From the blastema, transitory, diffuent, and scarcely impregnated with life; the minute cell, enclosing within its lucent and filmy coats a magazine of occult powers, a microcosm of the outer world, you ascend to the complex organisation of the human structure, with its wondrous mechanism and varied attributes, its muscles, nerves, bones, and ligaments; its sensuous apparatus, perfect and marvellous; its “strong flexures” and graceful forms, instinct with life and in everlasting motion; endued, moreover, with that diviner part—that higher life, which every man feels within him and around him, encircling him like an atmosphere of glory, shining into his heart, and inspiring his eloquence, like the golden ray of the morning that thrilled Memnon’s lip. The land is yours, with its divers regions, animate and inanimate; its minerals, useful to save and potent to destroy; its fossils, the mute but eloquent inscriptions on the grave of buried worlds: its flowers, clothing it like a vesture of beauty, yet rife with the latent elements of salvation or death: the water is yours, with its powers, and its uses, and the myriads of living things it hides in its bosom: the light is yours, whether of the sun or moon, or the electric beam that flashes in the dark midnight its message of destruction from heaven to earth; whether of the baleful fire-vapour that smokes from some Serbonian bog, or the sweet influences shining down from the Pleiades or the Virgin’s Zone: the air is yours, with its opposing ele-



ments, its "blasts from hell" and "airs from heaven," its death-distilling miasms and its Sabæan odours—the charter to the organic word "to live, and move, and have its being!" Land, water, light, air, all are your tributaries!

These are the heritage of the student of medicine. So various, so comprehensive are his studies that he enters with the right of a native into every region of science. Pursuits that would be foreign to the avocations incident to nearly all other professions are an integral part of our science. Human life is in relation to the whole visible universe; and with many powers, too, that are invisible, it is in close connexion. Mineralogy, botany, chemistry, meteorology—all the sciences, in short, concerned in revealing the laws of physical nature are subordinate to the great science of sciences—the relief of human suffering and the prolongation of life. How great, then, is the privilege we enjoy.

I have now only a few parting words to utter; they are these:—He who does not love the profession he practices will not pursue it with happiness to himself or satisfaction to his patients. His disgust will diminish his zeal, and his patients will soon become sensible of his indifference. The way to learn to love your profession is, to allow your thoughts to be ever dwelling on it; to avoid distraction, to discard other idols, and give all your attention to the due performance of the sacred duties you have undertaken. Medical men are the soldiers of humanity; they are sent forth to combat with misery, pain, and death; and, unless they accept their task cheerfully, and prosecute it with something of the spirit of heroism, they will do little useful service.

This love of your profession will set you above that discontent which men are apt to feel when they find their kind offices neglected, and their self-sacrifice returned with forgetfulness or ingratitude. Let none but your own conscience be your approver, and learn to fear nothing so much as a violation of duty. Mere money is a useless balm to a hurt conscience; and however necessary it may be as the world goes, it can never be the primary object of the enlightened and humane practitioner.

In one respect your patients must ever be your debtor. Gold can neither purchase sympathy nor repay it; gratitude can be, in the nature of things, its only return; and in almost every case the instincts of humanity will be true, as an echo to the voice of tenderness and solicitude. Sympathise with the sufferings of your patients; show that you feel an ardent human interest in their agonies; that in you the surgeon's effectual skill is tempered by the Samaritan's compassion; that your heart is touched by every pang, and responds to every hope; and rely faithfully that a full measure of esteem, affection, and gratitude will be your reward. Human nature is evilly-disposed only when it is evilly treated.

In this spirit, then, should you strive in due time to

fulfil your holy mission; going about doing good for its own sake, dignifying the science of the man with the virtues of the Christian; and while you are thus acquiring respect and consideration for yourselves, you will raise up testimony around you to the public usefulness and the moral grandeur of the profession it is your duty to honour.

GEORGE ROSS.

#### CONTENTS OF THE MEDICAL JOURNALS.

**Association Medical Journal.**—(No. XXXVII. September 16, 1853).—LEADING ARTICLES.—The Importance of Lectures on Medical Ethics. Mr. Syne and Mr. Hester. Reform of the Club System.—ORIGINAL COMMUNICATIONS.—The Yellow Fever of Antigua in 1835, 1839, and 1842. By Thomas Nicholson, M.D. The Arsenical Treatment of Cases of Snake-Bite. By Benjamin Travers, Jun., Esq., F.R.S. Case of large Strangulated Inguinal Hernia fatal after Operation. By Joseph Hinton, Esq.—BIBLIOGRAPHICAL NOTICES.—Guthrie: Surgery of the War in Portugal, Spain, France, and the Netherlands, from 1808 to 1815. Cust, The Hon. Lady: Invalid's Own Book. Cheap, Nice, and Nourishing Cookery.—PERISCOPIC REVIEW.—Practice of Medicine and Pathology. Prognosis and Treatment of Epilepsy. Bromo-iodides in the Treatment of Insanity. Toxicology. Case of Poisoning by Aconite and Belladonna. Poisoning by Atropia applied to the Conjunctiva. Toxicology in the Slave State of Virginia. Oxygen as an Antidote to the deleterious Effects of Anæsthetic Agents.

**Dublin Medical Press.**—(No. DCCLXVII. Vol. XXX. September 14, 1853).—PROCEEDINGS OF SOCIETIES.—Royal Medical and Chirurgical Society—On Intermitting Diabetes, and the Diabetes of Old Age. An Account of a Dissection of an Ovarian Cyst which contained Brain. Erysipelas of the Head and Face: Hæmorrhage from the Carotid: Ligature: Recovery. False Aneurism of the Posterior Tibial Artery successfully treated by Injections of Perchloride of Iron. Cystic Diseases of the Testicle. An Account of an Instance of remarkable Deformity of the Lower Limbs. Case of Hypertrophy of the Tongue. Boston Society for Medical Improvement—Extracts from the Proceedings of.—SELECTIONS FROM MEDICAL JOURNALS.—A Treatise on the Epidemic Erysipelatous Fever of the United States (concluded). By H. Bennett, M.D., of New York.—LEADING ARTICLES.—Leading Article. A Voice from the Country—The Irish Medical Association. Medical Life in London. Medical Journalism.—POOR-LAW PROCEEDINGS.—Ballyvaughan Union.

The "Lancet" and "Medical Times and Gazette," of this week, contain only the usual information comprised in the Students' Number, and do not, therefore, require more special notice.

#### BOOKS RECEIVED FOR REVIEW.

Sandgate as a Residence for Invalids. By George Moseley. London: John Churchill.

Elements of Psychological Medicine. An Introduction to the Practical Study of Insanity, adopted for Students and Junior Practitioners. By Daniel Noble, F.R.C.S. London: J. Churchill.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.—At the meeting of the association at Hull on Tuesday, Dr. Royle resigned the general secretaryship, Dr. Whewell was appointed a vice-president, and Dr. Dickenson a local secretary. Dr. Lee read a communication from Mr. James Day, hydrographer, suggesting the formation of medical meteorological observatories throughout the kingdom, where medical men might note meteorological phenomena, and compare them with the ailments most prevalent at the same periods. Dr. Lee further suggested that such observations should be made at every hospital throughout the country. Dr. Price read a paper on a new photometer.



# SYNOPTICAL CHART OF THE RECOGNISED METROPOLITAN AND PROVINCIAL SCHOOLS OF THE LECTURERS, HOURS OF

## WINTER SESSION.

## METROPOLITAN

Metropolitan Schools, alphabetically arranged.	Principles and Practice of Medicine.	Principles and Practice of Surgery.	Anatomy and Demonstrations.	Anatomy, Descriptive and Surgical.	Structural and General Anatomy and Physiology.	
St. Bartholomew's .....	Dr. Burrows, Monday, Wednesday, & Friday, at half-past 3. Single course, £5 5s.; Perpetual, £7 7s.	Mr. Lawrence, Monday, Wednesday, & Thursday, at 7. Single course, £5 5s.; Perpetual, £7 7s.	Mr. Holden, Mr. Coote, and Dr. Kirkes, daily, from 10½ to 2½. Single course, £3 3s.; Perpetual, £5 5s.	Mr. Skey, daily, except Saturday, at 2½. Single course, 5l. 5s.; Perpetual, 10l. 10s.	Mr. Paget, daily, at 9. Single course, 5l. 5s.; Perpetual, 10l. 10s.	Dr. St. Wedn day, cours tual,
Charing Cross .....	Dr. Chowne and Dr. Rowland, M., W., & F., at 4½. £4 4s.; £7 7s.	Mr. Hancock, M., Th., & F., at 2½. £3 3s., £6 6s.	Mr. Goldsbro, daily, at 3. £2 2s., £4 4s.	Mr. Canton, daily, except Saturday, from 8½. 4l. 4s., 7l. 7s.	Mr. Canton, daily, except Saturday, at 3½. 4l. 4s., 7l. 7s.	Mr. L. S., at
St. George's .....	Dr. Nairne & Dr. Page, M., W., & F., at 9. £5 5s., £6 6s.	Mr. Tatum, M., W., & F., at 12. £4 4s., £6 6s.	Mr. H. Gray, Dr. Ogle, and Mr. Holmes, daily.	Mr. Hewett & Mr. Pollock, daily, except Sat, at 2½. 6l. 6s., 8l. 8s.	Mr. Johnson, M., T., & F., at 10. 6l. 6s., 8l. 8s.	Mr. N. at 11.
Guy's .....	Dr. Addison, Dr. Babbington, & Dr. Barlow, M., W., & F., at 3½.	Mr. Cock, Mr. Hilton, & Mr. Birkett, T., T., & S., at 3½.	Mr. Callaway, Dr. Habershon, & Dr. Lloyd, daily.	Mr. Hilton and Mr. Birkett, daily, at 2.	Dr. Gull, M., W., T., & S., at 10.	Dr. A. T., a
King's College .....	Dr. Budd, T., T., & S., at 5. £5 5s.; £7 7s.	Mr. Fergusson, M., W., and F., at 5. £4 4s., £6 6s.	Mr. Lee and Mr. Wood, daily.	Mr. Partridge, daily, at 9. 8l. 8s., 9l. 9s.	Dr. Todd and Mr. Beale, M., W., T., and F., at 4. 8l. 8s., 9l. 9s.	Dr. M. wick at 3.
London .....	Dr. Little, M., W., T., & S., at 8½. £4 4s., £7 7s.	Mr. Curling and Mr. Critchett, M., W., & F., at 2½. £4 4s., £6 6s.	Mr. N. Ward and Mr. Wordsworth, T, T, & S, at 11½. £5 5s., £10 10s.	Mr. Adams, daily, except Thursday, at 9½. 5l. 5s., 10l. 10s.	Dr. Carpenter, 1st part on Th., at 3, 2d part Tu. at 7. 3l. 3s., 5l. 5s.	Dr. I. F., & 7l. 7s.
Middlesex .....	Dr. Crawford and Dr. Thompson, M., W., & F., at 9. £4, £6.	Mr. Shaw, T., T., & S., at 9. £4, £6.	Mr. Nunn and Dr. Vander Byl, T. & T., at 3. £2 2s., £3 3s.	Mr. Moore, daily, at 12. 8l., 11l.	Mr. De Morgan, M., W., & F., at 3. 4l., 6l.	Mr. T. Heise at 11
St. Thomas's.....	Dr. Bennett, M., W., & F., at 4.	Mr. South, T., T., & S., at 11.	Mr. Rainey, Mr. Barwell, and Mr. Jones, daily, from 9 to 3.	Mr. Clark, Tuesday, Thursday, Friday, and Saturday, at 3.	Mr. Grainger, M., T., W., and T., at 10.	Dr. T. and I
University College .....	Dr. Walshe, daily, at 5. £5, £8.	Mr. Erichsen, M., T., T., & F., at 4. £4 10s., £6.	Mr. F. W. Sayer, daily.	Mr. Ellis, daily, at 9. 6l., 9l.	Dr. Sharpey, daily, at 10. 6l., 9l.	Mr. G. Willk cept
Westminster .....	Dr. H. Roe and Dr. Basham, T., T., & F., at 4. £5 5s., £6 6s.	Mr. B. Holt and Mr. Guthrie, T., T., & S., at 9½. £5 5s., £6 6s.	Mr. Power, daily.	Mr. Holthouse, daily, except Saturday, at 3. 5l. 5s., 7l. 7s.	Mr. Hillman, M., W., & F., at 2. 5l. 5s., 7l. 7s.	Mr. H. and I 6l. 6s.
School of Anatomy and Surgery adjoining St. George's Hospital .....	Dr. Daniell and Dr. Sibson, M., W., & F., at 4½. £5 5s., £6 6s.	Mr. Pilcher and Mr. Smith, T., T., & S., at 9. £3 3s., £5 5s.	Mr. Benson and Mr. Waters, daily.	Mr. Blenkins and Mr. Lane, daily, at 3. 6l. 6s. 8l. 8s.	Mr. Lane and Mr. Blenkins, daily, at 10½. 6l. 6s., 8l. 8s.	Mr. I. and 6l. 6s.
St. Mary's.—No Prospectus of this School is yet published.						

## PROVINCIAL

Provincial Schools alphabetically arranged	Principles and Practice of Medicine.	Principles and Practice of Surgery.	Anatomical Demonstrations.	Anatomy, Descriptive and Surgical.	Structural and General Anatomy and Physiology.	
Birmingham Queen's College .....	Dr. Johnstone, at 8.	Mr. S. Cox.	Mr. Bolton & Mr. Pemberton, at 12. 4l. 4s.	Mr. J. Cox.	Mr. Parker.	Mr. S.
Birmingham Sydenham College .....	Dr. Fletcher, at 8. 4l. 4s. 7l. 7s.	Mr. A. Baker, at 5. 4l. 4s., 7l. 7s.	Mr. Jones and Mr. Postgate, at 12. 4l. 4s., 7l. 7s.	Mr. Elkiugton, Mr. Jones, and Mr. Postgate.	Dr. Keyworth, at 1. 4l. 4s., 9l. 9s.	Mr. A. 7l. 7s.
Hull and East Riding School of Medicine and Anatomy .....	Dr. Sandwith, daily, at 3 p.m. 5l. 5s., 7l. 7s.	Mr. Gibson, T., T., and S., at 4 p.m. 3l. 3s., 5l. 5s.	Dr. King, daily, at 5 p.m. 4l. 4s., 6l. 6s.		Mr. Craven, daily, at 8 a.m. 5l. 5s., 8l. 8s.	Mr. F. Th., 5l. 5s.
Leeds School of Medicine*	Dr. Chadwick and Dr. Heaton, M., T., W., T., and F., at 5 p.m. 5l. 5s., 8l. 8s.	Mr. Hey and Mr. Nunneley, T. & T., at 6½ p.m. S. at 10 a.m. 3l. 3s.		Mr. Price and Mr. Wheelhouse.	Mr. Ikin, Mr. S. Hey, Mr. W. N. Price, and Mr. Wheelhouse.	Mr. M. tergo & F. 7l. 7s.
Liverpool Royal Infirmary School of Medicine† ...	Dr. Dickenson, daily, except S., at 5 p.m. 5l. 5s.	Mr. Cooper, M., W., Th. and F., at 4 p.m. 4l. 4s.	Mr. Fletcher, daily, at 6 p.m., except S. 3l. 3s.	Dr. Vose and Dr. Turnbull.	Mr. Long, daily, at 8 a.m. 5l. 5s.	Dr. B. S., at
Manchester Chatham-st, School of Medicine ‡ ...	Dr. Watts and Dr. Wilkinson.	Mr. Southam.	Mr. Murphy.	Mr. J. S. Fletcher and Mr. J. O. Fletcher.	Mr. Dumville.	Mr. S.
Manchester Royal School of Medicine & Surgery §	Dr. Browne, daily, except S., at 5. 4l. 4s.	Mr. Orr, M., W., and F., at 4. 4l. 4s.	Mr. Lund, daily.	Dr. Renaud, daily, at 8½. 2l. 2s.	Mr. Turner & Mr. Smith, daily, at 12. 4l. 4s.	Dr. A. S., a
Newcastle-on-Tyne Col. of Medicine and Surgery	Dr. Glover and Dr. Robinson.	Sir J. Fife, Mr. Potter, and Mr. Fife.	Mr. Furness, Mr. Fife, and Mr. Mc Nay.	Mr. Fife and Mr. Newton.	Dr. Robinson.	Mr. D.
Newcastle-on-Tyne Col. of Med., in connexion with Durham University	Dr. Charlton, daily, except S., at 5. 3l. 3s.	Messrs. Heath, M., W., and F., at 7. 3l. 3s.	Mr. Pearse, M., T., Th., F., & S., 6 p.m. 3l. 3s.	Mr. Pearse.	Dr. Embleton and Mr. Gibb, W., Th., F., & S., at 8 a.m. 4l. 4s.	Dr. W., a.m.
Sheffield Medical Institution ¶ .....	Dr. Bartolome, at 8 p.m. 4l. 4s.	Mr. Barber, four days in the week, at 7 p.m. 3l. 3s.	Mr. Atkin, daily. 2l. 2s.	Mr. Barber.	Mr. S. Gregory, Mr. Skinner, Mr. Allanson, daily. 4l. 4s.	Mr. I. p.m.
York School of Medicine.	Dr. Laycock, daily, except S., at 10½ a.m. 5l. 5s., 8l. 8s.	Mr. Russell & Mr. Keyworth, M., W., and F., at 7 p.m. 3l. 3s., 5l. 5s.	Mr. Hornby and Mr. North, M., W., F., & S., at 9½. 4l. 4s., 7l. 7s.		Mr. Allen and Mr. Hornby, daily, at 3 p.m. 6l. 6s., 10l. 10s.	Mr. I. cept 7l. 7s.

\* Mr. Nunneley gives a Course of Lectures on Ophthalmic Surgery. † Dr. Taylor gives a Course of Lectures on Ophthalmic Surgery, and Dr. Bret Microscopical Anatomy, and Dr. A. Todd on Ophthalmic Surgery. § Lectures are given at this School by Dr. Renaud on Practical Pathology; by Dr. Course of Lectures on Practical Chemistry. Fee, £4 4s. ¶ House Pupils received by some of the Lecturers. Prospectuses and every information can



MEDICINE, ALPHABETICALLY ARRANGED, WITH THE SUBJECTS OF THE LECTURES, NAMES OF LECTURERS, AND FEES.

SUMMER SESSION.						
Lectures.	Midwifery and Diseases of Women and Children.	Medical Jurisprudence.	Materia Medica and Therapeutics.	Botany.	Hospital Practice.	
					Medical.	Surgical.
Chemistry, Monday, Tuesday, and Friday, 10. Single course, 5s.; Perpetual, 6l. 6s.	Dr. West, daily, except Saturday, at 3½. Single course, 4l. 4s.; Perpetual, 6l. 6s.	Dr. Baly, Monday, Wednesday, and Friday, at 9. Single course, 3l. 3s.; Perpetual, 4l. 4s.	Dr. Roupell, Tuesday, Wednesday, Thursday, and Friday, at 2½. Single course, 5l. 5s.; Perpetual, 7l. 7s.	Dr. F. J. Farrer, Tuesday, Thursday, and Saturday, at 9. Single course, 3l. 3s.; Perpetual, 4l. 4s.	For Twelve Months, 15l. 15s.; Perpetual, 31l. 10s.	For Twelve Months, 21l.; Perpetual, 31l. 10s.
T., T., and S., at 5l. 5s., 7l. 7s.	Dr. Chowne and Mr. Hird, M., T., T., & F., at 2. 3l. 3s., 6l. 6s.	Dr. Birkett and Mr. Hird, M., W., and F., at 3. 2l. 2s., 4l. 4s.	Dr. Steggall and Dr. Willshire, daily, except M., at 9. 4l. 4s., 6l. 6s.	Mr. F. W. Headland, daily, at 10. 3l. 3s., 4l. 4s.	Twelve months, 15l. 15s.	Twelve months, 15l. 15s.
T., T., & S., at 6s., 8l. 8s.	Dr. R. Lee, daily, at 9. 4l. 4s., 6l. 6s.	Dr. Fuller, M., W., Th., and F., at 12. 3l. 3s., 4l. 4s.	Dr. Pitman, daily, except S., at 11. 5l. 5s., 6l. 6s.	Mr. Henfrey, daily, except S., at 10. 3l. 3s., 4l. 4s.	Twelve months, 16l. 16s.; Perpetual, 25l. 4s.	Twelve months, 21l. Perpetual, 52l. 10s.
Taylor, T., at 11.	Dr. Lever and Dr. Oldham, daily, at 8½.	Dr. A. S. Taylor, T., T., and S., at 10.	Dr. O. Rees, T., T., and S., at 2.	Mr. Johnson, T., T., and S., at 11½.		
& Mr. Hardy, except S., at 9l. 9s.	Dr. Farre, M., W., T., & F., at 4. 4l. 4s., 6l. 6s.	Dr. Guy, M., Tu., W., and F., at 12½. 3l. 3s., 4l. 4s.	Dr. Royle, T., W., T., and F., at 10½. 5l. 5s., 6l. 6s.	Professor Forbes, T., W., T., and S., at 9. 3l. 3s., 4l. 4s.	Twelve months, 15l. 15s.; Perpetual, 21l.	Twelve months, 21l. Perpetual, 26l. 5s.
by, M., W., at 10½. 4l. 4s.	Dr. Ramsbotham, M., T., T., and F., at 2½. 4l. 4s., 6l. 6s.	Dr. Ramsbotham and Dr. Letheby, daily, at 8½ a.m. 3l. 3s., 4l. 4s.	Dr. H. Davies, M., T., T., and F., at 9½. 3l. 3s., 4l. 4s.	Mr. Bentley, M., W., and F., at 11. 3l. 3s., 4l. 4s.	Twelve months, 11l. 11s.	Twelve months, 12l. 12s.
ylor and Mr. M., W., & F., at 8l.	Dr. Frere, daily, except M., at 10. 3l. 3s., 5l. 5s.	Dr. Goodfellow, daily, except M., at 9. 3l. 3s., 5l. 5s.	Dr. Stewart, daily, except S., at 3. 3l. 3s., 5l. 5s.	Mr. R. Bentley, daily, except F., at 11. 3l. 3s., 4l. 4s.	Twelve months, 15l. 15s.; Perpetual, 21l.	Twelve months, 12l. 12s.; Perpetual, 21l.
Dr. M., W., at 4.	Dr. Waller & Dr. Griffith, M., W., T., & F., at 9.	Dr. Brinton, T., Th., and S., at 8 a.m.	Dr. Peacock, M., T., W., and F., at 8 a.m.	Dr. Bristowe, T., T., and S., at 10.		
m and Prof. on, daily, except 11. 6l., 9l.	Dr. Murphy, daily, except S., at 12. 4l. 4s., 6l. 6s.	Dr. W. B. Carpenter, M., T., T., and S., at 10. 3l. 3s.	Dr. Garrod, daily, except S., at 4. 4l. 4s., 6l. 6s.	Dr. Lindley, daily, except M., at 8 a.m. 3l. 3s., 6l. 6s.	Twelve months, 15l. 15s.; Perpetual, 26l. 5s.	Twelve months, 15l. 15s.; Perpetual, 26l. 5s.
wis, M., W., at 9. 5l. 5s.	Dr. F. Bird, T., T., and F., at 4. 3l. 3s., 5l. 5s.	Dr. Fincham, M., T., T., and F., at 3. 2l. 2s., 3l. 3s.	Dr. Basham, M., W., and Th., at 2. 4l. 4s., 5l. 5s.	Dr. Radcliffe, Tu., F., and S., at 2. 2l. 2s., 3l. 3s.	Twelve months, 12l. 12s.; Perpetual, 21l. 3s.	Twelve months, 21l.
ers, M., W., at 9. 5l. 5s.	Mr. Bloxam, daily, except S., at 2½. 3l. 3s., 5l. 5s.	Mr. Warder, M., W., and F., at 9. 3l. 3s., 4l. 4s.	Dr. Lankester, daily, except S., at 10½. 5l. 5s., 6l. 6s.	Dr. Lankester, M., W., and F., at 11½. 3l. 3s., 4l. 4s.	Twelve months, 12l. 12s.; Perpetual, 21l.	Twelve Months, 21l.; Perpetual, 32l. 10s.

Lectures.	Midwifery, and Diseases of Women and Children.	Medical Jurisprudence.	Materia Medica and Therapeutics.	Botany.	Hospital Practice.	Composition Fee.
	Mr. Berry.	Dr. Davies.	Dr. Heslop and Mr. Knowles.	Mr. Knowles.		
l, at 4. 4l. 4s.	Dr. Elkington, at 8. 3l. 3s., 4l. 4s.	Mr. Oxford, at 12. 3l. 3s., 4l. 4s.	Dr. Russell & Mr. Bassett, at 2. 4l. 4s., 7l. 7s.	Mr. Westcott, at 3. 3l. 3s., 4l. 4s.		42l.
ett, T., W., F., at 8 p.m.	Mr. Hardy, daily, at 7 a.m. 4l. 4s., 6l. 6s.	Mr. Mouroe, M., W., F., & S., at 4 p.m. 3l. 3s.	Dr. Daly, daily, at 8 a.m. 5l. 5s., 7l. 7s.	Mr. Reekitt, M., W., F., and S., at 3 p.m. 3l. 3s.		42l. Not including Chemistry.
y & Mr. Scat. M., T., Th., at 3½ p.m. 4l. 4s.	Mr. Smith, and Mr. Braithwaite, daily, at 7 a.m. 3l. 3s., 5l. 5s.	Dr. P. Smith, M., T., Th., and F., at 10 a.m. 2l. 12s. 6d., 4l. 3s. 6d.	Dr. Clarke, daily, at 12. 5l. 5s., 8l. 8s.	Dr. Heaton, M., T., Th., & F., at 5 p.m. 2l. 12s. 6d., 4l. 3s. 6d.		42l.
T., Th., and M., 5l. 5s.	Mr. Batty, daily, at 4 p.m. 4l. 4s.	Dr. Brett and Mr. Fletcher, four days a week, at 2 p.m. 3l. 3s.	Dr. Inman, daily, at 3 p.m. 4l. 4s.	Dr. Nevins, daily, at 8 p.m. 3l. 3s.	Med. and Surg. Practice, 1 year, 18l. 18s. Perpetual, 36l. 15s.	45l. Including Practical Chemistry.
	Dr. Whitehead and Dr. Merri.	Dr. Aikenhead.	Mr. Somers.	Dr. Jepson.		42l.
daily, except a.m. 4l. 4s.	Mr. Heath. 4l. 4s.	Mr. Greaves. 3l. 3s.	Mr. Childs, 4l. 4s.	Mr. Grindon. 3l. 3s.		42l.
	Dr. Dawson.	Dr. Bramwell.	Dr. Cogswell.	Mr. Watson and Mr. Gibson.		
hardson, M., & F., at 9 4s.	Dr. Frost and Dr. Gibson, daily, at 8. 3l. 3s.	Messrs. Robinson and Chater, M., T., Th., & F., at 4 p.m. 3l. 3s.	Dr. Humble, daily, except S., at 3 p.m. 3l. 3s.	Mr. Thornhill and Mr. Oliver, M., W., Th., & F., 9 a.m. 3l. 3s.		42l.
wood, daily, 1 6s.	Mr. W. Jackson, daily. 3l. 3s.	Dr. Law, daily. 3l. 3s.	Mr. Hunter, daily. 4l. 4s.	Daily. 3l. 3s.	Med. Prac. 1 year, 10l. 10s.; perpet. 15l. 15s. Surg., 10l. 10s., 21l.	42l. Exclusive of Practical Chemistry.
ter, daily, except 8 p.m. 5l. 5s.	Mr. Allen and Mr. Anderson, daily, at 8 a.m. 3l. 3s., 5l. 5s.	Mr. Procter, four days a week, at 10 a.m. 2l. 12s., 4l. 4s.	Mr. Williams, daily, at 6 p.m. 5l. 5s., 7l. 7s.	Mr. Moore, daily, at 5 p.m. 2l. 12s. 6d., 4l. 4s.		

Practical Chemistry. For further information, apply to Dr. Inman, 16, Rodney-street. Dr. Watts Lectures on Practical Pathology, Dr. Jepson on Microscopical Anatomy; by Mr. Hunt and Mr. Lund on Ophthalmic Surgery; and by Dr. Allan on Practical Chemistry. Dr. Richardson gives obtained by addressing Mr. Hunter, Hon. Sec., 25, Howard-street, Sheffield.



# RULES AND REGULATIONS OF UNIVERSITIES, COLLEGES, & MEDICAL EXAMINING BOARDS IN ENGLAND.

SESSION 1853-4.

## UNIVERSITY OF OXFORD.

*Chancellor*—The Earl of Derby.

*High Steward*—The Earl of Devon.

*Vice-Chancellor*—R. L. Cotton, D.D.

*Registrar*—P. Bliss, D.C.L.

*Professors*—Regius Professor of Medicine: J. Adey Ogle, M.D.

Tomlin's Praelector of Anatomy: Ditto.

Sherardian Professor of Botany: C. G. B. Daubeney, M.D.

Lichfield's Clinical Medicine: J. Adey Ogle, M.D.

Aldrichian Professor of Anatomy: Ditto.

Aldrichian Professor of Medicine: Ditto.

Aldrichian Professor of Chemistry: C. G. B. Daubeney, M.D.

Lee's Lecturer in Anatomy: H. Wentworth Acland, M.D.

### Exercises for Degrees.

1st. To perform the exercise called *Responsions*, consisting of an examination in the Greek and Latin languages, in the rudiments of Logic, or in Euclid's Elements of Geometry.

2nd. To be publicly examined. 1st. *The rudiments of religion*; 2nd. *The literæ humaniores*; 3rd. *The elements of the mathematical sciences, and of physics*. In Medicine, all students (besides undergoing the two examinations appointed for Bachelors of Arts) are to be examined in the Theory and Practice of Medicine, Anatomy, Physiology, and Pathology; in *Materia Medica*, and in Chemistry and Botany, so far as they illustrate the science of Medicine; and in two at least of the following ancient medical writers: Hippocrates, Aretæus, Galen, and Celsus. For a Doctor's degree in Medicine, a dissertation upon some subject, to be approved of by the Regius Professor of Medicine, is to be publicly recited in the Schools, and a copy of it afterwards delivered to the Professor. Degrees are conferred once a-year.

## UNIVERSITY OF CAMBRIDGE.

*Chancellor*—Prince Albert, L.L.D.

*High Steward*—Lord Lyndhurst, L.L.D.

*Vice-Chancellor*—Ja. Pulling, B.D.

*Registrary*—J. Romilly, M.A.

*Professors*—Regius Professor of Physic: H. J. H. Bond, M.D.

Professor of Chemistry: James Cumming, M.A., F.R.S.

Professor of Anatomy: William Clark, M.D.

Professor of Botany: Rev. J. S. Henslow, M.A., F.L.S.

Downing Professor of Medicine: W. W. Fisher, M.D.

Linacre Lecturer of Physic: G. E. Paget, M.D.

### Regulations.

*Proceedings in Physic. M.B.*—A student, before he can become a Bachelor of Physic, must have entered on his sixth year, computed from the date of his first admission at the University, have resided nine terms, and have passed the previous examination.

The examination in Chemistry and Botany may take place after the expiration of three years from their first admission at the University; that in Anatomy and Medicine after the expiration of four years.

The exercises for this degree are one Act and one Opponency (academical disputations).

*M.D.*—The degree of Doctor of Physic is granted to a Bachelor of Physic of five years', or to a Master of Arts of seven years' standing. The exercises for this degree are two Acts and one Opponency.

Every candidate for the degree of Doctor of Physic is required to produce the same certificates, and pass the

same examination, as are required in the case of candidates for a licence *ad practicandum in Medicina*.

*L.M.*—Candidates for a licence *ad practicandum in Medicina*, being previously Bachelors of Physic, are required to produce certificates of their having attended hospital practice for three years, exclusive of the nine terms which they kept by residence for the degree of Bachelor of Physic, and of their having attended lectures on the following subjects,—viz., Practice of Physic and Pathology, Anatomy and Physiology, Chemistry, Botany, Medical Jurisprudence, *Materia Medica* and Pharmacy, Principles of Surgery, Principles of Midwifery, Practical Anatomy for two seasons.

Candidates for a licence *ad practicandum in Medicina*, being previously Masters of Arts, are required to bring satisfactory evidence of their having been employed in the study of Physic for five years, after they became Bachelors of Arts, and to produce certificates of their having attended on hospital practice for three of the said five years, and of their having attended lectures on the subjects before mentioned.

Every candidate for a licence *ad practicandum in Medicina* is required to pass an examination to the satisfaction of the Regius Professor of Physic, the Professor of Anatomy, the Downing Professor of Medicine, and a Doctor of Physic, to be nominated by the Vice-Chancellor, and approved by the senate. There are two such examinations in every year.

This licence gives the privilege of practising medicine in any part of the United Kingdom, except in London and within seven miles thereof, for which the diploma of the College of Physicians is necessary.

## UNIVERSITY OF LONDON.

*Somerset House.*

*Visitor*—The Queen.

*Chancellor*—The Earl of Burlington, L.L.D.

*Vice-Chancellor*—John G. Shaw Lefevre, Esq., C.B., M.A., F.R.S.

*Registrar*—R. W. Rothman, M.A., M.D.

*Clerk to the Senate*—H. Moore.

### Examiners.

**FACULTY OF MEDICINE.**—Intellectual Philosophy, Logic, and Moral Philosophy: Rev. Henry Alford, B.D., T. B. Burcham, Esq., M.A.

Medicine: Archibald Billing, M.A., M.D., F.R.S., Alexander Tweedie, M.D., F.R.S.

Surgery: Sir Stephen L. Hammick, Bart., Joseph Hodgson, Esq., F.R.S.

Anatomy and Physiology: Francis Kiernan, Esq., F.R.S., William Sharpey, M.D., F.R.S.

Physiology and Comparative Anatomy: W. B. Carpenter, M.D., F.R.S.

Midwifery: Edward Rigby, M.D.

Chemistry: W. Thomas Brande, Esq., F.R.S.

Botany: Rev. J. S. Henslow, M.A.

*Materia Medica* and Pharmacy: G. Owen Rees, M.D.

### Examinations for the degree of Bachelor of Medicine.

Candidates for the degree of Bachelor of Medicine are required—1. To have been engaged during four years in their professional studies at one or more of the institutions or schools recognised by this university. 2. To have spent one year at least of the four in one or more of the recognised institutions or schools in the United Kingdom. 3. To pass two examinations.

### First Examination.

The First Examination commences on the First Monday in August. The candidate is required to produce certificates—1. Of having completed his nineteenth year. 2. Of having taken a degree in Arts in this university, or in a university the degrees granted by which are recognised by the senate; or of having passed the matriculation ex-



amination. 3. Of having been a student during two years at a medical school recognised by this university, subsequently to having taken a degree in arts, or passed the matriculation examination. 4. Of having attended a course of lectures on each of four of the subjects in the following list:—Descriptive and Surgical Anatomy, General Anatomy and Physiology, Comparative Anatomy, Pathological Anatomy, Chemistry, Botany, Materia Medica and Pharmacy, General Pathology, General Therapeutics, Forensic Medicine, Hygiene, Midwifery and Diseases peculiar to Women and Infants, Surgery, Medicine. 5. Of having dissected during nine months. 6. Of having attended a comprehensive course of Practical Chemistry. 7. Of having attended to Practical Pharmacy sufficiently to acquire a practical knowledge in the preparation of Medicines. The fee for examinations is five pounds. Candidates are examined in Anatomy, Physiology, Chemistry, Botany, (a syllabus of which may be had by application at the office of the university,) and Materia Medica and Pharmacy; they are also required to translate passages from the Latin Pharmacopœia. In the week next following the examination, the examiners arrange in two divisions such of the candidates as shall have passed; and a certificate, signed by the registrar, is delivered to each candidate.

#### *Examination for Honours.*

Any candidate who has been placed in the first division may be examined for honours, in the week following, in any or all of the following subjects:—Anatomy and Physiology, Chemistry, Materia Medica and Pharmaceutical Chemistry, and Structural and Physiological Botany. If in the opinion of the examiners sufficient merit be evinced, the candidates who distinguish themselves the most in Anatomy and Physiology, in Chemistry, and in Materia Medica and Pharmaceutical Chemistry, will each receive an exhibition of thirty pounds a year for the next two years; and the first and second candidates in each of the preceding subjects, and the first in Structural and Physiological Botany, will each receive a gold medal of the value of five pounds. Certificates of honour are given in each subject.

#### *Second Examination.*

The Second Examination commences on the first Monday in November. No candidate is admitted to this examination within two academical years of the first examination. Certificates required—1. Of having passed the first examination. 2. Of having subsequently attended a course of lectures on each of two of the subjects in the foregoing list, and for which the candidate did not present certificates at the first examination. 3. Of having, since the first examination, dissected during six months. 4. Of having conducted at least six labours. 5. Of having attended the surgical practice of a recognised hospital or hospitals during twelve months, and lectures on clinical surgery. 6. Of having attended the medical practice of a recognised hospital or hospitals during other twelve months, and lectures on clinical medicine. 7. Of having subsequently attended to practical medicine in a recognised hospital, infirmary, or dispensary, during six months. 8. Of moral character from a teacher in the last school or institution at which he studied. The fee for examination is five pounds. Candidates are examined in Physiology (including Comparative Anatomy); General Pathology, General Therapeutics, and Hygiene; Surgery; Medicine; Midwifery; Forensic Medicine; they are also required to translate passages of the Latin Pharmacopœia into English, and of the English Pharmacopœia into Latin, and to report on the cases of actual patients. In the following week the examiners arrange in two divisions such of the candidates as shall have passed; and a certificate under the seal of the University, and signed by the Chancellor, is delivered to each candidate.

#### *Examination for Honours.*

Any candidate who has been placed in the first division

may be examined for honours, in the week following, in any or all of the following subjects:—Physiology and Comparative Anatomy, Surgery, Medicine, Midwifery. If in the opinion of the examiners sufficient merit be evinced, the candidates who distinguish themselves the most in Physiology and Comparative Anatomy, in Surgery, and in Medicine, will each receive an exhibition of fifty pounds per annum for the next two years, with the style of University Medical Scholar; and the first and second candidates in each of the first three of the preceding subjects, and the candidates who distinguished himself the most in Midwifery, each receive a gold medal of the value of five pounds. Certificates of honour are given in each subject.

#### *Examination for the Degree of Doctor of Medicine.*

The examination commences on the fourth Monday in November. Certificates required—1. Of having taken the degree of bachelor of Medicine in this university, or a degree in medicine or in surgery at a university the degrees granted by which are recognised by the senate. (Those candidates who have not taken the degree in this university must produce a certificate of having completed their twenty-third year.) 2. Of having attended, subsequently to having taken one of the above degrees, (a) to clinical or practical medicine during two years in a medical institution recognised by this university; (b) or, to clinical or practical medicine during one year, and of having been engaged during three years in the practice of his profession; (c) or, if he have taken the degree of bachelor of medicine in this university, of having been engaged during five years in the practice of his profession. (One year of attendance on clinical or practical medicine, or two years of practice, will be dispensed with in the case of those candidates who at the second examination were placed in the first division.) 3. Of moral character, signed by two persons of respectability. The fee for examination is £10.

Candidates are examined in the following subjects:—Elements of Intellectual Philosophy, Logic, and Moral Philosophy; Medicine. A Commentary on a case in Medicine, Surgery, or Midwifery, at the option of the candidate. *Viva voce* interrogations on the answers to the printed papers, and on the commentary. The candidate is also required to report on cases of actual patients. In the following week the examiners arrange in two divisions, each in alphabetical order, such of the candidates as shall have passed; and a certificate, under the seal of the University, and signed by the Chancellor, is delivered to each candidate.

#### *Regulations relating to Students who commenced their Medical Studies in or before January, 1839.*

*Degree of Bachelor of Medicine.*—Candidates who commenced their professional studies in or before January, 1839, being then not less than fourteen years of age, will be admitted to the first examination for the degree of Bachelor of Medicine, on producing certificates—1. Of having been engaged during two years in their professional studies. 2. Of having attended a course of lectures on each of four of the subjects comprehended in the foregoing list. 3. Of having dissected during nine months. 4. Of having attended to practical pharmacy.

They will be admitted to the second examination on producing certificates—1. Of having been engaged during four years in their professional studies. 2. Of having passed the first examination. 3. Of having attended a course of lectures on each of two of the subjects in the foregoing list, in addition to those for which certificates were produced at the first examination. 4. Of having dissected during twelve months. 5. Of having attended to practical pharmacy. 6. Of having conducted at least six labours. 7. Of having attended the surgical practice of a recognised hospital or hospitals during twelve months. 8. Of having attended the medical practice of a recognised hospital or hospitals during other twelve months. 9. Of



having completed their twenty-second year. 10. Of moral character, from a teacher in the last school or institution at which they studied. Candidates who have not taken a degree in Arts, or passed the matriculation examination, translate a portion of *CELSUS de Re Medica*.

*Regulations relating to Practitioners in Medicine or Surgery desirous of obtaining Degrees in Medicine.*

*Degree of Bachelor of Medicine.*—Candidates admitted to the two examinations on producing certificates—1. Of having been admitted, prior to 1840, members of one of the legally-constituted bodies in the United Kingdom for licensing practitioners in medicine or surgery; or of having served, previously to 1840, as surgeons or assistant-surgeons in her Majesty's Army, Ordnance, or Navy, or in the service of the East India Company. 2. Of having received a part of their education at a recognised institution or school, as required by the charter of the University. 3. Of moral character, signed by two persons of respectability. Candidates who have not taken a degree in Arts, or passed the matriculation examination, translate a portion of *CELSUS de Re Medica*.

*Degree of Doctor of Medicine.*—Candidates are admitted to examination on producing certificates—1. Of having been engaged during five years in the practice of their profession. 2. Of having taken the degree of Bachelor of Medicine. Candidates who have not taken a degree in Arts, or passed the matriculation examination, translate a portion of *CELSUS de Re Medica*.

In the case of a candidate who fails to pass any one of the examinations, the fee is not returned to him, but he may present himself at a subsequent examination without any additional fee.

#### ROYAL COLLEGE OF PHYSICIANS, LONDON.

*Pall-mall East, Trafalgar-square.*

*President*—Dr. John Ayrton Paris.

*Censors*—Drs. Nairne, Barker, Owen Rees, and Seth Thompson.

*Elects.*—Drs. Thomas Turner, Clement Hue, John Bright, Edward Thomas Monro, Thomas Mayo, Henry Herbert Southey, Francis Hawkins.

*Treasurer*—Dr. Edward Thomas Monro.

*Registrar*—Dr. Francis Hawkins.

*The Examiners for the Licence are the Presidents and Censors.* The examination takes place on or about Christmas, Easter, Midsummer, and Michaelmas. The Examiners for the Extra-Licence are the President and three elects. The examinations for the Extra-Licence take place at the same time as the former.

*FEES.*—*Licence*, £56 17s., including £15 stamp. *Fellowship*, £55 1s., including £25 stamp. *Extra-Licence*, about £25.

*Regulations, dated 1831, and now in Force.*

Every candidate for a licence or extra-licence must produce evidence—

1. Of unimpeached moral character.
2. Of having completed the twenty-sixth year of his age.
3. Of having devoted himself, for five years at least, to the study of medicine.

The course of study thus ordered by the College comprises:—

Anatomy and Physiology: the Theory and Practice of Physic; Forensic Medicine; Materia Medica and Botany; and the Principles of Midwifery and Surgery.

Attendance for three entire years on the physicians' practice of some general hospital or hospitals in Great Britain or Ireland, containing at least 100 beds, and having a regular establishment of physicians as well as surgeons.

Candidates who have been educated abroad, in addition to the full course of study specified, must have diligently attended the physicians' practice in some general hospital in this country, for at least twelve months.

Candidates who have already been engaged in practice, and have attained the age of forty years, but have not

passed through the complete course of study above described, may be admitted to examination upon presenting to the Censors' Board such testimonials of character, general and professional, as shall be satisfactory to the college.

The first examination is in anatomy and physiology; the second includes all that relates to the causes and symptoms of diseases; the third relates to the treatment of diseases.

The examinations are carried on usually during three days by writing, and two days *viva voce*. The *viva voce* part of each is carried on in Latin, except when the Board deems it expedient to put questions in English, and permits answers to be returned in the same language.

A competent knowledge of Greek is recommended, but is not indispensable, if the other qualifications of the candidate prove satisfactory. The candidate is called on to translate *viva voce* into Latin a passage from Hippocrates, Galen, or Aretæus; or to construe into English a portion of the works of Celsus, or Sydenham, or some other Latin medical author, having been previously required, on three separate days, to give written answers in English to questions on the different subjects enumerated above, and to translate in writing, passages from Greek or Latin books relating to medicine.

The fellows are elected from the body of licentiates—a certain number generally on the 25th of June.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

*Lincoln's-inn-fields.*

*President*—James Luke.

*Vice-Presidents*—G. J. Guthrie and W. Lawrence.

*The Council*—The President and Vice-Presidents, R. Keate, T. Copeland, Sir B. C. Brodie, Bart., B. Travers, C. Hawkins, J. Swan, J. H. Green, E. Stanley, J. M. Arnott, J. F. South, F. C. Skey, J. Hodgson, T. Wormald, G. Pilcher, J. Bishop, G. W. Macmurdo, F. Kierman, W. Coulson, G. Gulliver, and R. Partridge.

*Court of Examiners*—The President and Vice-Presidents, G. J. Guthrie, W. Lawrence, B. Travers, E. Stanley, J. H. Green, J. M. Arnott, John F. South.

*Examiners for the Fellowship in Classics, Mathematics, and French*—G. Smith, G. G. Stokes, and I. Brasseur.

*Professor of Anatomy and Physiology*—F. C. Skey.

*Hunterian Professor* } R. Owen.

*Conservator of Museum* }

*Conservator*—J. T. Quekett.

*Librarian*—T. M. Stone.

*Secretary*—E. Belfour.

*Clerk*—H. P. Gregg.

*Mace-bearer*—W. Stone.

*Regulations of the Council respecting the Professional Education of Candidates for the Diploma of Member of the College.*

I. Candidates will be required to produce the following certificates, viz.:—

1. Of being twenty-one years of age.
2. Of having been engaged during four years in the acquirement of professional knowledge.
3. Of having studied practical pharmacy during six months.
4. Of having attended at a recognised hospital or hospitals in the United Kingdom the practice of physic during one winter(1) and one summer(2) session.

(1)The winter session comprises a period of six months, and in England, commences on the 1st of October, and terminates on the 31st of March.

(2)The summer session comprises a period of three months, and, in England, commences on the 1st of May, and terminates on the 31st of July.

No provincial hospital will be recognised by this College which contains less than 100 patients; and no metropolitan hospital which contains less than 150 patients.



5. Of having attended, during three winter, and two summer sessions, the practice of surgery at a recognised hospital or hospitals in the United Kingdom.
6. Of having studied anatomy and physiology, by attendance on lectures and demonstrations, and by dissections, during three winter sessions.
7. Of having attended, during two winter sessions, lectures on the principles and practice of surgery.
8. Of having attended, during one summer session, lectures on materia medica, and lectures on midwifery; practical midwifery to be attended at any time after the conclusion of the session.
9. And of having attended one course of lectures on the practice of physic, and one course on chemistry.

\* \* The course of study hereby prescribed is required to be observed by candidates who shall have pursued their studies in hospitals and schools in England. Those candidates who shall have studied in Scotland are required to bring certificates of having attended lectures on the institutes of medicine during one winter session, and on anatomy during two other winter sessions, and on demonstrations and dissections during three winter sessions (the foregoing regulations being in all other respects observed). Candidates who shall have attended lectures on materia medica in the University of Dublin will be allowed to bring certificates of such attendance during the winter session.

II. Members or licentiates of any legally constituted College of Surgeons in the United Kingdom, and graduates in surgery of any university requiring residence to obtain degrees, will be admitted for examination on producing their diploma, licence, or degree, together with proof of being twenty-one years of age, and of having been occupied at least four years in the acquirement of professional knowledge.

III. Graduates in medicine of any legally-constituted college or university requiring residence to obtain degrees, will be admitted for examination, on adducing, together with their diploma or degree, proof of having completed the anatomical and surgical education required by the foregoing regulations, either at the school and hospital of the university where they shall have graduated, or at one or more of the recognised schools and hospitals in the United Kingdom.

IV. Candidates who shall have attended at recognised colonial hospitals and schools, (1) the medical and surgical practice, and the several courses of lectures, with the demonstrations and dissections required by the foregoing regulations, will be admitted for examination upon producing certificates of such attendance, together with certificates of having attended in London, during one winter session, the surgical practice of a recognised hospital, and lectures on anatomy, physiology, and surgery, with demonstrations and dissections.

V. Certificates will not be recognised from any hospital unless the surgeons thereto be members of one of the legally-constituted Colleges of Surgeons in the United Kingdom; nor from any school of anatomy and physiology or midwifery, unless the teachers in such school be members of some legally-constituted College of Physicians or Surgeons in the United Kingdom; nor from any school of surgery, unless the teachers in such school be members of one of the legally-constituted Colleges of Surgeons in the United Kingdom.

VI. Certificates will not be received on more than one branch of science from one and the same lecturer: but anatomy and physiology—demonstrations and dissections—will be respectively considered as one branch of science;

and in those schools in Scotland or Ireland in which such division of those subjects is sanctioned by the College of Surgeons in each kingdom, the institutes of medicine—anatomy, demonstrations, and dissections—may be separately certified.

VII. Certificates will not be received from candidates who have studied in London, unless they shall have registered their tickets at the College, as required by the regulations, during the last ten days of January, March, and October, in each year; nor from candidates who have studied elsewhere, unless their names shall duly appear in the registers transmitted during such studies from their respective schools.

By order of the Council,  
EDMUND BELFOUR, Secretary.

July 1st, 1852.

N.B.—In the certificates of attendance on hospital practice and on lectures, it is required that the dates of commencement and termination be clearly expressed, and no interlineation, crasure, or alteration will be allowed.

Blank forms of the required certificates may be obtained on application to the secretary, to whom they must be delivered, properly filled up, ten days before the candidate can be admitted to examination; and all such certificates are retained at the College.

*Regulations of the Council respecting the Professional Education of Candidates for the Certificate of Qualification in Midwifery.*

1. Persons who are now, or who shall prior to the 1st day of January, 1853, become fellows or members of the College, will be admitted to examination for the certificate of qualification in Midwifery upon producing their diploma.

2. Persons who shall become members of the College subsequently to the 1st of January, 1853, will be admitted to examination on producing their diploma, together with a certificate or certificates of having attended twenty labours.

3. Members or licenciates of any legally-constituted College of Surgeons in the United Kingdom, and graduates in Surgery of any University, requiring residence to obtain degrees, will also be admitted to examination on producing their diploma, licence, or degree, proof of being twenty-one years of age—of having been occupied four years in the acquirement of professional knowledge—of having attended one course of lectures on Midwifery—and of having attended not less than twenty labours.

4. Graduates in Medicine of any legally-constituted College or University requiring residence to obtain degrees, will also be admitted to examination on producing, together with their diploma or degree, proof of being twenty-one years of age—of having been occupied four years in the acquirement of professional knowledge—of having completed, at a recognised school or schools, the anatomical and surgical education required of candidates for the diploma of member of the College—of having attended one course of lectures on Midwifery—and of having attended not less than twenty labours.

5. All other persons will be required to produce the following certificates:—Of being twenty-one years of age—of having been engaged for three years in the acquirement of professional knowledge—of having studied Practical Pharmacy for six months—of having attended lectures on Anatomy and Physiology, with demonstrations and dissections, during two winter sessions—of having attended one course of lectures on the practice of Medicine—of having attended one course of lectures on the practice of Surgery—of having attended the medical practice of a hospital during twelve months—of having attended the surgical practice of a recognised hospital during twelve months—of having attended one course of lectures on Midwifery and the Diseases of Women and Children—and of having personally conducted thirty labours.

EDMUND BELFOUR, Secretary.

August 10th, 1852.

(1) The recognition of colonial hospitals and schools is governed by the same regulations, with respect to number of patients, to courses of lectures, and to physicians, surgeons, and lecturers, as apply to the recognition of provincial hospitals and schools in England.



## THE SOCIETY OF APOTHECARIES.

CHARTERED 1616.

*Master*—J. Parrott, Esq.*Wardens*—C. Griffith, Esq., and R. N. B. Ward, Esq.*The Court of Examiners*—E. Tegart, Esq., *Chairman*; H. Combe, A. M. Randall, Richard Hopkins Robertson, Richard King, Robert Norton, Thomas Peregrine, R. C. Walsh, R. Druitt, R. H. Semple, W. G. T. Dyer, and S. H. Ward, Esqs.*Secretary to the Court of Examiners*—Henry Blatch, Esq.*Clerk to the Society*—Robert Brotherson Upton, Esq.*Professor of Botany*—John Lindley, Esq., Ph.D., F.R.S. G.S., &c.*Professor of Chemistry and Materia Medica*—William Thomas Brand, Esq., F.R.S.*Examiner for the Society's Prizes in Materia Medica and Therapeutics*—J. Copland, M.D., F.R.S.*Examiner for the Society's Prizes in Botany*—N. B. Waid, Esq., F.R.S., F.L.S.*Curator of the Botanic Garden*—Mr. T. Moore.*Beadle*—Mr. C. Rivers.

*Note.*—Members are those who constitute the incorporated Society of Apothecaries; Licentiates, those who have obtained their licence to practice as Apothecaries.

*Regulations to be observed by Students intending to Qualify themselves to Practice as Apothecaries in England and Wales.* (Dated 1848.)

Candidates will be required to produce testimonials—

1. Of having served an apprenticeship of not less than five years to an apothecary, legally qualified to practise as an apothecary, either by having been in practice prior to or on the 1st of August, 1815, or by having received a certificate of his qualification from the Court of Examiners, or of an apprenticeship for not less than five years to surgeons practising as apothecaries in Ireland and Scotland.

2. Of having attained the full age of twenty-one years: As evidence of age, a copy of the baptismal register will be required in every case where it can possibly be obtained.

3. Of good moral conduct: A testimony of moral character from the gentleman to whom the candidate has been an apprentice will always be more satisfactory than from any other person.

4. And of having pursued a course of medical study in conformity with the regulations of the court.

*Course of Study.*

Every candidate whose attendance on lectures shall have commenced on or after the 1st of October, 1849, must attend the following lectures and medical practice during not less than three winter and two summer sessions—each winter session to consist of not less than six months, and to commence not sooner than the 1st, nor later than the 15th of October; and each summer session to extend from the 1st of May to the 31st of July.

*FIRST YEAR.*—*Winter Session*: Chemistry; Anatomy and Physiology; Anatomical Demonstrations; *Summer Session*: Materia Medica and Therapeutics; Botany and Vegetable Physiology; Midwifery and Diseases of Women and Children.

*SECOND YEAR.*—*Winter Session*: Anatomy and Physiology; Anatomical Demonstrations; Dissections; Principles and Practice of Medicine; Medical Practice.(1)—*Summer Session*: Medical Practice;(1) Midwifery and Diseases of Women and Children; Forensic Medicine; Practical Chemistry;(2) Morbid Anatomy and Clinical Medicine.

(1) Medical Practice must be attended during the full term of eighteen months—twelve months at a recognised hospital, and six months either at a recognised hospital or dispensary.

(2) By Practical Chemistry is intended a specific course of instruction in the laboratory, with an opportunity of personal manipulation in the ordinary processes of chemistry, and of acquiring a knowledge of the various re-agents for poisons.

*THIRD YEAR.*—*Winter Session*: Dissections; Principles and Practice of Medicine; Medical Practice;(1) Morbid Anatomy and Clinical Medicine.

Practical Midwifery at any time after the conclusion of the first course of midwifery lectures.

The above course of study may be extended over a longer period than three winter and two summer sessions, provided the lectures and medical practice are attended in the order prescribed.

The Court particularly request the attention of students to the increasing importance of Organic Chemistry and Structural and Physiological Botany.

Every examination of an hour's duration will be deemed equivalent to a lecture.(1)

Students must also produce testimonials of attendance on a course of clinical lectures—of instruction in morbid anatomy—and of having dissected the whole of the human body once at least.(2)

Those gentlemen whose attendance on lectures commenced before the 1st of October, 1849, will be allowed to complete their studies in conformity with the previous regulations of the Court.

The names of the lecturers recognised by the Court may be known on application to the secretary, at the hall of the Society.

The certificates of teachers recognised by the constituted medical authorities in Dublin, Edinburgh, Glasgow, and Aberdeen, as also those of the medical professors in foreign universities, are received by the court.

No hospital will be recognised by the court, unless it contain at least 100 beds, and it be under the care of two or more physicians, members of the Royal College of Physicians of London, or graduated Doctors of Medicine of a British university, who give a regular course of clinical lectures and instruction in morbid anatomy; also, unless the apothecary be legally qualified, either by having been in practice prior to the 1st of August, 1815, or by having received a certificate of qualification from this court.

No dispensary will be recognised by the court, unless it be situated in some town where there is a recognised medical school, and be under the care of at least two physicians and an apothecary legally qualified.

No medical practice will be available unless it be attended in conformity with the course of study prescribed for pupils.

*Registration of Testimonials.*

All testimonials must be given on a printed schedule, with which students will be supplied at the end of the first registrations:—

In London, at the Hall. In the provincial towns, from the gentlemen who keep the registers of the medical schools.

All students, in London, are required *personally* to register the several classes for which they have taken tickets; and those only will be considered as complying with the regulations of the court whose names and classes in the register correspond with their schedules.

Tickets of admission to lectures and medical practice must be registered in the months of October and May; but no ticket will be registered, unless it be dated within seven days of the commencement of the course.

The court also requires students at the provincial medical schools to register their names in their own handwriting, with the register of each respective school, within the first twenty-one days of October, and first fourteen days of May; and to register their certificates of having duly

(1) The Court particularly request attention to this clause.

(2) In place of the second course of lectures on the Theory and Practice of Medicine, the Court will admit a certificate of attendance on a course of Clinical Lectures, delivered in a recognised hospital by a distinct professor, consisting of not less than seventy-five lectures, attended by the student after the first systematic course on the Theory and Practice of Medicine.



attended lectures on medical practice within fourteen days of the completion of such attendance.

*Preliminary Examination in Classics and Mathematics.*

Three times in each year, in the months of November, March, and July, an examination will take place in Classics and Mathematics for artied students who have not yet entered to their second winter session of their curriculum; and students who pass this examination in Latin, except the Pharmacopœia Londinensis and Prescriptions. The subjects of examination, and the dates, will be announced in the medical journals at least three months before each examination.

*Preliminary Latin Examination.*

On the first Saturday in the months of December, January, February, April, May, June, and October, those students who have completed two winter sessions of their medical studies may be admitted to an examination in Celsus and Gregory, provided there be twenty names on the list. Candidates will be required to enter their names in a book kept at the beadle's office, on or before the preceding Monday, and to attend at half-past three o'clock p.m., on the day of examination.

Those gentlemen who fail to pass this examination satisfactorily will not be re-admitted until they appear for their general examination.

*General Examination.*

Every person intending to offer himself for examination must give notice in writing to the clerk of the Society, on or before the Monday previously to the day of examination, and must at the same time deposit all the required testimonials at the office of the beadle, where attendance is given every day, except Sunday, from ten until four o'clock.

The examination of the candidate for a certificate of a qualification to practise as an apothecary will be as follows:—

In translating portions of the first four books of Celsus de Medicinâ, and of the first twenty-three chapters of Gregory's *Conspectus Medicinæ Theoreticæ*:

In Physicians' Prescriptions, and the *Pharmacopœia Londinensis*:

In Chemistry: In Practical Chemistry:

In *Materia Medica* and Therapeutics:

In Botany: In Anatomy: In Physiology:

In the Principles and Practice of Medicine, including Midwifery and the Diseases of Children.

The examination of the candidate for a certificate of qualification to act as assistant to an apothecary, in compounding and dispensing medicine, will be as follows:—

In translating Physicians' Prescriptions and the *Pharmacopœia Londinensis*.

In Pharmacy and *Materia Medica*.

By the 22nd section of the Act of Parliament, no rejected candidate for a certificate to practise as an apothecary can be re-examined *until the expiration of six months from his former examination*; and no rejected candidate as an assistant *until the expiration of three months*.

The Court meet in the Hall every Thursday, where candidates are required to attend at a quarter before four o'clock.

Sums to be paid for certificates:—

For London, and within ten miles thereof, ten guineas.

For all other parts of England and Wales, six guineas.

Persons having paid the latter sum become entitled to practise in London, and within ten miles thereof, by paying four guineas in addition.

For an assistant's certificate, two guineas.

For information relative to these regulations, students are referred to the beadle, at Apothecaries' Hall, every day (Sunday excepted), between the hours of ten and four o'clock.

SPECIAL HOSPITALS.

ST. MARY'S HOSPITAL MEDICAL SCHOOL.—It will be observed that we are unable to include in our SYNOPSIS CHART the particulars of the Medical School of St. Mary's Hospital, the prospectus not being yet printed. Nevertheless, we believe that the business of the School will commence on the 1st of October. We can conceive how difficult it must be to complete the multifarious arrangements to be made in an Institution which is destined to rank second to none in the metropolis, and superior to many; and we should be sorry that any imprudent haste at the outset should lead to errors calculated to mar its future prospects,—not, indeed, that we apprehend any such result among men who have hitherto shown so much judgment and forethought.

THE HUNTERIAN SCHOOL.—We understand that, owing to unexpected divisions among the staff of this school, a prospectus has not yet been issued; but it is reported that some new names of eminence have replaced those of the seceding lecturers, which will add to the reputation of this old established school.

ST. LUKE'S HOSPITAL FOR LUNATICS, Old-street.—Physicians—Dr. Alex. John Sutherland, Dr. Francis Richard Philip. Surgeon—Mr. James Luke. Resident Medical Officer—Mr. Henry Stevens. The practice of this hospital is open to a limited number of pupils. Sessions of three months each commence on October 1st, January 1st, and May 1st, in every year. Fee to each course, £3 3s.

HOSPITAL FOR DISEASES OF THE SKIN, 25, New Bridge-street, Blackfriars.—Consulting Physicians—Dr. Southwood Smith and Dr. Hodgkin. Surgeon—Mr. Startin. Assistant-Surgeon—Mr. M'Whinnie. This hospital, since its establishment, has afforded relief to more than 40,000 persons. Between 700 and 800 are under treatment weekly. The out patients are seen every Monday, Wednesday, and Friday, at four, p.m., and every Thursday morning, at half-past nine. Fees—Three months, three guineas; unlimited, five guineas.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL, Manor-house, Lisson-green, St. Marylebone.—Consulting Physicians—Dr. Roget, Dr. Moore. Physician-Accoucheurs—Dr. Blakeley Brown, Dr. Metcalfe Babington. Surgeon-Accoucheur—Joseph Cholmondeley.

SCHOOL OF MIDWIFERY, Russell-place, Fitzroy-square. Summer Session.—Dr. J. Hall Davis will deliver his annual course of lectures on Obstetric Medicine, with Clinical Midwifery, at 17, Russell-place, Fitzroy-square. These lectures, instituted in 1843, and duly recognised by the Examining Boards, are illustrated by an obstetric museum, as also by complete apparatus adapted for teaching the student the different operations of midwifery. Further particulars relating to this course, which will commence with the University Summer Term, will be announced in April.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Consulting Physicians—Sir J. Forbes, Dr. C. J. B. Williams, and Dr. Walshe. Physicians—Dr. Hamilton Roe, Dr. Theophilus Thompson, and Dr. Cursham. Assistant Physicians—Dr. Cotton, Dr. R. Quain, and Dr. Wadham. Pupils are admitted to the hospital practice. Fees for six months, £5 5s.; perpetual, £10 10s. Two clinical assistants reside in the hospital. Pupils are eligible to these appointments, which are held for six months. The resident medical officer, Mr. Edwards, receives two dispensary pupils; and further particulars may be learned from him at the hospital.

PRIVATE TEACHERS.

Dr. STEGGAL gives instructions to Medical Students in all the branches of their studies, including the classics, at his residence, 2, Southampton-street, Bloomsbury-square. Mr. POWER and Dr. POWER continue, daily, their Lec-



tures and Examinations in the Lecture-room, Exeter-hall, preparatory for the various examining boards. Mr. Power receives, privately, practitioners preparing for the degree of M.D., or College of Physicians; he also prepares by correspondence.

Mr. GEORGE HIND, F.R.C.S., resumed his private course of demonstrations and examinations on the morning of the 16th instant, at ten o'clock A.M.; Class-room, 29, Newman-street, Oxford-street; private residence, 9, South-crescent, Bedford-square.

### Obituary.

Sept. 5.—RICHARD DAVIS, M.D. Aberdeen, 1845; M.R.C.S. Eng. 1838; L.S.A. 1842; (of Ramsbury, Wilts), at St. Aubin's, Jersey, whither he had gone for the benefit of his health. Dr. Davis held the office of Surgeon to the Hungerford Union, and was formerly Surgeon to the poor of the corporation of Bristol and Apothecary to the Bristol Infirmary. At the time of his decease he was 42 years of age.

Sept. 7.—JOHN PINFOLD STALLARD, Esq., Surgeon, at his residence, Leicester, aged 61.

Lately.—WALTER WILLIAM HARRIS, Esq., assistant-surgeon to the 1st West India Regiment, at Kingston, Jamaica.

Sept. 2.—MICHAEL WILLIAM KENNY, Esq., late Staff Surgeon, 1st class, at Searth House, Kilkishen, Co. Clare, of erysipelas, aged 78. Mr. Kenny was a man of strictly honourable and independent principles, and of cultivated intellect.

### Medical News.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise on Thursday, Sept. 8, 1853:—John Holmes Jephson, Birkenhead; Sydney Jones; James Douglas Kelly, Liverpool; George Mundie, Dalston.

EPIDEMIOLOGICAL SOCIETY.—The Cholera Committee, appointed by this Society are understood to be diligently engaged in investigating the origin and progress of the present outbreak of cholera in this country.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.—The annual meeting of this Association took place at Kingston-upon-Hull, on Wednesday, when the proceedings commenced with the assembling of the General Committee for the despatch of business, Colonel Sabine presiding. The general meeting was held in the evening when the usual introductory address was delivered by Mr. W. Hopkins, M.A., F.G.S., Vice-President of the Royal Society.

MEDICAL APPOINTMENTS.—QUEEN'S COLLEGE BIRMINGHAM.—At a meeting of the professors of Queen's College, held on the 30th ult, it was unanimously resolved to recommend to the council, Dr. George Fife, of Newcastle-upon-Tyne, for the appointment of physician to the Queen's Hospital, vacant by the death of Dr. Wright. Dr. Fife is graduate of the University of Edinburgh, 1837; his practical experience and sound judgment as a physician, are certified by his colleagues, the physicians and Surgeons of the Sunderland Infirmary; his uniform kindness and great attention to the sick and suffering by the clergy of Sunderland; his high honourable character, and extensive professional acquirements, by Drs. Abercrombie, Mackintosh, Campbell, Fyfe, Knox, Sir James Billingall, and other eminent professors in the University of Edinburgh; his facility in communicating information and in expressing himself as a lecturer, by the teachers in the Newcastle College of Medicine and the Sciences, in which for several years Dr. Fife filled, with distinguished

reputation, the important chair of Forensic Medicine. As an author, Dr. Fife is well known to the profession as the translator of "Coster's Manual," 1831; "A Treatise on Influenza," 1833; "A Critical Analysis of the Inquest held on the occasion of the Explosion at the Wallsend Colliery," 1844; and a pamphlet on Cholera, 1849. Dr. Fife is also a member of the Royal College of Surgeons of Edinburgh, and late president of the Plinian Natural History Society.—At the same meeting it was resolved to recommend the Council to reappoint Dr. Jordan, Member of the Royal College of Surgeons, as Resident Medical Tutor. This gentleman has already discharged to the entire satisfaction of the Professors and Councils the duties of the office for the period of two years, and at the late second B.M. examination of the University of London he received the Gold Medal in Physiology.

A LUSUS NATURÆ.—At Exeter a child was born last week with thirteen perfect fingers on one hand.

FEVER IN IRELAND.—In Newry and its surrounding localities fever of a severe type is raging.

ADULTERATION OF SNUFF AND TOBACCO.—At Glasgow, Charles York, Snuff-dealer, was prosecuted by the Inland Revenue, and fined, in the mitigated penalty of £125, for mixing peat moss with snuff. He pleaded guilty, and, in extenuation, alleged that he only did what all the other snuff-manufacturers did. The solicitor for the revenue denied the allegation, and declared that of 70 manufacturers he could only discover two other similar offenders. At the same time Robert Gordon, tobacco-manufacturer, was fined, in the mitigated penalty of £100, for mixing 35 lbs. of saccharine matter with 250 lbs. of tobacco, contrary to the statute, which prohibits, under a penalty of £200, any mixture except water. The tobacco was also forfeited.

### Notices to Correspondents.

The Synoptical Chart which appears at pages 12 and 13 of this number, will be reprinted, with emendations and additions, on plate paper, giving a *coup d'œil* of the Medical Schools, Lecturers, Hours of Lecture, Fees, and a variety of information connected with each Institution.

The "Medical Circular" may be procured by an order on any Newsvendor or Bookseller; or it will be sent direct by post from the Office, to subscribers for one year, on receipt of Sixteen shillings; half-yearly subscription, 8s.; quarterly, 4s. Cases for containing the numbers, bound in cloth, 1s. 6d., or by post, 2s.

CHIRURGUS.—Transfusion into the bloodvessels of a human being was first tried at Paris by Denys and Emerez. It was tried in cholera, but the results were not such as to encourage the adoption of the plan as a rule of practice. The injection of blood seemed to reanimate the patient for a short time, but profound collapse generally supervened. The cases operated on were usually in the last stage of the disease, and therefore of the most unfavourable kind for experiment. Especial care must be taken not to inject air with the blood.

M.R.C.S. (Eng.)—The circumstance is not unlikely. Facts are recorded of persons having cut teeth, even a whole set, so late as the sixtieth years. Hunter saw two fore teeth shoot up in the gums of a very old person.

X.Y.Z.—Tonic spasms are those in which the muscles remain rigid, as in lock-jaw. Clonic spasms are those in which rigidity alternates with relaxation, as in epilepsy.

MR. GRIFFITHS' communication received and attended to.

NOVUS—1st. King's College. 2nd. £10 10s.

A PRACTITIONER AND SUBSCRIBER (Hastings).—The firm is not known to us, and we have no means of acquiring the information.

DR. COLLINS (Wanstead).—Communication received.

MR. PIERCE (Horncastle).—Your note, with enclosures, have come to hand. A private note shall be sent.

ARGUS.—It is very probable your surmise is correct. *N'importe*—we are quite prepared for the encounter, whatever may be the weapon selected by our adversary.

The answers to other correspondents must stand over till next number.



## ADVERTISEMENTS.

### Charing-cross Hospital Medical

School, West Strand, London :

WINTER SESSION, October 1853, to March, 1854.

*Anatomy*—Mr. E. Canton.

*Chemistry*—H. H. Lewis, A.M.

*Demonstrations and Dissections*—Mr. Golesbro.

*Physiology and Pathology*—Mr. E. Canton.

*Medicine*—Dr. Chowne and Dr. R. Rowland.

*Surgery*—Mr. Hancock.

SUMMER SESSION, May, 1854, to end of July.

*Materia Medica*—Dr. Steggall and Dr. Willshire.

*Botany*—F. W. Headland, B.A.

*Midwifery, &c.*—Dr. Chowne and Mr. Hird.

*Medical Jurisprudence*—Dr. G. Birkett and Mr. Hird.

*Practical Chemistry in the Laboratory*—H. H. Lewis, A.M.

\*All the Lectures required by the College of Surgeons and Society of Apothecaries, £45, without Practical Chemistry, which is £2 2s.

#### [HOSPITAL PRACTICE.]

Consulting Physician, Wm. Shearman, M.D.

Physicians—Dr. Golding and Dr. Chowne.

Assistant Physician—Dr. Rowland.

Surgeons—Mr. Hancock and Mr. Avery.

MEDICAL PRACTICE.—Full period required, £15 15s. Surgical, £15 15s. Both Medical and Surgical practice, full period, £26 5s.

JOHN ROBERTSON, Hon. Sec.

### London Hospital Medical College.—

The WINTER SESSION will commence on Monday, October 3rd, when an Introductory Address will be delivered by Dr. PARKER, at half-past Two, p.m.

#### WINTER SESSION.

*Medicine*—Dr. Little.

*Surgery*—Mr. Curling, F.R.S. and Mr. Crichtett.

*Descriptive and Surgical Anatomy*—Mr. Adams.

*General Anatomy and Physiology*—Dr. Carpenter, F.R.S.

*Practical Anatomy*—Mr. N. Ward and Mr. J. C. Wordsworth.

*Chemistry*—Dr. Letheby.

*Dental Surgery*—Mr. Barrett.

#### SUMMER SESSION.

*Midwifery*—Dr. Ramsbotham.

*Materia Medica*—Dr. Davies.

*Forensic Medicine*—Dr. Ramsbotham and Dr. Letheby.

*Botany*—Mr. Bentley.

*Practical Chemistry*—Dr. Letheby.

\*General Fee to the Lectures, £50; to the Hospital Practice and Lectures, 84 guineas, payable in two instalments of 42 guineas each, at the commencement of the two first Winter Sessions. Applications by post to be made to the Honorary Secretary.

### St. Bartholomew's Hospital & Medi-

cal College.—The WINTER SESSION will commence on October 3, with an Introductory Address by Mr. Stanley, at Seven o'clock, p.m.

#### LECTURES.

*Medicine*—Dr. Burrows.

*Surgery*—Mr. Lawrence.

*Descriptive Anatomy*—Mr. Skey.

*Physiology and Morbid Anatomy*—Mr. Paget.

*Superintendence of Dissections*—Mr. Holden and Mr. Coote.

*Demonstrations of Morbid Anatomy*—Dr. Kirkes.

*Chemistry*—Mr. Stenhouse.

SUMMER SESSION, 1854, commencing May 1.

*Materia Medica*—Dr. Roupell.

*Botany*—Dr. Farre.

*Forensic Medicine*—Dr. Baly.

*Midwifery, &c.*—Dr. West.

*Comparative Anatomy*—Mr. McWhinnie.

*Practical Chemistry*—Mr. Stenhouse.

*Natural Philosophy*—Dr. Gibbon.

Hospital Practice.—The Hospital contains 650 beds, and relief is afforded to nearly 90,000 patients annually. The In-patients are visited daily, and Clinical Lectures are delivered weekly by both the Physicians and the Surgeons.

The Out-patients are attended daily by the Assistant-Physicians and Assistant-Surgeons.

Collegiate Establishment.—Warden, Dr. Black. Students can reside within the hospital walls, subject to the rules of the Collegiate system, established under the direction of the Treasurer and a Committee of the Governors of the Hospital. Some of the Teachers and other gentlemen connected with the Hospital also receive students to reside with them.

Scholarships, Prizes, &c.—At the end of the Winter Session, Examinations will be held for a Scholarship of the value of £45 a year, and tenable for two years; and for one of £50 for one year. The Examinations of the Classes for Prizes and Certificates of merit will take place at the same time.

Further information may be obtained from Mr. PAGET, or of any of the medical or surgical Officers or Lecturers; or at the Anatomical Museum or Library.

### The Middlesex Hospital School of

Medicine.—The WINTER SESSION will commence on Monday, October 3rd, 1853, with an Introductory Lecture by Dr. Frere, at eight o'clock, p.m.

The Hospital is now undergoing a further enlargement, and will receive upwards of 300 in-patients. The annual number of out-patients exceeds 12,000.

The School buildings have been considerably enlarged; the size of the Anatomical Museum has been doubled; and a new Library and Museum of Materia Medica have been provided.

Fee for Eighteen Months' Medical, and Three Years' Surgical Practice, £30.

Fee for attendance on the Hospital Practice and Lectures required by the College of Surgeons and Apothecaries' Company, £75. This sum may be paid by instalments of £30 at the beginning of the First Session, £30 at the beginning of the Second Session, and £15 at the beginning of the Third Session.

For further information, apply to Mr. De Morgan, Treasurer to the School, at the Hospital daily, from One to Two o'clock; to Dr. Crofe, the resident Medical Officer, or to Mr. Shedden, Secretary to the Hospital.

Prospectuses may be obtained on application at the Hospital.

### St. Mary's Hospital, Cambridge-

place, Paddington.

PHYSICIANS—Dr. Alderson, Dr. Chambers, and Dr. Sibson.

ASSISTANT-PHYSICIANS—Dr. Handfield Jones, Dr. Sieveking, and Dr. Markham.

SURGEONS—Mr. Coulson, Mr. Lane, and Mr. Ure.

ASSISTANT-SURGEONS—Mr. H. Spencer Smith, Mr. H. Haynes Walton, Mr. James Lane.

PHYSICIAN ACCOUCHEUR—Dr. Tyler Smith.

SURGEON ACCOUCHEUR—Mr. I. Baker Brown.

OPHTHALMIC SURGEON—Mr. White Cooper.

AURAL SURGEON—Mr. Toynbee.

DENTIST—Mr. Nasmyth.

RESIDENT MEDICAL OFFICERS—Mr. Trotter, Apothecary; Mr. Bullock and Mr. Lawrence.

#### FEES FOR THE PRACTICE OF THE SURGEONS :—

Six months ... .. 9 guineas.

Twelve months, or such time as is required by the College of Surgeons for Membership ... .. 20 guineas

Perpetual ... .. 30 guineas

Mr. Ure will deliver the Introductory Lecture on Clinical Surgery, in the theatre of the Hospital, on Monday, the 3rd of October, at half-past One o'clock.

Clinical lectures will be given upon medical and surgical cases in the Hospital, by the physicians and surgeons, and upon the diseases of women and children, ophthalmic surgery, and aural surgery, by the special officers.

There are three resident medical officers, who board in the Hospital, and are appointed for 18 months, two non-resident medical officers, a curator, a medical registrar, and a surgical registrar, who are appointed by the weekly board on the recommendation of the Medical Committee. These offices are open to competition among the qualified pupils of the hospital. Clinical clerks and dressers will be selected from the best qualified students, without extra fee.

Further information may be obtained from any of the medical officers, or from the Secretary of the Hospital, who is authorised to enter the names of pupils.

Board-room, Aug. 26, 1853.

S. SHEPHERD, Sec.

### Westminster Hospital Medical

SCHOOL.—The Session 1853-4 will commence on Monday, October 3rd, with an Introductory Address by Mr. Guthrie, F.R.S., at 4 p.m.

#### LECTURES.

PHYSIOLOGY—Mr. Hillman.

ANATOMY—Mr. Holthouse.

SURGERY—Mr. Holt and Mr. Charles G. Guthrie.

MEDICINE—Dr. Hamilton Roe and Dr. Basham.

CHEMISTRY—Mr. Harman Lewis, M.A.

DENTAL SURGERY—Mr. Clendon.

SUPERINTENDANCE OF DISSECTIONS—Mr. Power.

#### SUMMER SESSION.

MATERIA MEDICA—Dr. Basham.

MIDWIFERY—Dr. F. Bird.

FORENSIC MEDICINE—Dr. Fincham.

BOTANY—Dr. Radcliffe.

NATURAL PHILOSOPHY—Mr. Brooke, F.R.S.

Hospital Practice daily. Clinical Lectures are given every week by Physicians and Surgeons. General Fee for all the Lectures required by the College of Surgeons and the Society of Apothecaries, exclusive of Practical Chemistry, Forty Guineas; for Hospital Practice, Twenty-six Guineas. Clinical Assistants, Clinical Clerks, and Dressers are selected from the best qualified pupils without extra fee. Prizes and Certificates of Honour will be awarded at the commencement of the Summer Session.

Prospectuses and further particulars may be obtained on application to

F. J. WILSON,

Secretary to the Hospital.



## Queen Charlotte's Lying-in Hospital,

NEW-ROAD. Established in 1752.

CONSULTING PHYSICIAN—Dr. Moore. PHYSICIANS—Dr. Blakely Brown and Dr. Metcalfe Babington. SURGEON—J. Cholmondeley, Esq.

This Hospital contains thirty beds, and has attached to it a large out-patient department; ample opportunities are thus afforded to pupils for acquiring a practical knowledge of midwifery, more especially of the operations necessary in cases of difficult parturition. Clinical instructions are daily given in the wards, on the diseases of women in the puerperal state, and also on the diseases of infants. One resident house pupil is received into the Hospital at a time. Fees for instruction, board, and residence, for a period of three months, twenty-five guineas; fee to the matron, two guineas.

Further particulars may be obtained by application to Dr. Blakely Brown, 38, Hill-street, Berkeley-square; Dr. Metcalfe Babington, 29, Hertford street, May-fair; or to the Matron and Secretary, at the Hospital.

A. U. THISTLETON, Secretary.

## University College, London.—

Faculty of Medicine. Session 1853-54.—The CLASSES will COMMENCE on MONDAY, the 3rd of October. INTRODUCTORY LECTURE by Dr. GARROD, at 3 o'clock.

### WINTER TERM.

Classes in the order in which Lectures are delivered during the day:—

Anatomy—Professor Ellis.

Anatomy and Physiology—Professor Sharpey, M.D., F.R.S.

Chemistry—Professor Graham, F.R.S.

Comparative Anatomy—Professor Grant, M.D., F.R.S.

Surgery—Professor Erichsen.

Medicine—Professor Walshe, M.D.

Practical Anatomy—The pupils will be directed in their studies during several hours daily, by Professor Ellis and Mr. F. Sayer, Demonstrator.

### SUMMER TERM.

Botany—Professor Lindley, Ph. D., F.R.S.

Pathological Anatomy—Professor Jenner, M.D.

Comparative Anatomy and Zoology—Professor Grant, M.D.

Practical Chemistry—Professor A. W. Williamson, Ph. D.

Midwifery—Professor Murphy, M.D.

Forensic Medicine—Professor Carpenter, M.D., F.R.S.

Ophthalmic Medicine and Surgery—Professor T. W. Jones, F.R.S.

Materia Medica—Professor Garrod, M.D.

Analytical Chemistry—Professor Williamson throughout the Session.

Logic, French and German Languages, Natural Philosophy, Geology and Mineralogy—According to announcement for the Faculty of Arts.

### CLINICAL INSTRUCTIONS.

Hospital Practice Daily throughout the year.

Physicians—Dr. Walshe, Dr. Parkes, Dr. Garrod.

Obstetric Physician—Dr. Murphy.

Assistant Physicians—Dr. Jenner, Dr. Hare.

Surgeons—Mr. Quain, Mr. Erichsen.

Consulting Surgeon to the Eye Infirmary—Mr. Quain, F.R.S.

Ophthalmic Surgeon—Mr. Wharton Jones.

Assistant Surgeons—Mr. Marshall, Mr. Statham.

Medical Clinical Lectures, by Dr. Walshe and Dr. Garrod; also by Dr. Parkes, Professor of Clinical Medicine, whose special duty it is to train the pupils in the practical study of disease, and who gives a series of lessons and examinations on the Physical Phenomena and Diagnosis of Disease to classes consisting of a limited number, and meeting at separate hours.

Surgical Clinical Lectures, specially by Mr. Quain; and by Mr. Erichsen.

Lectures on Ophthalmic Cases, by Mr. Wharton Jones.

Practical Instruction in the application of Bandages and other Surgical Apparatus, by Mr. Marshall.

Prospectuses may be obtained at the office of the College.

Residence of Students.—Several of the Professors receive students to reside with them, and in the office of the College there is kept a register of parties, unconnected with the College who receive boarders into their families. Amongst these are several medical gentlemen. The register will afford information as to terms and other particulars.

W. SHARPEY, M.D., Dean of the Faculty.

CHAS. C. ATKINSON, Secretary to the Council. August, 1853.

The Lectures to the Classes of the Faculty of Arts will commence on the 13th of October.

The Junior School will open on the 23rd of September,

## St. Thomas's Medical Session.—

A General Introductory Address will be delivered by Dr. J. RIDSON BENNETT, on Saturday, October 1st, 1853, at Eight o'clock, p.m.

Gentlemen have the option of paying £40 for the first year, a similar sum for the second, and £10 for each succeeding year; or £90 at one payment.

### SCHOLARSHIPS AND PRIZES FOR 1853—54.

A Scholarship of £20 for the best voluntary Classical and Mathematical examination, at the commencement of the Student's Hospital attendance.

Two Scholarships, for the first year's men, each of the value of £20, and tenable for three years.

The Two House Surgeons, the Fifteen Dressers, and the Resident Accoucheurs will be selected according to merit; and provided with Rooms and Commons in the Hospital, free of expense.

The President's Prizes. The first, 10 Gs. The second, 5 Gs. Prizes and Certificates of Honour, in each of the different Classes.

Mr. Newman Smith's Prize, £5. A Governor's Prizes. The Cheselden Medal and 5 Gs. Dr. Root's Prize, 10 Gs.

The Treasurer's Prizes. The first, a Gold Medal. The second, 5 Gs. And Three of 10 Gs. to Clinical Medical Clerks.

### MEDICAL OFFICERS.

Dr. Roots, Consulting Physician; Mr. Green, Consulting Surgeon; Dr. Barker, Dr. J. Risdon Bennett, Dr. Goolden, Mr. South, Mr. Mackmurdo, Mr. Solly, Mr. Le Gros Clark, Mr. Simon, Dr. Cohen, Dr. Peacock, Dr. Waller, Mr. Whitfield.

A Systematic Course of Clinical Medicine, with Clinical Instruction in the Wards—Dr. Barker.

Medicine—Dr. J. Risdon Bennett. Surgery—Mr. South. Ophthalmic Surgery—Mr. Mackmurdo. Physiology—Mr. Grainger. Descriptive Anatomy—Mr. Le Gros Clark. Chemistry and Practical Chemistry—Dr. Rt. Dundas Thomson. Midwifery—Dr. Waller. Practical Midwifery—Dr. Griffith. Diseases of the Teeth—Mr. E. Saunders. General Pathology—Mr. Simon. Botany—Mr. Bristowe. Comparative Anatomy—Dr. E. Meryon. Materia Medica—Dr. Peacock. Forensic Medicine—Dr. Brinton. Anatomical Demonstrations—Mr. Rainey, Mr. Barwell, and Mr. Jones. Demonstrations Morbid Anatomy—Dr. Bristowe and Mr. W. Adams.

To enter, or to obtain further information, apply to Dr. J. RISDON BENNETT, Dean of the Medical School; or to Mr. WHITFIELD, Medical Secretary, at St. Thomas's Hospital.

## King's College, London.—Medical

DEPARTMENT.—The WINTER SESSION, 1853-4, will commence on Monday, October 3rd, 1853, on which day all students are expected to attend the Introductory Lecture, by Dr. Guy, at 2 o'clock.

The following Courses of Lectures will be given:—

ANATOMY—Professor Richard Partridge, F.R.S.

PHYSIOLOGY AND GENERAL AND MORBID ANATOMY—Professors W. Bowman, F.R.S., and Lionel S. Beale, M.D.

CHEMISTRY—Professor W. A. Miller, M.D., F.R.S.

PRINCIPLES AND PRACTICE OF MEDICINE—Professor George Budd, M.D., F.R.S.

PRINCIPLES AND PRACTICE OF SURGERY—Professor William Fergusson, F.R.S., King's College Hospital.

The Hospital is visited daily.

Clinical Lectures are given every week, both by the physicians and by the surgeons.

The physicians' assistants and clinical clerks, the house surgeons and dressers, are selected by examination from the students of the Hospital.

There are two laboratories in the College, fitted with every convenience for the attainment of practical chemistry, and for the prosecution of scientific researches.

Dr. Beale has also a laboratory adjoining King's College Hospital, for the prosecution of Pathological Chemistry, Demonstrations of the Urine, &c.

SCHOLARSHIPS.—New Students entering for this session will have the privilege exclusively of contending in October next, for three Warneford Scholarships, of £25 per annum, for three years. The examination commences on the 30th of Sept next.

One Scholarship of £40, tenable for three years; one of £30, and three of £20 each, tenable for two years, will be filled up in April next, the subjects of examination being exclusively medical.

Full particulars upon every subject may be obtained from Professor Guy, M.D., dean of the department; or upon application to J. W. Cunningham, Esq., Secretary.

July 22, 1853.

R. W. JELF, D.D., Principal.



## Medical School.—Anderson's Uni-

versity, Glasgow.—The WINTER SESSION will begin on Tuesday, November 1, 1853. Lectures will be delivered daily, for six months, on the following branches of Medical Science:—

ANATOMY, DESCRIPTIVE AND PHYSIOLOGICAL—Dr. M. S. Buchanan.  
ANATOMY, DEMONSTRATIVE AND SURGICAL—Dr. M. S. Buchanan.  
(Demonstrator)—Dr. George Buchanan.  
PRINCIPLES AND PRACTICE OF SURGERY—Dr. Hunter.  
PRINCIPLES AND PRACTICE OF MEDICINE—Dr. A. Anderson.  
INSTITUTES OF MEDICINE—Dr. E. Watson.  
MATERIA MEDICA, PHARMACY, AND DIETETICS—Dr. Easton.  
CHEMISTRY—Dr. Penny.  
PRACTICAL CHEMISTRY—Dr. Penny.  
MIDWIFERY & DISEASES OF WOMEN AND CHILDREN—Dr. Paterson.  
MEDICAL JURISPRUDENCE AND POLICE—Dr. Crawford.  
NATURAL PHILOSOPHY (thrice a week)—Dr. Taylor.  
MATHEMATICS—Mr. Laing.  
SUMMER COURSES OF Anatomy, Midwifery, Chemistry, and Botany, begin in May.  
BOTANY—Dr. Bell.  
Fee for each Class, £2 2s. Perpetual, £3 3s.

Certificates of attendance on the above courses are received by the Universities of Oxford, Cambridge, London, Aberdeen, and St. Andrews; by all the Royal Colleges of Surgeons, in Great Britain and Ireland; by the Faculty of Physicians and Surgeons in Glasgow, and by the Army, Navy, and East India Boards and the Apothecaries' Company.

Students attending the Medical Classes have the opportunity of witnessing the Practice of the following Hospitals:—Lying-in-Hospital, 10s. 6d. for six months; Eye Infirmary, £2 2s. for six months; Royal Infirmary, £8 8s., perpetual, including Medical and Surgical Clinical Lectures, which are delivered four times weekly. The patients admitted to the Eye Infirmary average 900 annually; those admitted to the Royal Infirmary, nearly 3000, besides 6000 out-patients treated at the Dispensary. Average number of Surgical Operations, 120 annually.

The Saloon for Dissection, which is free to those attending either of the above courses of Anatomy, is open from 9 a.m. to 4 p.m.; and attached to it there have been opened a Reading Room and Museum for the use of the Anatomical Students.

The new and extensive Laboratory of the Institution, fitted up expressly for gentlemen desirous of pursuing practical and Analytical Chemistry, is open daily from eleven to four o'clock. No charge for apparatus and materials in the class for Practical Medical Chemistry.

The University Museum, a splendid collection of specimens of Natural History, including more particularly those of Zoology, Geology, Mineralogy, and Antiquities, is open to all students attending the University.

A valuable medical library is also attached to the Medical School.

1853-4.

## The Queen's College, Birmingham.—

THE WINTER SESSION will commence on Tuesday the 4th of October next.

### LECTURES.

ANATOMY OF THE TISSUES AND SURGICAL ANATOMY—Professor Sands Cox, F.R.S., Senior Surgeon to the Queen's Hospital.  
ANATOMY AND PHYSIOLOGY—Professor Langstone Parker, Surgeon to the Queen's Hospital.  
PRACTICAL ANATOMY AND SUPERINTENDANCE OF DISSECTIONS—Mr. David Bolton, M.R.C.S., and Mr. Oliver Pemberton, Surgeon to the General Hospital.  
CHEMISTRY—Professor Shaw.  
MEDICINE—Professor James Johnstone, M.D., Senior Physician to the General Hospital.  
SURGERY—Professor Sands Cox.

### THE SUMMER SESSION.

Will commence on Monday the 1st of May, 1854.

### LECTURES.

MATERIA MEDICA AND THERAPEUTICS—Professor Heslop, M.D., Physician to the Queen's Hospital, and Professor Knowles, F.L.S., Surgeon to the Queen's Hospital.  
MIDWIFERY—Professor Berry, Surgeon to the Magdalen Asylum.  
FORENSIC MEDICINE—Professor John Birt Davies, M.D., Senior Physician to the Queen's Hospital.  
BOTANY—Professor Knowles.  
PRACTICAL CHEMISTRY—Professor Shaw.

Clinical Lectures will be delivered every week at the College, by the Professors.

For further information, application may be made to the several Professors; or to W. S. Cox, Esq., Dean of the Faculty, 24, Temple-row, Birmingham.

The APPOINTMENT of RESIDENT MEDICAL TUTOR is now VACANT. The testimonials of Candidates must be sent to the Dean of the Faculty, on or before Wednesday, the 31st day of August instant. Salary, £120 per annum, with rooms and board.

1853-4.

## Sydenham College, Birmingham.—

THE WINTER SESSION will commence on MONDAY, October 3rd, 1853.

Anatomy, Physiology, and Pathology.—JOHN WHITE KEY-WORTH, M.B.

In the course of the Session, Microscopical Demonstrations of healthy and diseased Tissue, will be given by Dr. RUSSELL.

Practical Anatomy and Demonstrations.—Messrs. GEORGE ELKINGTON, FROWD JONES, and JOHN POSTGATE.

Principles and Practice of Medicine.—BELL FLETCHER, M.D., F.R.C.P.L., Physician to the General Hospital.

Principles and Practice of Surgery.—Mr. ALFRED BAKER, F.R.C.S., Surgeon to the General Hospital.

Chemistry.—Mr. ALFRED HILL.

### THE SUMMER SESSION

Will commence on MONDAY, May 1st, 1854.

Therapeutics.—Dr. RUSSELL, formerly Senior Physician to the Birmingham General Dispensary.

Materia Medica.—Mr. JOHN BASSETT.

Midwifery and Diseases of Women and Children.—Dr. ELKINGTON, Consulting Accoucher to Lying-in Hospital.

Practical Chemistry.—Mr. ALFRED HILL.

Botany.—Mr. FREDK. WESTCOTT, Assoc. L.C.

Forensic Medicine.—Mr. ORFORD, Medical Officer to Lying-in Hospital.

The Toxicological Part of the Course will be delivered by Mr. Alfred Hill.

Clinical Courses will be given by those Lecturers who are attached to the various Public Institutions of the town.

The INTRODUCTORY LECTURE will be delivered by Dr. RUSSELL, on MONDAY, October 3rd, at Three o'clock in the afternoon, in the Theatre of the College; after which the Prizes will be distributed to the meritorious Students of the past year.

Further particulars may be obtained on application to the Principal or Secretary.

ALFRED HILL, Honorary Secretary.

## Liverpool Royal Infirmary School

OF MEDICINE.—The Session of 1853-4 will commence on Saturday, 1st October, when an Introductory Lecture will be given at Two o'clock, by J. LONG, Esq., F.R.C.S.

### WINTER SESSION.

Anatomy, Physiology, and Pathology.—Mr. Long, F.R.C.S.E.  
Anatomical Demonstrations & Dissections—Mr. F. D. Fletcher.  
Chemistry and Pharmacy—R. H. Brett, Ph. D., F.L.S.  
Principles and Practice of Physic—Joseph Dickinson, M.A. M.D.  
Principles and Practice of Surgery—Mr. Cooper, F.R.C.S.E.  
Clinical Medicine—J. R. W. Vose, M.D.; J. Turnbull, M.D.  
Clinical Surgery—Mr. Cooper.

### SUMMER SESSION.

Materia Medica and Therapeutics—Thomas Inman, M.D.  
Botany—I. B. Nevins, M.D., F.B.S.  
Midwifery, and Diseases of Women and Children—Mr. Batty.  
Medical Jurisprudence—R. H. Brett, Ph. D., F.L.S.; Mr. Fletcher.

Practical Chemistry—Dr. Brett.

Ophthalmic Medicine and Surgery—R. Hibbert Taylor, M.D.

Clinical Medicine, with Instruction in Morbid Anatomy—Dr. Dickinson.

Clinical Surgery, with Instruction in Morbid Anatomy—Mr. Cooper.

Fees to all the Lectures (including Practical Chemistry) required by the Hall and College, £45, payable in advance.

Examinations will be held annually in all the subjects, and Prizes or Certificates of Honour awarded according to proficiency.

A Gold Medal of the value of £10 10s. will be awarded annually to the student who distinguishes himself most in a general examination on all subjects taught at the School. The Committee of the Infirmary will, in addition, give to the Medalist six months' free residence, Dressership, and Clerkship, in the Infirmary, with the title of Liverpool Royal Infirmary Medical Scholar. In case the Medal is taken by a resident pupil, six months' payment will be returned to him. The Committee will give free residence to two pupils every six months. They will be elected from amongst the students of the school by examination by the Lecturers.

Tickets for the Lectures to be procured from the Secretary, Dr. Inman, and countersigned by the respective Lecturers.

### REGISTRATION.

The Register of Tickets of Admission to Lectures or Hospital Practice is open from October 1st to 21st, 1853, and from May 1st to 7th, 1854, the latter day inclusive. Application to be made, and the tickets brought, to Dr. Inman, at his residence, 16, Rodney-street, any morning between Nine and Eleven o'clock.

Liverpool Royal Infirmary, Sept. 1853.



## Medical Agency, 50, Lincoln's-inn-fields, Conducted by

MR. BOWMER, M.R.C.S.L.

All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.

(OFFICE HOURS, 11 TILL 4.)

## Medical Tutor.—A First-class Man

in Medicine and Arts prepares Gentlemen, privately or in class, for the Matriculation, Medical and Arts Examinations, at the University of London, and the preliminary Examination at Apothecaries' Hall. M.S. notes forwarded. Last July all his pupils were first-class. There is one vacancy for a private pupil, who may be apprenticed. W. B. G., 11, St. George's-villas, Canonbury, Islington.

## Horne, Thornthwaite, and Wood,

PHILOSOPHICAL AND CHEMICAL INSTRUMENT MAKERS, 122, and 123, NEWGATE-STREET, LONDON.

Medical Achromatic Microscopes, in Case, for Anatomical Urinary Deposits, &c., £2 2s., £5 5s., and upwards.

Electro-Galvanic Machines, giving a uniform Current of Galvanism of great quantity, in one direction only, and of the only form and construction suitable for medical application, in portable case, £3 3s., £5 5s., and £8 8s.

Urinometers, gilt metal, 14s.; glass, 4s. 6d.; in case for pocket with Thermometer, Acid, &c., 21s. and 35s.

Apparatus and Tests for Analyses of Urine, and Toxicology. In Cases, £3 3s., £5 5s., and £10 10s.

## Spirits for the Medical Profession.

CASH PRICES.

Sp. Vini Rect. 56° overproof (s. g. 831), 19s. 6d. per Gallon; Flask 1s.

Plain Proof Spirit, of superior quality, 14s. per Gallon.

Pure Pale Brandy, "Eau-de-Vie," 14s. per Gallon; in French Bottles, 30s. per Dozen, bottles included.

Brett's Sanitary Ginger Brandy, the only genuine liqueur, 18s. per Gallon; in Pint and Quart Wine-bottles, 20s. and 38s. per Dozen.

HENRY BRETT & CO.,

Sept. 5th, 1853.

Old Fumival's Distillery, Holborn

STAYS SUPERSEDED.

## Great Exhibition Elastic Bodice.

—Stiff Stays destroy natural grace, produce deformity, and implant disease. Curvature of the spine, consumption, and a host of evils arise from their use. MARTIN'S ELASTIC BODICE is without whalebone or lacing, at the same time furnishing a sufficient support, and imparting to the figure that natural elegance, which is quite impossible under the pressure which is the great aim, as mischief is the certain end, of all kinds of stays. The time and patience of the wearer are also spared, by a simple fastening in front, to obviate the trouble of lacing. As there are several imitations of these celebrated Bodices, it is necessary to inform the Public that they can be obtained only of the Inventors and Manufacturers, E. AND E. H. MARTIN, 504, New Oxford-street.

A Prospectus, &c., on receipt of a stamp, can be sent by post.

## Champagne, 40s. per dozen, in One-

DOZEN CASES.—This really fine Wine in splendid condition, and undistinguishable from that charged double the price, is to be obtained only of H. WARREN & Co., who, being the *bona fide* Importers of French and German Wines direct from the vineyard, offer them at unexampled low prices. CLARET, 30s.; HOCK, 36s.; MOSELLE, 36s.; PALE SHERRY, 33s.; OLD PORT, 34s. Orders per post, containing a post-office order, will receive immediate attention.

H. WARREN & Co., 302, Regent-street, London (nearly opposite the Polytechnic Institution).

## For Varicose Veins & Weakness.—

SURGICAL ELASTIC STOCKINGS, AND KNEE-CAPS on a New Principle, pervious, light in texture, and *inexpensive*, yielding a permanent, efficient, and unvarying support under any temperature, without the trouble of Lacing and Bandaging: likewise, a Strong, low-priced Article for Hospitals and the Working Classes: ELASTIC NET CORSETS of the same beautiful fabric, ABDOMINAL SUPPORTING BELTS, for both sexes, those for ladies' use before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instructions for measurement, and prices on application, and the articles sent by post, from the Manufacturers, POPE and PLANTE, 4, WATERLOO-PLACE, PALM-MALL, LONDON.

The Profession, Trade, and Hospitals supplied.

## Hats perfectly ventilating, pliant

to the head, many ounces lighter than those in present use, yet equally durable. These Hats, as exhibited by MESSRS. GAIMES, SANDERS, & NICHOLL, at the Great Exhibition, 1851; and which are now so extensively patronised by the nobility and gentry, by the leading members of the legal and medical professions, and by many of the most eminent literary men, can be obtained in London, at 22, BIRCHIN-LANE, CORNHILL, and 111, Strand; or of their agents in most of the principal towns in England, Scotland, and the Colonies. The usual discount allowed to shippers.

## Members of the Medical Profession

and the Public are respectfully requested, before furnishing, to inspect the extensive and well-selected Stock at RICHARD A. C. LOADER'S CABINET AND UPHOLSTERY WAREHOUSES, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

The Stock comprises every requisite for furnishing, at as low a price as goods of a guaranteed quality can be supplied. Catalogues gratis.

RICHARD A. C. LOADER, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

## Argyll Baths, 10, Argyll-place,

REGENT-STREET,

AND AT 5, NEW BROAD-STREET, CITY.

TERMS:

WARM BATHS—ONE SHILLING EACH.

Reserved Rooms, including the Ladies' Department, One-and-Sixpence each; Twenty-one Transferable Tickets, One Guinea.

Vapour, Sulphur, and Harrowgate Baths, 3s. 6d. each—8 for 21s.

Hot Air, Mercurial, and other dry Fumigating Baths, 5s. each—6 for 21s.

Portable Warm Baths sent out within ten miles of London. Single Bath (with hot linen, &c.), within one mile of Argyll-place, 5s.; every additional mile, 1s. extra.

An idea may be formed of the capacity of these Establishments when it is stated that upon their erection and completion upwards of £30,000 has been expended, and that at each place one hundred Baths can be given in an hour.

IMPORTANT TO THE MEDICAL PROFESSION.

## Davenport's Syrup of the Iodide of QUININE and IRON.

FROM DR. GOLDING BIRD.—"48, Russell-square.—I have now for some time employed pretty largely the triple Compound of Iodide, Quinine, and Iron, prepared by Mr. John T. Davenport, in the form of Syrup. I do not hesitate to express my opinion of its great value as a therapeutic agent. It has appeared to me, that the Quinine assisted the assimilation of the Iron, and I have found it to be of very great value in cases in which the Iodide of Iron is recognised. This triple Compound possesses many advantages over the simple Iodide; and not the least of them is, the satisfactory manner in which it is tolerated by the stomach, especially if administered (as all preparations of Iron ought to be) immediately after a meal.—"GOLDING BIRD, A.M., M.D.; F.R.S., Fellow of the Royal College of Physicians, Physician and Professor of Materia Medica at Guy's."

FROM DR. GEO. P. MAY.—"Having for some time past extensively used the ternary compound of Quinine, Iodide, and Iron, prepared by Mr. J. T. Davenport, I can with confidence testify to its marked efficacy in cases of Struma and Anæmia, and, indeed, in all instances in which the exhibition of Iron and its compounds is indicated. This preparation appears to combine all the therapeutic powers of its constituents without their nauseous qualities, which renders it an admirable medicine in the treatment of some of the disorders of childhood.—"GEO. P. MAY, M.D.—Maldon."

SYRUP OF THE IODIDE OF ZINC, as prepared for Dr. Barlow, of Guy's Hospital.

TARAXACUM (Davenport's) LIQUOR, or FLUID EXTRACT, Prepared by Spontaneous Insipisation, possesses every characteristic of the fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm. 6s. per lb.

CITRATE OF QUININE AND IRON. 25 per Cent. Quinine, 4s. 6d. per oz.

SYRUP OF THE IODIDE OF IRON. P. L. 3s. per lb.

BIMECONATE SOLUTION OF OPIUM. Professional testimonials acknowledge this preparation to be the most efficient sedative extant. The unpleasant effects of ordinary opiates are entirely obviated. Dose, fifteen to thirty drops. 8d. per oz.

COTYLEDON UMBILICUS. The Solid and Fluid Extracts, 1s. 3d. and 1s. per oz.; also, the Preserved Juice, 5s. 4d. per lb., as recommended by Mr. Salter, of Poole, in Epilepsy.

J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 33, Great Russell-street, Bloomsbury. A List of Preparations forwarded on application.

The Publisher of the "MEDICAL CIRCULAR," in answer to several enquiries from the country, begs to state that the following are the terms for inserting Advertisements:—

Four lines and under . . . . .	£0 2 6
Every additional line . . . . .	0 0 6
Whole Column . . . . .	2 15 0
Whole Page . . . . .	5 5 0

London: Printed by WILLIAM TROUNCER, at his Office, No. 9, Cursitor-street, Chancery-lane, in the Parish of St. Andrew, Holborn, in the County of Middlesex; and published by CHARLES JAMES HARRIS, at No. 123, Strand in the City of Westminster.—September 21st, 1853.



THE  
MEDICAL CIRCULAR  
AND  
General Medical Advertiser.

No. 39, NEW SERIES. }  
No. 65. }

WEDNESDAY, SEPTEMBER 28, 1853.

{THREEPENCE.  
{STAMPED, 4d.

TABLE OF CONTENTS.

	Page		Page
Leading Articles :		Reviews ... ..	240
Progress of Cholera ... ..	233	The Medical Men of the Three Kingdoms ... ..	245
The Royal Free Hospital Medical College ... ..	234	Correspondence ... ..	245
Mirror of Periodical Literature... ..	234	Medical Notes and Queries ... ..	247
Contents of the Medical Journals ... ..	237	Our Note Book ... ..	247
Hospital Reports ... ..	238	The Cholera ... ..	248
The Anatomy of Quackery (No. XXIX) ... ..	239	Obituary... ..	249
Original Communications ... ..	240	Medical News ... ..	249
Biographical Notices ... ..	243	Notices to Correspondents ... ..	250

On 1st of October, No. XXIV., price 6s., of the

British and Foreign Medico-  
CHIRURGICAL REVIEW.

ANALYTICAL AND CRITICAL REVIEWS.

- I. The Cell Theory.
- II. Intestinal Obstructions.
- III. Skoda and Markham on Auscultation.
- IV. Luschka on the Phrenic Nerve.
- V. Albuminous Crystallization.
- VI. Midwifery in England, France, and Germany.
- VII. Scientific Co-operation.
- VIII. Syphilis and Syphilization.
- IX. Billing on Pulmonary and Cardiac Diseases.
- X. Moleschott on Dietetics.
- XI. Epiphytes and Entophytes.
- XII. The Law and the Theory of Insanity.
- XIII. The Norse Magazine for Medical Science.
- XIV. Ansell and Cotton on Tuberculosis.

BIBLIOGRAPHICAL RECORD.

- I. The Transactions of the American Medical Association.
- II. Day's Anatomical and Physiological Bibliography.
- III. Paget's Lectures on Surgical Pathology.
- IV. Lyons on Histogenesis and Histolysis.
- V. Hinds on the Harmonies of Physical Science.
- VI. Guthrie's Commentaries on Surgery.
- VII. Little on Deformities.
- VIII. Toynbee on an Artificial Membrana Tympani.
- IX. Symonds on Habit.
- X. Dalziel on Hysteria.
- XI. Arnott and Page's Report on the Croydon Fever.
- XII. Small-pox and Vaccination,

ORIGINAL COMMUNICATIONS.

- I. The Blood—its Chemistry, Physiology, and Pathology, By Thomas Williams, M.D.
- II. Decennium Pathologicum. By T. K. Chambers, M.D.
- III. The Internal Surface of the Uterus after Delivery. By J. Matthews Duncan, A.M.
- IV. Historic Data on Infantile Pneumonia. By W. H. Willshire, M.D. Edinensis.
- V. Sarcinæ in the Ventracles of the Brain. By William Jenner, M.D.

CHRONICLE OF MEDICAL SCIENCE.—Annals of Micrology. By Robert D. Lyons, M.B., T.C.D., M.R.I.A.—Anatomy, Physiology, and Organic Chemistry—Pathology and Practice of Medicine—Surgery—Midwifery—Therapeutical Record.

London: Samuel Highley, jun., and John Churchill.

On 1st of October, price 3s. 6d.,

The Journal of Psychological  
MEDICINE, No. XXIV.

Edited by FORBES WINSLOW, M.D., D.C.L., President of the  
Medical Society of London.

CONTENTS.

1. State of Lunacy in England.
2. Moral Sanatory Economy.
3. Haydon: a Psychological Study.
4. British Asylums for the Insane.
5. Lunacy and Lunatic Asylums of Ireland.
6. Proximate Cause of Insanity.
7. Mental Dynamics.
8. On the Reading, Recreation, and Amusement of the Insane.
9. The New Lunacy Act.
10. Bethlehem Hospital Report.
11. Dr. Hitchman on the Pathology of Insanity.
12. Dr. Van Oven on the Decline of Life.
13. On Table Turning and Spirit Rapping.
14. American Asylums for the Insane.

London: John Churchill, Princes-street, Soho;

Just published, 8vo, cloth, 21s.

Principles and Practice of Surgery.

Illustrated by numerous engravings on wood. By WILLIAM PIRRIE, F.R.S.E., Regius Professor of Surgery in the Marischal College and University of Aberdeen; Surgeon to the Royal Infirmary.

"Professor Pirrie has published a work which is equally deserving of praise as an admirable text-book for surgical pupils, and as a book of reference for experienced practitioners. We rejoice to find that the chair of Surgery is so ably filled in Aberdeen. . . . Professor Pirrie's work is clear and trustworthy. All recent improvements, real or pretended, are particularly and candidly discussed."—LONDON JOURNAL OF MEDICINE.

"Any attempt to analyse such a work would be tantamount to the criticism of modern surgical literature. Dr. Pirrie seems to us to have executed his task with diligence, fairness, and success. He has collected a large amount of information, arranged it in a convenient form, and expressed it in distinct language. Through the assistance of an active London publisher, he has produced a very handsome book, with all the advantages of good paper and typography, and ornamented with many woodcuts, some of which are from blocks belonging to a work remarkable for its excellence in this department: On the whole, we think Dr. Pirrie's book creditable to the School with which he is connected, and likely to be useful, not only there, but wherever a careful digest of surgical knowledge is required."—EDINBURGH MONTHLY JOURNAL OF MEDICAL SCIENCE.

London: John Churchill, Princes-street, Soho.



1853-4.

## Sydenham College, Birmingham.—

THE WINTER SESSION will commence on MONDAY, October 3rd, 1853.

*Anatomy, Physiology, and Pathology*.—JOHN WHITE KEY-WORTH, M.B.

In the course of the Session, Microscopical Demonstrations of Healthy and diseased Tissue, will be given by DR. RUSSELL.

*Practical Anatomy and Demonstrations*.—Messrs. GEORGE ELKINGTON, FROWD JONES, and JOHN POSTGATE.

*Principles and Practice of Medicine*.—BELL FLETCHER, M.D., F.R.C.P.L., Physician to the General Hospital.

*Principles and Practice of Surgery*.—MR. ALFRED BAKER, F.R.C.S., Surgeon to the General Hospital.

*Chemistry*.—MR. ALFRED HILL.

### THE SUMMER SESSION

Will commence on MONDAY, May 1st, 1854.

*Therapeutics*.—DR. RUSSELL, formerly Senior Physician to the Birmingham General Dispensary.

*Materia Medica*.—MR. JOHN BASSETT.

*Midwifery and Diseases of Women and Children*.—DR. ELKINGTON, Consulting Accoucher to Lying-in Hospital.

*Practical Chemistry*.—MR. ALFRED HILL.

*Botany*.—MR. FREDK. WESTCOTT, Assoc. L.C.

*Forensic Medicine*.—MR. ORFORD, Medical Officer to Lying-in Hospital.

The Toxicological Part of the Course will be delivered by Mr. Alfred Hill.

Clinical Courses will be given by those Lecturers who are attached to the various Public Institutions of the town.

The INTRODUCTORY LECTURE will be delivered by DR. RUSSELL, on MONDAY, October 3rd, at Three o'clock in the afternoon, in the Theatre of the College; after which the Prizes will be distributed to the meritorious Students of the past year.

Further particulars may be obtained on application to the Principal or Secretary.

ALFRED HILL, Honorary Secretary.

## King's College, London.—Medical

DEPARTMENT.—The WINTER SESSION, 1853-4, will commence on Monday, October 3rd, 1853, on which day all students are expected to attend the Introductory Lecture, by Dr. Guy, at 2 o'clock.

The following Courses of Lectures will be given :—

ANATOMY—Professor Richard Partridge, F.R.S.

PHYSIOLOGY AND GENERAL AND MORBID ANATOMY—Professor W. Bowman, F.R.S., and Lionel S. Beale, M.D.

CHEMISTRY—Professor W. A. Miller, M.D., F.R.S.

PRINCIPLES AND PRACTICE OF MEDICINE—Professor George Budd, M.D., F.R.S.

PRINCIPLES AND PRACTICE OF SURGERY—Professor William Ferriusson, F.R.S., King's College Hospital.

The Hospital is visited daily.

Clinical Lectures are given every week, both by the physicians and by the surgeons.

The physicians' assistants and clinical clerks, the house surgeons and dressers, are selected by examination from the students of the Hospital.

There are two laboratories in the College, fitted with every convenience for the attainment of practical chemistry, and for the prosecution of scientific researches.

Dr. Beale has also a laboratory adjoining King's College Hospital, for the prosecution of Pathological Chemistry, Demonstrations of the Urine, &c.

SCHOLARSHIPS.—New Students entering for this session will have the privilege exclusively of contending in October next, for three Warneford Scholarships, of £25 per annum, for three years. The examination commences on the 30th of September.

One Scholarship of £40, tenable for three years; one of £30, and three of £20 each, tenable for two years, will be filled up in April next, the subjects of examination being exclusively medical.

Full particulars upon every subject may be obtained from Professor Guy, M.D., dean of the department; or upon application to J. W. Cunningham, Esq., Secretary.

July 22, 1853.

R. W. JELF, D.D., Principal.

## To Medical Men.—A M.R.C.S.L.

wants to enter into Partnership in a Practice at or near London. Would wish to act as Assistant for a year or so before making final arrangements.—Address A.W., 8, Portland-road, New Road, Regent's-park.

## Nos. 5, 9, 13, (New Series) of the

"MEDICAL CIRCULAR."—Any gentleman possessing these Numbers, and who may be willing to dispose of the same, will greatly oblige by forwarding them to the Publisher, who will immediately return the full price in Postage Stamps, or exchange them for any other Number, if desired.

Office, 128, Strand.

## Essays on Mental Derangement

By JAMES VEITCH, M.D., Edinb., and formerly, for years Medical Chief of the Royal Naval Lunatic Asylum. S. HIGLEY, and SON, 32, Fleet-street.

## To Lecturers and Demonstrators.

—Lecturers on ANATOMY and SURGERY are wanted in an old established School. Gentlemen are requested to communicate immediately with MEDICUS, No. 28, Bedford Square, stating their qualifications, and the class they are prepared to undertake.

## To Surgeons Emigrating, & Others.

—SURGICAL INSTRUMENTS.—The friends of a Surgeon, lately deceased, are desirous of disposing of his surgical instruments, consisting of—Amputating, Trephining, Lithotomy, Ophthalmic, and other instruments, all of which will be sold at a very moderate price. Also an Anatomical figure adapted for Lectures. To be seen at the Office of this Journal, between the hours of 10 and 5 o'clock.

## Guy's, 1853-4.—The Medical

SESSION Commences on the 1st of October. The Introductory Address will be given by HENRY OLDHAM, M.D., on SATURDAY, the 1st of October, at Two o'clock. Gentlemen desirous of becoming Students must give satisfactory testimony as to their education and conduct. They are required to pay £40 for the first year, £40 for the second year, and £10 for every succeeding year of attendance, or £100 in one payment entitles a Student to a Perpetual Ticket. Dressers, Clinical Clerks, Ward Clerks, Obstetric Residents, and Dressers in the Eye Wards, are selected according to merit from those Students who have attended a second year.

Mr. Stocker, Apothecary to Guy's Hospital, will enter Students, and give any further information required.

August 9, 1853.

## Eastgate House, Lincoln, a Private

Establishment for the Residence of a limited number of Ladies of the Upper and Middle Classes. Conducted by MR. GARDINER HILL, M.R.C.S., Eng., originator of the system of Non-restraint in Lunacy, and Mrs. HILL.—Physician, R. ELMHIRST, Esq., M.D., Cantab.

## Royal College of Physicians, Degree

OF M.D., APOTHECARIES' HALL, &c.—DR. COOKE continues to assist (personally or by correspondence) Gentlemen desirous of Graduating in Medicine or Surgery, or of Matriculating at British or Continental Examining Boards.—For terms, &c., apply to DR. COOKE, East Temple Chambers, 2, Whitefriars-street, Fleet-street.

## Medical Benevolent College.—

NOTICE IS HEREBY GIVEN, that, after the 29th instant, the Offices of the College will be at No. 37, SOHO-SQUARE, where every information relative to the Institution may be obtained of the Secretary, either personally or by letter.

By order of the Council,

EDWARD HENRY SIEVEKING, M.D., Honorary Secretary.

HERBERT WILLIAMS, Assistant Secretary.

4, Hanover-square, Sept. 21, 1853.

## Board.—A Medical Practitioner, in

the New Town of Edinburgh, whose house is conveniently situated for the Public Schools, can receive into his family TWO YOUNG GENTLEMEN as Boarders. To those studying Medicine an opportunity would be afforded of seeing practice.—Apply to A.B., "Guardian" Newspaper Office, Edinburgh.

## On True and False Spermatorrhœa :

With a view to the Correction of wide-spread Errors in relation to the Treatment and Cure of the Impuissant and Sexual Hypochondriacs, in general. Translated from the German of Dr. PICKFORD. Bailliérie, 219, Regent-street, & 290, Broadway, New York.

## Allsopp's Pale Ale, in Casks of 18

Gallons, 30s., and in full-sized Bottles, Imperial Measure only, by which the Public gain one-third :—

Quarts ... .. 8s. per dozen

Pints... .. 5s. "

Half-pints... .. 3s. "

Supplied, in the highest state of perfection by HARRINGTON PARKER, Beer Merchant, 5½ Pall-mall.

## To all Bad Writers.—Mr. T. H.

CARSTAIRS continues to give LESSONS to Ladies and Gentlemen in his highly improved METHOD OF WRITING, enabling all those who require it to obtain a command and freedom seldom (if ever) equalled. Prospectuses of terms, &c., may be had at the Establishment, 81, Lombard-street, City.



## The Medical Circular.

WEDNESDAY, SEPTEMBER 28, 1853.

### PROGRESS OF CHOLERA.

THIS formidable destroyer is again among us. After making its old circuit along the east and north of Europe, and decimating the populations on its way, it has swooped upon our great towns in the north of England, selecting for its first attacks those ports which are in most direct communication with the centres of its malignancy on the continent of Europe. Having hung over Newcastle for many days, and breathed a deadly blast on its people, it has visited Gateshead, Liverpool, Manchester, Hexham, &c., and has brought down enough victims to excite the gravest apprehensions.

In 1832 and in 1849, Sunderland gave forth from her bosom the cry of warning, and although the enemy is now in her near neighbourhood, she has hitherto escaped a visitation. We have no right to assume that this town will be ultimately exempt, or, even if it do escape, that the immunity will be owing to any extraordinary local improvements, as some sanguine sanitarian will probably discover. The causes that call this dire epidemic into existence and determine its visitations are inscrutable. It marches in the teeth of the elements, by unfrequented paths, as well as on the highways of traffic, over dry deserts as well as seething bogs, in the fog and in the sunshine; and although it matures its strength and inflicts its most fearful ravages under the burning heats of the latter summer, yet the snows of winter do not extinguish its virulence nor fortify us against its shafts. This, however, we do know, that it nestles in dirt, and grows strong by the breath of putridity. It feasts in the fat churchyard, and rejoices in the reeking sewer. It flies from the face of the sun, and courts darkness in the obscurest holes and filthiest places of its dominion.

Its especial victims are the wan, the emaciated, the profligate, the starving, and the drunken. Those who from poverty are forced to live in dens of squalor, who are shut out from the genial influences of the life-giving sun, and whose cheeks are never fanned by the fresh morning breezes, who have fallen into habits of intemperance, and who, become indifferent to the chaste proprieties and modest comforts of social life, settle down in the midst of corruption, defilement, and stench, as the natural concomitants of existence, are the peculiar objects of cholera's deadliest assaults.

Yet these wretched people are, to a considerable extent, such as society has permitted them to be. Worse still, in too many instances their richer neighbours have forced upon them those conditions which inevitably destroy their morals, injure their health, and prepare them for the assaults of the destroyer. Thousands of houses in this

city are wholly unfit for human habitation; in such domestic comfort is impracticable, health impossible, and morality a miracle could it be found. We could walk from court to alley for a whole day and scarcely find one house where disease and depravity did not co-exist.

Does not society owe a heavy debt to these people? When will it be required? We had hoped that the general alarm caused by the last visitation of the cholera would have induced the adoption of stringent measures of sanitary discipline, but we regret that, owing to a variety of causes, those hopes have not been fulfilled. A Board of Health has been in existence, we can scarcely say in operation, since that time, but its powers were limited from want of funds, its jurisdiction disputed by local boards, and its action impeded by the very legislature that affected to arm it with power to carry out its instructions. It has done little, and in doing that little has not succeeded in conciliating support.

Hence we are nearly in the same situation we should have been in had a Board of Health never been established. The Cholera has come again, and houses are still undrained, streets still filled with garbage and pollution, choked churchyards in many places still open, and every kind of physical loathsomeness still rife and inviting the attacks of the epidemic. To the everlasting disgrace of the thriving and money-getting town of Newcastle, a system of sewage has not been carried out, and the inhabitants have been in the habit of throwing their nocturnal refuse out of the window, as the readiest and the only way of getting quit of the abomination! What wonder that 1,187 deaths from Cholera have already occurred in this beastly town!

As another evidence of the recklessness and obstinacy of the folk of Newcastle, they sternly resisted the application of the powers exercised by the Board of Health to their town, and seemed to prefer filth to cleanliness, unwholesomeness to salubrity. Their folly has been fearfully punished.

The most melancholy circumstances connected with the outbreak in this town are recorded in the deaths of two medical men, Mr. Irons and Dr. Malcolm, the former gentleman having fallen a victim to the epidemic in consequence of his devotion to his duty, as Union Medical officer. In the town of Hexham, Mr. Fairbridge has also succumbed. Honour to these faithful and courageous men, who gave up their life at the post of duty!

We observe that Local Boards are forming in most of the great towns of the kingdom, and that arrangements for municipal organisation are in progress in the metropolis, so that we trust that as much as can be done in an exigency will be effected to moderate the violence and fatality of the present invasion. All other measures, however, must yield in importance to this,—an effectual daily "house to house visitation," both for sanitary and curative objects. We have had a large experience, second perhaps to none,



of this epidemic, and are bound to testify to the paramount importance of this procedure. It ought, however, to be done thoroughly, and not imperfectly, as is, we fear, too commonly the case.

### THE ROYAL FREE HOSPITAL MEDICAL COLLEGE.

WE omitted to notice this school in our "Students' Number," and, in order to do it justice, honour it now with an editorial article. The truth of the matter is, this school is *not recognised*, and has, therefore, no title to a place among the educational establishments of the metropolis. We did not imagine that any students would be tempted to enter an unrecognised school, at the risk of losing their time, and perhaps something more valuable, if that were possible.

The prospectus of the College (!) has, we observe, been advertised, and it is amusing to remark that this FREE HOSPITAL School enjoys the questionable honour of having the names of only two of the medical officers of the hospital figuring on its staff! Which two does the reader suppose are the distinguished men selected by our contemporary from the hospital ranks to fill the professorships in the school? MR. THOMAS WAKLEY, JUN., and MR. ANALYTICAL COMMISSION! Verily these are the only two. All the other officers hold aloof from the job. The FREE HOSPITAL Medical College! What a sarcasm!

Where is that honest man and eminent surgeon MR. GAY? Taking care of his honour. Where is that accomplished physician DR. BRINTON? Shunning bad company. And so for the rest, they are all, except the distinguished two,—the happy Arcadians, ashamed of the connexion.

There are two other gentlemen well known in the anatomical, surgical, or resurrectional—we hardly know which—annals of Edinburgh, which Dr. Knox might very appropriately introduce to aid him in the anatomical department. With this addition the staff will be complete.

## Mirror

OF

### PERIODICAL LITERATURE.

(From the "Lancet," September 24, 1853.)

#### ON THE USE OF PROTEINE IN SCROFULA.

Mr. J. Taylor, of the Old Kent-road, communicates the following paper:—

"It was asserted in the year 1849, in your 'Answers to Correspondents,' that there were no remedial properties in proteine. *Nous verrons*. The same might be said of 'milk,' and yet, in some cases, this simple agent affords us very conspicuous evidence of its therapeutic quality, as the following case will show:—

"Mr. W—, aged thirty-three, a tall and well-proportioned man, with blue eyes and light hair, had always enjoyed excellent health; he had lately invested a con-

siderable sum of money as a coach proprietor, and, being desirous of turning the affair to the greatest possible advantage, became the driver of his own coach, took long journeys, and was very irregular in his habits; says his principal drink has been old ale, which he has not taken in inordinate quantity, and, although not intemperate, had evidently been taxing his energies too heavily. He soon became the subject of dyspepsia, and amongst its various Protean forms was a constant vomiting of food after every meal, which persisted, in spite of appropriate and well-selected remedies, for more than a month, and so distressing was the irritability of the stomach, that not the smallest quantity of food could be retained for more than half an hour at a time. In this state he was compelled to relinquish his calling as coachman, having become emaciated and debilitated, and was attended by his physician and myself. He had no pain or tenderness in any part of the abdomen; no morbid appearance of the tongue; no headache or any preternatural heat of skin. There was craving for food, but no pain after taking it. Bowels costive; urinary secretion scanty, but of normal character. The persevering use of medicine for nearly three weeks appearing to be of no avail, it was determined to abandon the use of drugs altogether, and the patient was directed to take a *teaspoonful of milk* every hour, and nothing else. The first day's trial of this remedy was so gratifying, that the patient exclaimed, 'I know it will cure me, as I feel so comfortable after each dose.' And so it did; the vomiting immediately ceased, and did not return; he continued his milk in gradually-increased doses for more than a week, and then carefully resumed his usual diet. His recovery was rapid. So much for milk: Now for proteine.

"John H—, aged five years, a scrofulous boy, born of scrofulous parents, has had enlarged cervical and inguinal glands since the period of dentition; has now numerous ulcers in various parts of his body and limbs; is pale and emaciated, with defective appetite; has been taking iron and other tonics, with and without iodine in combination; during the last six weeks, without any evident improvement. Ordered, three grains of proteine, to be taken three times a day, in sugar and water. After the first week the boy was decidedly better in his general health, looked more healthy, appetite improved considerably. In a month the mother remarked "she never saw such a change; the boy was growing plump, many of the ulcers had healed, though a few fresh ones had appeared. The dose of proteine was increased to four grains three times a day, and the ulcers to be dressed with zinc ointment.

Third month.—All the ulcers have healed except four, and when a fresh one appears it is much smaller than usual. Increase the dose of proteine to five grains three times a day.

"Fourth month.—Three or four recent small ulcers still open; the boy's health so much improved that his aunt, who had not seen him for six weeks, did not know him again, and his father observed that as the boy was so much better, it would be needless to incur any further expense, and requested the medicine might be discontinued. The proteine was consequently omitted for a fortnight, and the little patient's health was observed to decline. The parents therefore requested the medicine to be resumed, and his health rapidly improved again. The proteine was continued for about two months longer, in not more than five-grain doses, twice, and sometimes only once, a day, embracing altogether a period of somewhat more than six months, when my little patient was observed to be quite well.

"It may be remarked that this solitary case proves nothing. I could produce others, but the following may suffice:—

"Jane B—, aged two years, an emaciated, strumous child, with tumid abdomen and enlarged cervical glands, and numerous ill-conditioned ulcers on the loins, nates, thighs, legs, and arms, has evinced symptoms of mesenteric disease ever since weaning, at nine months old; has been under the care of a surgeon for a month, and during that



time has been gradually getting worse. Ordered zinc ointment, and occasionally a poultice of equal parts of linseed-meal and wheaten-flour to be applied to the ulcerated parts; and to take, proteine, two grains, soda exsiccata, one grain, three times a day, in sugar-and-water.

"First week.—The skin has become cleauer and more healthy, and some of the ulcers have healed; several that are now open display in a very remarkable manner the appearance of softened tubercles; the child looks more lively; bowels regular; appetite better; takes beef-tea twice a day, and milk night and morning. To have mutton for dinner.

"Second week.—Greatly improved in every respect; has begun to run about again, which she has been incapable of doing for the last six weeks; nearly all the ulcers have healed; abdomen smaller; has gained flesh; appetite excellent; bowels regular; sleeps well. Ordered the proteine to be continued in doses of three grains, soda exsiccata, one grain, twice a day. The mother did not bring her again, but I saw her on passing the house a month afterwards, running about in excellent health and spirits."

#### OBSERVATIONS ON THE TREATMENT OF CHOLERA.

Mr. Chitty, of Mere, Wilts, has published the subjoined remarks on Cholera:—

"Should you deem the enclosed observations on cholera sufficiently worthy of a place in the columns of your valuable periodical, I shall feel much gratified by their admission, as I believe some hints may be obtained from them, which, under judicious management, may be of service in the present threatening epidemic.

"H.M.'s 37th Regiment, nearly 1100 strong, reached Ceylon in 1847, and was stationed at Colombo. In the months of July and August of that year, cholera broke out amongst them, and so severely, that from excessive diarrhoea to pure Asiatic cholera not more than about 150 were exempt. I had the honour of attending these cases with their surgeon, Dr. A. Brown, and as it was found, on comparing the army statistical records in India, that there had not previously been so low a rate of mortality from a like visitation, which we attributed to our peculiar treatment of the disease, and that it was founded on physiological deductions, I trust I shall need no apology for giving my professional brethren some account of our *methodus medendi*. I would premise that I cannot speak just now with certainty of the ratio of recoveries to deaths, but I believe that I am correct in stating, that they averaged about 1 death to 4½ recoveries.

"On post-mortem examination of the fatal cases, we were struck with the uniformly turgid, erected, and prominent condition of the villi of the intestinal canal, and of its glandular system generally, and there were frequent incipient ulcerations of Peyer's patches and the solitary glands, in cases, however, rapidly fatal. It appeared to us that we required some medicament that would exercise a powerful astringent effect on these villi, extended throughout their location. Strong decoction of catechu seemed to offer this provision, and on that our successful treatment mainly depended. Enemata to the amount of two washhand-basinsful were administered continuously after a first or second trial with smaller quantities, until abdominal distension obliged us to desist its injection, and in more than one instance was it in part evacuated by the mouth, proving that it had traversed the intestinal canal. Laudanum, turpentine, ether, ammonia, &c., were severally conjoined, according to the circumstances of each case, and the condition of the patient. The decoction was taken, too, by the mouth with laudanum; indeed, it was required that all soldiers affected with the least diarrhoea were to be brought to the hospital to be placed under surveillance, and to commence the catechu. Its value was so esteemed, that many of the officers, as well as men, would come daily to request the nauseous draught as a preventive of the epidemic. The various

systems of treating cholera recommended by different authors had a fair trial at our hands,—salines, calomel, kreasote, cajeput, &c., (excepting the acid sulphuric oil, which did not at the time strike us as an appropriate remedy), but were all laid aside for catechu in the urgent stages of the disease. The action of sulphuric acid I believe is in the main similar to catechu, inasmuch as its chief property and value in cholera would depend on its astringent action in the capillaries; but to effect this it must enter the circulation, and whereas at this juncture digestion and absorption are almost effectually interrupted, the exosmotic principles being in the ascendant, it would seem to yield a precedence to the external topical astringent, catechu. I never saw calomel of the slightest benefit, nor can I imagine upon what deductions it is administered in the urgent stage of cholera with a hope of being useful.

"The intense burning pain felt in the epigastrium and the vomiting I have observed are best relieved by spirits of turpentine applied as hot as can be borne to the stomach, and iced drinks, especially champagne, which, too, has the advantage of being a less powerful stimulant than brandy. The administration of stimulants in excess in this disease I have found fraught with danger; it excites or restores too rapidly the force of the circulation, and thus allows a continued or more copious exudation of the serum of the blood; it is invariably followed by increased vomiting or purging. The inhalation of ether was tried at Colombo at this period, to relieve the muscular spasm, with questionable success; but in some instances its administration was followed by a remarkable and happy restoration of cuticular warmth, increased force and fullness of the pulse, sleep, and convalescence. Chloroform was unknown to us, and our inhaling apparatus (a truly military one!) almost worthless, or I could have written more confidently of the value of the anæsthetic.

"I would also beg to mention that in one instance I was permitted to inject the venus system with a warm alkaline solution, (sesquicarbonate of soda with warm water,) by means of an anatomical injecting syringe. It was effected through the external malleolar vein, in a soldier already *in articulo mortis*, the pulsations of whose heart were only discernible by the stethoscope. In a few seconds the pulse returned to the wrist, the respiration became accelerated, warmth was restored to the surface of the body, and animation became so far perfected that the soldier rose up in bed and spoke, but instantly an excessive vomit occurred, and he fell back and died. I was not allowed to repeat the experiment, but I have since thought that, had the injection been adopted earlier in the period of his existence,—had it been done a little more slowly, cautiously, and not so excessively, (for I injected nearly a gallon)—the result might have been successful, and a valuable lesson gained. I am, however, so impressed with the force of that experiment, that on convenient opportunity, and friends permitting, I would not, as a *dernier ressort*, hesitate to repeat it.

"Should any of my professional brethren be induced to follow the line of practice which was adopted in Colombo in all or any of its details, may I beg them to give publicity to the results of their cases, and their opinions of the treatment recommended. It can only be from individual experience that we can hope to gather sufficient collective data upon which to found the best and most rational treatment of the fearful scourge of cholera."

(From the "Medical Times and Gazette," Sept. 10.)

ON DISORDERS OF THE RENAL SECRETION IN CHOLERA, IN ACUTE RHEUMATIC INFLAMMATION OF THE KIDNEY, AND IN SCARLET FEVER.

We extract the following from a lecture by Dr. Benée Jones:—

"The usual effect of acute disease is to diminish the quantity, and to increase the colour, of the urine; but a



remarkable exception to this is observable in cholera, one of the most acute diseases. The colour of the urine in cholera was generally remarkably pale, even when not much more than an ounce was secreted in twelve hours.

"A boy 12 years of age, was admitted at midnight, July 15, 1849, under my care. He was in the cold stage. He had been attacked with cholera at least twenty-four hours previously. No urine was passed until eleven hours after his admission; it was very scanty, not much above an ounce; pale straw-coloured; contained a considerable quantity of albumen, with many fibrinous casts of the tubes.

"The following day the urine became plentiful; it was very light coloured—specific gravity, 1013; contained albumen, and very dark-coloured fibrinous cast; also it gave a deposit of uric acid crystals. On the 19th the water was still pale; very slightly albuminous; specific gravity, 1010. On the 21st, no albumen was found; the specific gravity was 1008.

"The *post-mortem* examinations of the kidneys of those who died of cholera, whether in the cold stage or after reaction, showed that congestion of the kidneys, to a greater or less degree, was almost always present. Although this congestion gave rise to the albumen in the urine, and to the low specific gravity of the secretion, yet, in the most severe cases, there was another cause in action which produced a still greater effect on the function of the kidneys. This was the immense drain of fluid from the bowels, whereby the total suppression of the urine was produced. A labourer, aged 35, was admitted July 13, at a quarter past nine a.m. When going to work at six a.m. he was seized with vomiting and purging. At ten a.m. he came insensible, and died at three a.m. on the following morning. For at least six hours he was kept alive by pumping, from time to time, hot brandy and water into the stomach. The watery motions saturated the bedding, and before it was noticed, they ran in a stream down the floor of the ward. No urine whatever was passed, and there was no urine in the bladder after death.

"The state of the circulation through the kidney appears to me sufficient to account for the different actions of the kidney in these two classes of cases; for the above are types of other cases. I cannot admit that a hypothetical cholera poison, striving to pass out by the kidney, causes the albuminous urine, because it appears to me, that passive congestion alone, dependent on the state of the circulation, is a far simpler explanation. Moreover, in other diseases, in which we admit that a poison probably exists in the blood, and passes off by the kidneys, albuminous urine very seldom occurs. Let me take rheumatic fever, or acute gout. In these diseases, unless the kidneys are the seat of active congestion, or of previous disease, no albumen is ever met with. No diseases are more frequent or more severe in our hospital. The urine may present all the marks of the most acute disorder; but how rarely will you meet with albumen in the urine in acute rheumatic fever, or in intense gout. I am not speaking now of those more chronic cases of rheumatism and gout, accompanied, or sometimes caused, by a state of kidney which produces albumen in the urine; but I am impressing on you the rarity of albumen in the urine as a consequence of these acute diseases in which a poison probably exists in the blood.

"The contrast between rheumatic fever and scarlet fever, in the effect on the kidneys, is too striking to be overlooked. In scarlet fever, the affection of the kidneys has been considered, by the late Dr. Miller, to be a necessary part of the disease; and Dr. Begbie has stated, that no cases of scarlet fever occur without some albumen being present at some time in the course of the complaint. I cannot agree fully to the fact, or to the theory. Albumen I have not found in every case, although it occasionally may be found, for a very short time, in the urine, without being followed by any bad consequences, and without the slightest appearance of any desquamation of the

epithelium of the mucous membrane of the pelvis or tubes.

"Whenever albumen is found in the urine after scarlet fever, the greatest attention of the medical man is requisite to detect and to treat the commencement of any inflammation of the serous membranes.

"If, then, you find albumen in the urine, watch anxiously to detect and treat any inflammation which may arise; but the inflammation may come on before any albumen appears in the urine. A boy, about 14 years of age, was admitted on the second week of scarlet fever; no albumen was detectable in the urine. After a few days, he complained of most severe dyspnoea and pain in the region of the heart. Still no albumen could be found in the urine, and there was no friction of the pericardium. The following day the friction was most distinct, but no albumen was present in the urine. The next day a minute trace of albumen was found; this afterwards increased, but was never considerable. The pericarditis, which rapidly went on to extreme effusion of fluid, yielded to treatment, and, when he left the hospital, no albumen was present in the urine.

"The quantity of albumen in the urine, after scarlet fever, is no test of the dangerous symptoms which may occur. Thus, I have found very little albumen in the urine, and yet the most intense symptoms have ensued.

"A very important question connected with this subject, is, how long the albumen may remain in the urine after scarlet fever. Another is, on *post-mortem* examination of such cases, in what state is the kidney found? I have, as yet, only this answer to give to the first question,—that I have seen the albumen continued in the urine for many months without any general symptoms, and that, when these do arise, they may, like Bright's diseases, be acute or very chronic; and, to the second, that Dr. Miller told me, that, on the *post-mortem* examinations of the kidneys of those who died after scarlet fever, he has seen both the enlarged and the contracted cortical structure characteristic of different stages of Bright's disease. If you have the opportunity of seeing much of scarlet fever, you may advance our knowledge by carefully watching the progress of these cases of dropsy, when the disease is in its most chronic form. The careful examination of the microscopical appearances in the urine during life, and of the state of the kidney after death, can scarcely fail to give new and important results.

"By such observations, you may also determine whether desquamation of the renal tubes necessarily accompanies the albumen in the urine after scarlet fever; or whether, as I have myself seen, the albumen may frequently appear without any appearance of desquamation in the urine.

"The question of the passage of the scarlet-fever poison out of the system, through the kidney, has still to be proved. In a future lecture I may return to this point. The time obliges me now to point out the general principles which must guide you in the treatment of this state of kidney after scarlet fever; the general treatment differs, however, in no respect from that of Bright's disease. Except that recovery is more frequent, and that the symptoms yield more easily to treatment, I know of no difference between this disease and Bright's disease. Mercurials are as dangerous in the dropsy after scarlet fever as in Bright's disease. Diuretics are as much to be avoided; sudorifics and aperients are as beneficial. In extreme cases of both diseases, the benefit of elaterium might be illustrated by many examples, if my time admitted me to read them. In both diseases the blood becomes impure, from the accumulation of the products of the organic changes in the body. I might sum up the objects to be attained, if possible, in these few words, namely, relieve congestion, and purify the blood.

"In conclusion, this appearance of albumen in the urine in cholera is caused by passive congestion of the kidney, while the albumen, in rheumatic fever, is the result of active congestion. The albumen after scarlet fever



may also, at least as regards its treatment, be considered as produced by a state of more or less active congestion of the kidney. The relation of this to Bright's disease will be the subject of a future lecture."

(From the "Dublin Medical Press, Sept. 21, 1853.)

#### CASE OF HEAD AND ARM PRESENTATION.

Mr. Pratt has published the following case in the "Dublin Medical Press":—

"Honora Hillery, a cooper's wife, ætat. 30, was taken ill of her fourth labour on the 27th of August, 1853, continued ill until the evening of the 29th, when I received a visiting ticket, requiring my immediate attendance. On my arrival, about seven o'clock in the evening, was told by the nurse that the head and arm were presenting, and that the hand descended along with the head on the escape of the liquor amnii. On examination, found the head well down in the vagina, but not pressing on perineum, with the right forearm along with it. The pains were quick and brisk, but with every pain the head pressed on the wrist, which completely prevented its descent. The nurse said the head and arm were just in the same situation for the past twelve hours. I wished to see what progress, if any, the natural efforts would produce, as the pains were strong and recurring about every six minutes. I endeavoured to push back the hand, but failed; therefore patiently watched the case from seven p.m. till four a.m., when the poor woman became nearly exhausted, and not the slightest advancement or chance of relief. I then determined to deliver with the forceps, but could only succeed in introducing one blade; the forearm diminishing the capacity of the vagina, prevented the introduction of the second. The introduced blade I used as a vectis, but the head pressing on the forearm as before, prevented delivery; consequently, I perforated and reduced the cranium, which I did without the least difficulty, and delivered her. The placenta came away naturally. There was no hemorrhage. The poor woman was much fatigued, when I gave her some wine, and a dose of tinct. opii, and left her comfortably in bed. On my visit next day, she was reported to have slept well, and was quite easy; there was not a bad symptom. Ordered a dose of ol. ricini, which operated in four hours. She progressed favourably, and was quite well and up on the eighth day.

"The above I consider a rare case. I have not met a similar one, and do not see any record of the head and arm presenting in any of the obstetric works. I have mentioned the case to four of my medical friends, but they have not seen or heard of such; therefore, I am induced to forward this brief report. I did not give the *secale cornutum*, because there was quite sufficient action of the uterus, and an obstruction, which might cause rupture of the uterus, if its action had been violently increased. If this case were left longer to Nature, the woman would sink exhausted. Such cases prove troublesome to rural practitioners, where it is impossible to procure a consultation or any assistance; but medical men thus circumstanced must think and act for themselves, otherwise exhaustion and death will be the result."

#### CONTENTS OF THE MEDICAL JOURNALS.

**Lancet.**—(No. XIII. Vol. II. September 24, 1853).—HOSPITAL REPORTS.—Guy's Hospital: Undiscovered Fracture of Tibia and Fibula at a tender age; Angular Osseous Union; Great Deformity; Resection of the Irregular Bony Protuberance, with a view to Rectilinear Union; Unsatisfactory Results; Amputation; Recovery. (*With Engravings.*) Middlesex Hospital: Aneurism of the Arch of the Aorta; Falling in of the Protuberant Aneurismal Tumours; Death; Autopsy. St. Mary's Hospital: Distressing Gastric and Mental Symptoms from Opium-Eating. Discharge of Hydatids in the

Urine. By John Simon, Esq., F.R.S. On the Use of Proteine in Scrofula. By J. Taylor, Esq., L.A.C. Epilepsia Laryngea treated by Tracheotomy. By Marshall Hall, M.D., F.R.S., &c. Observations on the Treatment of Cholera. By Aynott J. J. Chitty, Esq., M.R.C.S.E., L.S.A., &c.—REVIEWS AND NOTICES OF BOOKS.—A Treatise on General Pathology. By Dr. J. Henlé, Professor of Anatomy and Physiology in Heidelberg. Translated from the German by Henry C. Preston, A.M., M.D.—Medical Session, 1853-4.—Army Medical Service. Naval Medical Service. Ordnance Medical Department. East India Medical Service. Hospital for Women. Provincial Hospitals and Medical Schools. Scotch and Irish Universities, Colleges, and Medical Schools.—LEADING ARTICLES.—Address to Students on the Importance of a Practical Knowledge of their Profession. The New Visitation of Cholera: The Duties of the Public and the Profession. Medical Etiquette: Quacks and Legitimate Practitioners.

**Medical Times and Gazette.**—(No. CLXIX. September 24, 1853).—ORIGINAL LECTURES.—A Course of Six Lectures on the Relation between Therapeutics and Pathology. Delivered before the College of Physicians. By George Johnson, M.D. Lond., F.R.C.P. Lecture V.—ORIGINAL COMMUNICATIONS.—Navy Medical Reports. No. V.—Extracts from a Report upon the Sanitary Condition of the Parish of Stonehouse, Devon. By W. T. Kay, Assist.-Surg., R.M.—Contributions to Orthopædic Surgery. By Bernard E. Brodhurst, Esq. Case of Epileptic Convulsions Cured by the Internal Administration of Chloroform. By Henry Bowe, Esq.—HOSPITAL REPORTS.—University College Hospital: Medullary Cancer of the Humerus in a Boy; Amputation at the Shoulder-joint; Recovery. St. Bartholomew's Hospital: Extra-Uterine Fœtation; Escape of the Fœtus into the Peritoneal Cavity; Death; Autopsy. St. Mary's Hospital: Case of Epidemic Cholera. The Metropolitan Free Hospital: Medullary Cancer of the Head of the Tibia, and Surrounding the Knee-joint; Amputation; Death; Autopsy.—EDITORIAL ARTICLES.—Medical Reform a Public, not a Professional Question. Cholera. Progress of the Cholera.—REVIEWS.—Woman's Medical Guide. By J. H. Pulte, M.D. An Introduction to the Use of the Blowpipe for Chemists, Mineralogists, Metallurgists, and Workers in Metals. By Dr. Theodore Scheerer. De l'Emploi de la Méthode Hémospastique dans le Traitement du Choléra Epidémique. Par T. Junod, M.D.—PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals: Upon the Difference of Temperature between Venous and Arterial Blood—Neurological Investigations.

**Association Medical Journal.**—(No. XXXVIII., September 23, 1853).—LEADING ARTICLES.—Medical Attendance on Sick Clubs. Where shall I Insure my Life?—ORIGINAL COMMUNICATIONS.—On Female Sterility, with some Practical Suggestions for its Removal. By William Bayes, M.D. Cancer of the Sigmoid Flexure of the Colon and First Part of the Rectum. Death from Perforation. By C. E. Reeves, B.A., M.D. Cases Illustrative of the Treatment of some Varieties of Chronic Rheumatism. By C. Handfield Jones, M.D.—BIBLIOGRAPHICAL NOTICES.—Wilde, W. R. Practical Observations on Aural Surgery. Toynbee. Artificial Membrana Tympani. Allen, P. Deafness and Diseases of the Ear. Martin, William. Bronchotomy. Lyons. Histogenesis and Histolysis. Moseley. Sandgate as a Residence for Invalids.—PERISCOPIC REVIEW.—Practice of Medicine and Pathology: Facial Anæsthesia.—EDITORS LETTER BOX.—Case of Fennell *versus* Adams; Letter from C. F. J. Lord, Esq.

**Dublin Medical Press.**—(No. DCCLXVIII. Vol. XXX. September 21, 1853).—ORIGINAL COMMUNICATIONS.—Case of Head and Arm Presentation. By Joseph Pratt, L.K. & Q.'s C.P. and R.C.S.I., of Woodlawn, county Galway.—SELECTIONS FROM MEDICAL JOURNALS.—Observations on a Case of Fæcal Obstruction; being Part of a Lecture on Clinical Medicine. By Robert Christison, M.D., &c. On the Treatment of Disease by Compressed Air. By Thomas Poyser, Esq., F.R.C.S. Amputation at the Shoulder-joint for Osteocephaloma of the Humerus—Secondary Hemorrhage from Axillary Artery arrested by Compression. Sanguineous Effusion resembling Fungus Hematodes. By W. T. Iliff, Esq., of Kennington. Influence of Parasites in the Production of Disease.—CORRESPONDENCE.—Medical Charities Act—Letter of Francis Ffolliott, F.R.C.S., &c., &c., of Castle Martyr.—LEADING ARTICLES.—Leading Article. Medical Journalism. Removal of Nuisances. Parliamentary Business.



## Hospital Reports.

### ST. MARY'S HOSPITAL.

#### *Cases of Epidemic Cholera.*

[Under the care of Dr. SIBSON and Dr. HANDFIELD JONES.]

Within the last ten days three fatal cases of cholera have occurred in one street, under circumstances which seem to make it conclusive that they are real examples of the epidemic form of the disease. The locality selected for this outbreak, Elms-place, Bayswater, is one reported as in a peculiarly bad sanitary condition, badly drained, and much exposed to the emanations of neighbouring cesspools. The first case was that of a middle-aged woman, who was attended by a surgeon residing near, and died after forty-eight hours, having suffered well-marked symptoms. The second case, also a woman, occurred a few days afterwards, and within a few doors of the first; it was first seen by the medical man who attended the former one, and who immediately recommended her removal to St. Mary's Hospital. The following particulars of her illness after admission into that Institution, as well as those of the succeeding case, have been kindly supplied to us by Mr. Lawrence, one of the resident medical officers.

Mary Haggan, aged 58, the wife of a gardener, admitted at eleven, a.m., on Sept. 14, under the care of Dr. Handfield Jones. She was then in a most extreme condition of collapse, the pulse being doubtfully perceptible, the extremities and face blue, the expression sunken and pinched. She could not speak louder than a whisper, but expressed herself as not suffering much pain. It appeared that she had been quite well on the preceding day, and that her first symptoms of illness had appeared at one in the morning, when she began to be violently sick. Purging of what were described as thin, light-coloured, watery stools, soon after came on; she suffered severely from cramps, and became extremely weak. In addition to the assiduous application of external warmth, Dr. H. Jones ordered

Rx Acidi sulph. dil. mxl., tinct. opii miv., aq. ʒj., ft. haust. statim sumend.

This draught was given every half-hour for three doses, and twice afterwards at intervals of about an hour. An enema was also given, containing fifteen grains of tannin and half a drachm of tinct. opii, and the abdomen and extremities were constantly rubbed with a stimulant embrocation of turpentine and ammonia.

After admission into the hospital no purging occurred, nor was any urine passed; the patient did not either suffer from cramps; she remained, with the exception of a very slight attempt at rallying, about an hour after admission, when the pulse became just perceptible, in the state of collapse, and without regaining any material warmth. During the period of improvement she was able to speak in a tolerably loud voice.

At a quarter to six in the evening her condition altered very perceptibly for the worse; the coldness became more complete, and the pulse quite imperceptible. She had been extremely thirsty throughout the day, and had drunk freely of beef-tea; there was now ordered to be added to each draught of the latter, and taken as often as might be, twenty drops of the following:—

Rx Sp. æth. sulph. co., sp. ammonia co. āā ʒss., ft. mist.

It did not, however, effect anything in rallying the vital powers, which continued to decline, and death took place about ten minutes to eight p.m., nineteen hours after the seizure.

Emma Ashton, aged 9, residing in Elms-place, within a few doors of the patient in the above case, was admitted at half-past three, on the 17th, under the care of Dr. Sibson. She was not known to have been in company with either of the women who had already died, but had been in the habit of nursing a child which lived in the same house as the first of them. On rising, at seven in the morning, she had appeared in perfect health, but at

eight began to be sick, and at nine, much purged. Her father described the motions so as to lead to the belief that they had been well-marked "rice water" stools.

When admitted, she was livid, pulseless, and of a remarkably pinched aspect; the sickness and purging had quite ceased, and she suffered but little pain. The remedies resorted to, consisted in the free exhibition of stimulants, a single dose of opium, and the application of heated air. She was also made to drink freely of salt and water. Some sickness, probably attributable to the latter remedy, followed, but to the end she continued without either purging or cramps. By means of the hot-air bath the skin was made a little warmer, but not the slightest attempt at rallying was apparent. No urine was passed subsequent to the occurrence of the first symptoms. Death took place a little before seven in the evening, between eleven and twelve hours after the original seizure.

It is reported that, since the above cases, another has occurred in the same yard, in which the choleraic symptoms have been well marked; no application has, however, been made at the hospital, and we cannot furnish any authentic statement respecting it.

#### *Distressing Gastric & Mental Symptoms from Opium Eating,* (Under the care of Dr. CHAMBERS.)

It is a fortunate circumstance that the people of this country do not fall into the vice of opium eating or smoking; indeed the excessive use of spirituous liquors is already baneful enough, and brings quite a sufficient number of patients into hospitals. Still we here and there meet with cases of wretched individuals who, from various causes, have inured themselves to the ingestion of large quantities of opium. Some have fallen into this dangerous habit from a wish of benumbing pain, and obtaining sleep; others to produce certain pleasurable sensations; and now we have to report a case in which the opium was originally taken to stifle the voice of hunger. There is another kind of narcotic agent which has had, and will probably again have, voluntary victims: we allude to chloroform, which a chemist's assistant is reported to have habitually inhaled to produce agreeable dreams, until one day his head fell upon the fatal handkerchief, and he met with his end by the very means which he had devised for promoting enjoyments of a strange kind. We refer our readers to the well-known "Confessions of an Opium-eater" for a description of the sensations experienced after taking large doses of the drug, and would only remark, that in the present case the consequences of opium-eating were great debility, disturbed cerebral functions, as manifested by hemiplegia, impairment of the mental faculties, and a certain pain in the lumbar region, which would point to morbid effects of the spinal cord. The case, as noted down by Mr. Baker, one of the resident medical officers, presents the following features:

George N—, aged thirty-five years, a surgeon's assistant, was admitted into Albert ward, August 12th, 1853. He states that for the last eight years he has been in the habit of ingesting large quantities of opium. In the first instance he took it to prevent his feeling the want of food, as he was often obliged to wait several hours without getting anything to eat. He began by about twenty drops of laudanum daily, and gradually increased the dose till at last he consumed a quarter of an ounce of crude opium (more or less) in a week, besides one ounce of laudanum per diem.

The man tried to leave off this baneful habit, but was in such pain and so very sick when he omitted to take his opium that he again continued its use. For the last two or three months he has felt a pricking sensation in his left hand and arm, and a dull, aching pain across the loins, especially when standing or walking. He has lost flesh and felt weak, his memory is much impaired, and the nervous system generally affected. About a fortnight before admission, the patient had a slight paralytic attack on the left side, which yielded to treatment; but he is,



however, still troubled with a sensation of numbness and pricking along the left arm and leg.

The man was ordered a purgative, and after the effect was obtained he took quinine three times a day, and five grains of soap-pill at night.

On the second day the patient was extremely low, and looked very melancholy; he had some sickness, and complained of severe pain at the epigastrium. He was therefore ordered strong beef-tea and four ounces of wine.

The vomiting persisted on the third day, when Dr. Chambers ordered the following draught to be taken three times per diem:—chloroform, ten minims; compound tincture of camphor, half a drachm; rectified spirit, half a drachm; solution of gum, half an ounce. The sickness was by this means much relieved, but the appetite remained very bad; there was hardly any sleep, and the patient complained of severe pain in the dorsal region. He now took half a drachm of liquor opii and ten minims of chloroform in an emolient vehicle. This draught relieved the patient considerably; it was repeated, with a less quantity of chloroform, and the quinine mixture continued.

He went on improving for the next few days, though he at times had a distressing sensation of sinking; but the appetite improved with the quinine and sulphuric acid, and on the eleventh day the patient could eat a mutton chop and drink porter. His memory and intelligence, which on admission were considerably impaired, resumed their normal activity when he left his bed and took exercise in the wards. On the thirteenth day, slight diarrhoea came on, which was arrested by the usual means, and on the nineteenth day the patient was discharged, much relieved both as to the debility, pain at the back, deficient memory, and faltering mental powers.

## The Anatomy of Quackery.

### QUACK MEDICINES,

#### THEIR HISTORY, COMPOSITION, AND QUALITIES.

##### NO. XXIX.

MESSRS. R. AND L. PERRY AND CO.'S "SILENT FRIEND;" "CORDIAL BALM OF SYRIACUM;" "CONCENTRATED DETERSIVE ESSENCE;" "PURIFYING SPECIFIC PILLS;" AND "PREVENTATIVE LOTION."

(Continued from page 204.)

In our present number we intend to give our readers some little insight into the doings of the fraternity of advertising "*consulting surgeons*" (?) referred to in our last. For this purpose we shall confine ourselves to the relation of *indisputable facts*, the evidence in support of which has become patent to the world. Our cases will be few, but telling; and whilst affording examples of audacity, ignorance, and charlatanism of the most shameless character, and the most startling magnitude, they will also furnish instances of such enormous gullibility and worldly inexperience as to be almost without a parallel. These cases, related in a life-drama or romance, would be sneered at for their apparently gross improbability. As it is, they attach themselves as a disgrace, stigma, opprobrium, to their guilty authors, and we trust will act both as a warning and a safeguard to society.

We have now before us an official copy, duly stamped and certified, of the bill in Chancery filed by the complainant in the notorious case of MANGLES *versus* PERRY. Mr. George Mangles was an agriculturist, living at Givendale, near Ripon, Yorkshire, and was induced, from seeing the advertisements of the Messrs. Perry and Co. in the newspapers, to purchase their medicines, and subsequently to become their patient. In a personal interview with the firm, prompt and permanent relief was promised him, and he was induced to pay them £600 (!) in cash, in expectation of the promised cure. At a later period, bills of exchange for £2000 (!!!) more were obtained from him under the same pretences. During this

period Mr. Mangles suffered much in health and circumstances, and was unable to meet the bills so promptly as was desired by his persecutors. Legal proceedings were then threatened, in order to extort the money, when, becoming embarrassed and frightened, the patient sought the assistance of a respectable solicitor, who advised him not only to resist payment, but to sue for the recovery of the money he had then already paid. The *accuracy* of these statements *cannot be questioned*. They were all *attested upon oath before the High Court of Chancery*, and the miserable and disappointed defendants were compelled to *disgorge every farthing* of the ill-gotten fees received from the complainant.

We will now give our reader a few abridged extracts from the official document referred to. It bears date the 20th day of November, 1850, and was heard before Lord Chancellor Truro. It recites that—

"Your orator, George Mangles, is between 24 and 25 years of age, and for many years in his youth was affected with a disease which rendered the wearing of a truss necessary, and was subject to pains in the groin," &c. At "18 or 19, was troubled with a continual discharge of the seminal fluid (spermatorrhœa), but, from motives of delicacy, abstained from seeking advice, but read many books which professed to treat on that and similar diseases, and for many years took medicines recommended" therein, "or in advertisements which fell in his way, but without benefit." . . . "About two years ago your orator perused, in a newspaper, an advertisement which recommended certain medicines as remedies, prepared by Messrs. Perry and Co., of No. 19, Berners-street. And your orator purchased several bottles of (said) medicines and boxes of pills, and for some time continued to take them." . . . "That the said firm (and defendants herein) consists of persons under the name of Lewis, otherwise Louis Perry, and Robert Perry." . . . "In 1848 your orator called on Perry and Co. aforesaid, and explained to 'one of their assistants' his case, and what he had already taken, and bought a (*fresh*) £5 case of the said medicines." . . . "In November, 1848, your orator saw an advertisement stating that the Messrs. Perry and Co. would be present at York, and advice would be given gratis to any person who should purchase medicines to the value of £5; and in consequence (he) attended and saw the younger defendant, Robert Perry, who told your orator that (his) case was not *hopeless*, (and) that he could cure your orator, but it would cost a *great deal of money*—£100." (!) "Your orator did not possess so much (with him) in cash," whereupon "the said defendant, Robert Perry, produced a bill of exchange in blank, and filled up the same for the sum of £100 (at 6 months), and your orator did accordingly accept the same bill." . . . "The said Robert Perry then said it would be necessary that your orator should take medicine for six months, which he would furnish." . . . "At the expiration of the six months, your orator came to London, and *paid the said bill*, and the said defendant then told your orator that he could completely cure your orator, but it would require six or seven months longer, and that he must be confined to his bedroom and not stir out of doors;" . . . "that he was about to give your orator mercury, to salivation, and then described the *horrible effects* of mercury, and told your orator he must *be prepared to endure it all*, and (then) went to a closet in the room and produced a *most horrible bust*, exhibiting the head of one in a state of salivation, and—" (here follows a most disgusting description.) . . . "Your orator fully believed the representations made to him, and thereupon declared nothing should induce him to go through such a course of cure," and further, "his business would not permit" it. "Robert Perry then said, that he could cure the disease without mercury, and that Perry and Co. were the *only* people in London who could do so, but it *would cost a great deal more money*, £500." (!!!) (This sum, after much wrangling, was agreed to be accepted in the form of a bill, at 6 months;) "and you



orator then accepted a bill, payable 6 months after date, for £500," (!!!) payable at Perry and Co.'s, and promising "that if he could pay the amount of the said bill before the same became due, he would do so." . . . (Thereupon the medicine was changed for another six months.)

When the bill "for £500 became due, your orator came to London, and then saw (Mr.) Lewis, otherwise Louis Perry, the father, and paid (him) the £500." "Lewis, otherwise Louis Perry," then "examined your orator's person, and (said) he was going on well, and must not mind expense," as it "would cost more money to effect a cure." "Your orator thereupon told (Mr.) Lewis, otherwise Louis Perry, that Robert Perry had undertaken to cure your orator completely for £500; (!!!) whereupon (Mr.) Lewis, otherwise Louis Perry, remarked that Robert Perry was but a young man, and did not understand the nature of the case so well as he did." . . . "That it would require a still longer time, AND MORE MONEY to effect a COMPLETE CURE, and that your orator must not mind expense on a matter so important to himself." (Hereupon the poor patient remonstrated upon the rascality of the breach of contract, when) "Louis Perry said, it was of no consequence what his son, Robert Perry, had undertaken or promised, as it would require longer time and still MORE MONEY; (!!!) that (they) the defendants were at great expenses for advertisements, and in other ways; that to complete the cure, he must have MORE MONEY." (Here the patient pleads inability at present), "but (said) at the death of his mother he might have a thousand pounds or two; whereupon (Mr.) Lewis, alias Louis Perry, told your orator that some of his patients had paid him as much as £7000 (!!!), and produced his books, from which it appeared as if such statements WERE TRUE." "That your orator, if the treatment were not continued, would fall into a relapse, and never be cured; and that in case a relapse occurred, he would not undertake to cure your orator for £10,000 (!!!); that no person in London, besides themselves, could cure your orator without mercury, and that he would undertake to cure your orator for (a further) £2000." (!!!) (Here ensued another wrangle, but) "the said defendant persisted," and "your orator then (asked) if he would allow 20 years, at £100 per year, but the said defendant refused such terms." "Although (he) agreed to give two years to pay the said sum of £2000, and then drew two bills, each for £1000, payable respectively at twelve months and two years after date, and at the same time told your orator that if he were unable to pay the said last mentioned bill when due, he would find him (the said defendant) a GENTLEMAN, (!!!) and that he would give (further time for payment, and that he would not negotiate the said bills." "Your orator, trusting to these representations," and being alarmed at "what was stated about a relapse," (&c., &c.), "and being of nervous temperament, and much affected in health, did accept the said two bills of exchange." (Hereupon fresh batches of medicines were supplied.)

At length "the first bill becomes due, for £1000, on November 8th, and on Sunday, the 10th of November, (Mr.) Lewis, otherwise Louis Perry, went down to your orator's residence, and informed your orator that he had come down to Yorkshire to give (him) notice of dishonour, and that your orator must pay the same." (The answer was inability, &c.) "The said defendant (then) said that if not paid it would expose your orator's character in the country, and that he would put the bill into the hands of a third party, who would come down 'slap-bang' upon your orator for the money." "Your orator was alarmed by (this) intimidation and threat, and reminded the said defendant (that he had) told your orator that your orator would find him to be a GENTLEMAN," &c., &c., and "asked time for payment," "that he would do what he could," &c., &c. (Hereupon) "the defendant (Mr.) Lewis, otherwise Louis Perry, said he would stay down in that neighbourhood a day or two; but your orator objected, being fearful that the reason would become known, and defend-

ant at length returned to London, having first extracted a promise from your orator that he would come to London on the following Saturday, and bring to him as much money as he could (then) procure."

(Failing with the funds, Mr. Mangles is at length driven, in self-defence) "to consult Mr. Robinson, (solicitor), of Leyburn, Yorkshire, who advised (him) to go to London and see Mr. Bower (solicitor), of Tokenhouse-yard," (which he did), "when your orator was informed that he had been greatly imposed on, and that he ought not to pay the said bills of exchange." . . . "Your orator, through delicacy, had previously refrained from stating any of the aforesaid dealings and transactions to any professional or other person." . . . "And the said defendants, threaten and intend to prosecute your orator at law, to recover the amount of the first of the said bills of exchange, and hereafter when the second shall become due." "And the said defendant Lewis, otherwise Louis Perry, also threatens and intends to endorse over the same," &c., &c. . . . "And your orator further shows that the said defendants have in their possession divers books, papers, memorandums, accounts, letters, documents, and writings" (relating hereto as evidence), "but refuse to produce the same."

And, praying that "the said defendants may be decreed to deliver up the said two bills of exchange, your orator offers hereby to pay to the said defendants what—if anything—the judgment of the Honourable Court shall deem properly payable to them for medicines and medical advice under the circumstances of the case." . . . "And that the said defendants be restrained by injunction from prosecuting (actions against) your orator in negotiating, &c., the said bills," &c., &c. "And that your orator may have such further relief," &c. . . . "And that (the proper) writs of injunction and subpoena out of and under the seal of the Honourable Court (of Chancery), directed to (Mr.) Lewis, otherwise Louis Perry and Robert Perry, and their confederates, commanding them," &c., &c.

The results we have already given the reader. Comments on this case would be useless. The facts developed are astounding! damning!! The particulars of this case have before been given to the public in a pamphlet entitled "THE ANTI-SILENT FRIEND," by Mr. J. D. O'Connell; and have also been alluded to in "An Essay on Spermatorrhœa," by Dr. Dawson, and in one or two other works. In the above extracts we have followed the original document verbatim, merely abridging and omitting the unimportant portions. The words within the inverted commas are those contained in the bill.\*

(To be continued.)

\* This singular document may be seen at the office of this Journal. Let those who doubt any part of this paper, call and see it. The Messrs. Perry may gainsay it, if they can.

## Original Communications.

### ON THE TREATMENT OF ENLARGED TONSILS AND ELONGATED UVULA BY EXCISION AND BY LOCAL APPLICATIONS.

BY T. W. GARLIKE, ESQ., M.R.C.S. ENG., RICKMANSWORTH.

The recent appearance of two essays in the columns of the "Medical Times," by Mr. Yearsley and Mr. Toynbee, on this subject, each of them advocating with much strength of language the relative advantages of removal of the tonsils in certain cases of chronic enlargement, and non-interference with the knife, has induced me to reflect on the results of my own past treatment in such cases, and to offer a few remarks on the subject.

I had hoped that a matter of such general interest (from the circumstance of the frequency with which tonsillitis in every stage of activity is met with in general practice) would have elicited at the hands of those more able to the task than myself, ere this, some inquiry into the relative correctness of the principles advocated by the



two authors, both men of known professional attainments, and both highly qualified (1) to dictate the treatment of throat disease in language aphoristic, and such as would be entitled to the greatest deference by the profession.

Having no personal knowledge of either author, the sole object of this paper is to elicit a little more information on certain points not made sufficiently clear to me, and which certainly have impressed me (admitting them to be correct) with the idea that the operation of excision of the tonsils, viewed in a prospective light, is one of far greater importance than I have ever esteemed it to be.

The points on which I am most anxious to gain some further information are the following:—

1st. What should constitute an efficient mode of cure for that chronic condition of throat where the tonsils are enlarged by repeated attacks of inflammation, and occupy nearly the entire throat, protruding beyond the arches of the palate on either side, and ascending proportionately towards the posterior nares, producing the complicated and distressing symptoms dependent on difficult respiration and deglutition, with occasional deafness? Will any line of constitutional treatment or local application effect a radical cure in such extreme cases?

2ndly. Provided that excision of a portion of the hypertrophied gland will relieve *permanently* the bulk of distressing symptoms which are usually attendant upon this form of disease, why should it not be resorted to *more frequently* than it is at present in *general practice*?

3rdly. Where does Physiology point out to us any important duties which these glands have to perform themselves, or any sympathy existing between their functions and those of the uterus or mammary gland, on which we can receive the statement as correct, that the judicious removal of an enlarged tonsil is to be productive of fatal results to the general health, with wasting of the mammae? "*Nihil tam absurdum, quod non dictum sit ab aliquo philosophorum.*"

In considering the first question, I must remark that the locality in which I have been practising for the last thirteen years is most friendly to the development of throat disease, and has given me ample opportunity of adopting every variety of treatment from which I could hope to procure any relief to my patient; and I must admit the fact, that in those cases where the tonsils have become excessively enlarged, and their surfaces describe a honeycomb and reticulated appearance, I have never succeeded in effecting a cure otherwise than by removing the whole of that portion which protruded beyond the arches of the palate.

In such a condition of throat, I presume that the absorbent vessels of the part are permanently blocked up, or obliterated altogether; so that, although the mucous membrane covering the tonsils may yet have sufficient sensibility remaining to be alive to the baneful effects of vicissitudes of temperature, still the parts have been so frequently subjected to attacks of inflammation, that they have lost all that susceptibility of treatment which is met with in first attacks, and present hypertrophied masses insensible to any local application.

I have tried caustic and iodine with Stoic perseverance, combined with every appropriate constitutional treatment, without any permanent good arising. True, the painting the throat with caustic has, in some instances, relieved for a time, and the ferruginous forms of medicine, with their associates, bark, nitric acid, and quinine, have done their accustomed good in many cases, and this more particularly where the type of constitution would have dictated such treatment, independent of the throat symptoms, or where the throat symptoms were beginning to

reflect secondarily on the constitution; but in a short time they all returned, or I heard of their seeking aid from other sources. In such cases, then, I have unhesitatingly excised a portion of the hypertrophied mass (I believe the whole gland is seldom or never removed by an operation), and with the best results hitherto.

The first case which I operated on in this neighbourhood was a young man, who had been expelled his regiment in consequence of throat disease, and passed on to his parish, the adjoining one to this, where he was under treatment for twelve months. Both tonsils were nearly equally enlarged; they completely closed the throat, so much so, that he told me he had subsisted for some months past solely on spoon food. His object in seeking me was to procure a letter of recommendation to St. Bartholomew's Hospital, having heard that there he could get them removed.

He had with him a young man, who acted as interpreter, for his speech was most indistinct, and his hearing was also very imperfect. I removed both tonsils immediately, and with the most perfect success; the excessive size to which these glands had attained, induced me to keep them, and I have never seen any case so urgent since.

It has been my practice to remove these enlargements whenever the case has appeared to me to be calling for such treatment; and in no instance have I heard of inconvenience of any kind resulting, but, on the contrary, various degrees of benefit have followed the treatment.

When discussing the propriety of adopting this operation more generally with a very practical surgeon in London (Mr. Haynes Walton, of St. Mary's), some short time previously to the appearance of these papers, his reply was laconic and most decisive: "Cut them out," said he, "right and left; and when selecting an instrument, be sure that the eye of your guillotine be of ample dimensions, for inconvenience arises occasionally from the fact of the instrument not being large enough." (1)

He also mentioned to me several cases, both in private and in hospital practice, in which he had found the excision of the tonsils of the greatest benefit to patients, both as to the relief it afforded the throat symptoms and the deafness the enlarged tonsils occasioned.

At the present time I have two patients, whose natural timidity I have been endeavouring to overcome, in order that I may perform for them a radical cure. In one the uvula must share the same fate as the tonsils, seeing that it is the source of constant cough, with other inconvenience; it is elongated to the extent of resting half-an-inch on the dorsum of the tongue. Both persons are the victims of dyspepsia, and persons of lax fibre, in whom no other line of treatment that I am aware of will effect a cure.

In speaking of elongation of the uvula, and its cure by excision, I have simply to remark that I have done it in many instances with such a result as might be anticipated, when we remember that the symptoms most distressing to the patient are those caused by mechanical irritation, and must cease by the removal of the cause.

The second point on which I wish to be informed is, Why should not excision be performed more frequently, provided the case be a judicious one, seeing that it is in itself one of the most simple operations in surgery? I believe the contiguity which these glands occupy to the carotid arteries, in olden times exercised a considerable influence over the minds of many general practitioners; but this bugbear, it is to be hoped, does not prevail in these days, though there still exists in rural districts a great distaste to interfere much with the knife; but for this, it is my firm belief, removal of the tonsils would have been more generally adopted—the circumstance of the relief which it affords, the simplicity and celerity with

(1) We must demur to this opinion of our correspondent as regards Mr. Toynbee, for we have never heard of that gentleman but as an aurist, whilst Mr. Yearsley is not only well known in that department, but also as having devoted great attention to Throat Disease. Had it been otherwise, Mr. Garlike would never have had occasion to controvert such absurdities as have been enunciated by Mr. Toynbee.

(1) We understand that Mr. Yearsley altogether objects to the guillotine, and maintains that no surgeon who had once used the knife figured in his work on Throat Ailments would ever think of using any other instrument.



which the operation can be performed, coupled with its perfect exemption from danger, must, it would appear to me, have made it more popular with our patients than the practice of painting the throat with caustic for an indefinite period.

But now comes a question of grave consideration—in what form and in what degree the general health is to suffer from cutting away a certain quantity of adventitious lymph (qv. *fibrin*) deposited on the surface of the tonsil? for, as I have before stated, the tonsil is seldom removed. If the result is to be as injurious to society as described by the first writer on this subject (Mr. Toynbee), it would certainly deter me in future from a repetition of a line of practice which, up to the present time, has appeared to me to be productive of much good.

The sole duties which I have considered the tonsils capable of performing, when in a healthy state, is that of secreting a certain fluid to assist in lubricating the food in its passage through the gullet; but in doing this, it is only one amongst other glands performing the same office, and when in a diseased state, possibly the excretory ducts are impervious. With such a mean estimate of their value, my surprise was extreme on finding these glands described by Mr. Toynbee as intimately associated with almost all the functions of the body, and that the removal of them in a diseased and hypertrophied state, could, in some cases, “enfeeble the frame, injure the constitution, affect the system in general, and, in others, produce mischief to the pulmonary organs.” (!) Now, if the tonsils be so intimately associated with a healthy state of the constitution, does it not follow that they themselves should be healthy? If, then, they become diseased, and the disease incurable, where is the objection to remove them with the knife? In making these remarks, I am not wishing or feeling competent to dictate treatment; but rather seeking information on a subject which, till now, I had imagined incapable of supporting a different line of argument.

Some years since I was myself the victim of an acute attack of tonsillitis, which, from exposure and fatigue, was hurried on into the sloughing stage; and though minus a tonsil on the right side, and an extremely damaged one on the left, I have never experienced any inconvenience. 'Tis true I have not escaped illness, but as each event in life must of necessity be subsequent to its antecedent one, I do not look upon any indisposition I have since suffered from, as in the least dependent upon the loss of a tonsil; neither am I willing, in practice, to attach as much importance as patients would have me do to the intimate connexion which they would often have exist between their present symptoms and some event which transpired many years previously. There is a great fondness on the part of patients to do so, which, if encouraged, would be fatal to our ever getting at the truth.

Persons who suffer most severely from enlargement of the tonsils are females of a leucophlegmatic temperament, under thirty years of age, children, and males where great delicacy of constitution declares itself. In my own practice it has by no means been confined to the poor: cases are daily presenting themselves amongst the wealthy and those in middle life; indeed, so numerous are they, and so distressing their complications, that there is no point of practice which has given me more anxiety than the treatment of this disease.

With regard to the influence which “tonsil cutting” (to my thinking a very objectionable expression, inasmuch as it conveys to the mind a ruthless removal of the glands) may have on the voice, it must still rest with us to form our own conclusions, seeing that the cases quoted by each writer, in proof of the accuracy of his views, are detailed with equal enthusiasm. Poor “Miss A.” retires from public life little better than a mute, and the celebrated Miss Louisa Pyne comes out with more brilliancy of note than ever. How far we may expect the voice to lose or regain any of that power which is dependent upon a healthy condition of the vocal chords situated so much

below the glands, and anatomically independent of them, I am not prepared to say. That an enlarged tonsil does produce most sensible and distressing deviation to the natural voice, must be known to every one; but I have ever attributed this to the enlarged tonsil acting as a damper, and preventing the sounds from ascending and travelling freely through the meatuses of the nose; and this I have seen greatly relieved by removing a portion of the enlargement occupying the throat. The voice then loses the muffled, guttural sound, and comes more out from the mouth and nose; but this is a distinct thing from weakness of the voice, such as is complained of by persons whose profession compels them to use the voice much in public; here, the weakness surely must have its origin in a diseased condition of parts below these organs.

Touehing the question of deafness, which appears to be the point at issue between the two writers, I have little to say; at the same time, it would appear to me by no means improbable that the tonsils when enlarged to their greatest extent (bearing in mind the anatomical position which they occupy), should be capable of exercising pressure on the Eustachian tubes,—enlargement and thickening of the palato-pharyngeus muscle, so far from being an obstacle, would assist in some instances (one would think) in completing this abnormal condition of parts, from its occupying more of that space immediately between the tonsil and Eustachian tube. In many cases of enlargement of the tonsils, where my opinion has been consulted, I have found the patient not only complaining of sore throat, with difficulty of deglutition and respiration, but deafness has also constituted a leading feature; indeed, so far as my own observation serves me, there is a certain vacancy of countenance constantly met with, the head being thrust forward, and the mouth partially open, to admit of more ready respiration through it, as compensation for the inability to breathe through the nose, which leads instantly to the inquiry if the tonsils are enlarged.

In many instances, where one tonsil only has been enlarged, I have found the person deaf on that side only.

Since writing the above I have seen an interesting case of this kind. When conversing with a lady, a few mornings since, respecting her power of hearing in the left ear when some active symptoms were present, she immediately directed my attention to a young lady in the room, whom she represented as complaining grievously at different periods of deafness. I instantly examined the throat, and found an enlarged tonsil on the left side, and the remains of an enlarged gland on the right, the upper portion having sloughed away and left a large fissure, the base above completely through it. The account she gave of herself was, that she had constantly suffered from sore throat, which had been treated with the nitrate of silver, without affording any permanent benefit. The right side was always the worst, and she had very imperfect hearing on this side until lately, when a very severe attack of inflammation, on which occasion the slough alluded to took place, has restored to her much more perfect hearing on that side than on the left, where the tonsil remains excessively enlarged.

This case would certainly appear to favour the idea of direct pressure causing occlusion of the Eustachian tube on the right side; but when deafness and enlarged tonsils exist in the same patient, and the former symptom be proportionate to the amount of inflammation going on in the throat, irrespective of the size which the tonsil may have acquired, it would appear to me most reasonable to ascribe the deafness to an extension of the inflammation of the mucous membrane of the throat to the lining of the Eustachian tube producing thickening and temporary occlusion of the tube.

But if this view be correct, it would assuredly be equally judicious to remove the offending portions of the enlarged tonsil when of long standing, that they may no longer be incentives to disease, either of the auditory passages or of the constitution generally.





### Biographical Notices.

#### PORTRAIT OF GEORGE E. DAY, M.D.

##### GEORGE E. DAY, M.D.

We have selected the Professor of Anatomy and Medicine in the University of St. Andrew's for our illustration in this week's publication, conceiving that it would form an appropriate pendant to our Students' Number. The circumstance that a large and gradually increasing number of gentlemen now take their degrees from the University of St. Andrew's, attracts particular attention to this ancient seat of learning; a brief biographical sketch, therefore, of its Examiner in Medicine may be expected to possess unusual interest. Those who have been fortunate enough to win his magisterial approbation, and who feel grateful for the distinction they have received, may be pleased with a reminiscence of a very critical period of their career; while those who are expecting to receive honours from his hands may be glad to indulge a pardonable curiosity to know something of the man on whose fiat much of their future prospects and position in life may depend.

Dr. Day was born in 1815, at Tenby, South Wales, where his grandfather, Dr. Day, formerly Physician to the Nabob of Arcot, had settled, after a long and successful practice in India. His mother was the youngest daughter of Curtis Hale, Esq., of Hopton-court, Shropshire, and a lineal descendant of Sir Mathew Hale. Dr. Day was chiefly educated with private tutors till his entrance into the University of Cambridge. His career here was marked with distinction; and we may state, as an indication of his industry and talent, that he took a Wrangler's degree in 1837. After attending the various courses of medical lectures given by Professors Henslow, Cumming, Clark, Haviland, Fisher, &c., and the Physician's practice at Addenbrooke's Hospital, he repaired to Edinburgh, where he resided nearly five years. In Edinburgh the same assiduity in his studies which had earned for him honours at Cambridge, distinguished him in the various classes. He was dresser and clerk in the Infirmary, and gained the gold medal for the best essay



on Anatomy and Physiology, for two successive years, in Dr. Handyside's Anatomical class; also medals in the Botanical, Medical Jurisprudence, and Midwifery classes. At this period Dr. Day began to emerge from the shades of the academy into the noon-day of general competition. The bent of his mind was marked from the outset; and his first efforts to attain reputation were made in the same direction which, since that time steadily and successfully pursued, has led him to a well-deserved scientific distinction. It generally happens, indeed, that among men of decided character and of strong mental tendencies, the course they start upon is that which they continue to follow; because they begin life with a deep earnestness of purpose, and early form attachments to special studies, which grow in strength as years increase, and habits become confirmed. In 1842, then, Dr. Day became a competitor for the Hanoverian medal for the best essay on the Chemistry and Physiology of the Urine, and obtained the honour.

With his usual zeal for study, he took a leading part in the Students' Medical Societies, and was one of the Presidents of the Royal Physical Society; and was, in 1841, elected, almost unanimously, Senior President of the Royal Medical Society—an office, in former years, held by Simpson, Carpenter, &c., &c.—in which he was immediately succeeded by Professor Goodsir. His colleagues were—Dr. Anderson, now Professor of Chemistry in the University of Glasgow; Dr. Cleghorn, now holding a Medical Chair in India, and distinguished for his researches in Materia Medica and Botany; and Dr. Richard Mackenzie, Surgeon to the Edinburgh Infirmary, and one of the best operators of the day.

We cannot speak too highly of societies of this nature, with respect to the influence they exercise in developing the minds of students, and stimulating them to the acquisition of knowledge. It may be doubted whether any of the influences operating on the mind in subsequent life, are so efficacious in inciting industry and awakening emulation as those that act upon the student when mixing with his fellows on equal terms in a society for mutual instruction. A dullard here has no excuse; he cannot allege against his rivals any superior advantages of position or fortune; honours are won by dint of study, learning, and ability. Applause or censure is immediate and honest: and the student soon discovers the position in which he stands in the esteem of his colleagues. If he have not succeeded to his wishes, and have a spark of nobility of soul, he will labour earnestly to make amends for lost time or previous inattention; and if he have succeeded in winning approbation, he will work only the more assiduously, that his laurels may not be tarnished by future defeat. But the idle and unwilling student, finding that he is not a suitable companion for the industrious, will soon retire from the competition, and hide himself from the reprobation his conscience tells him he deserves. Nearly all the best men of modern times in our profession have distinguished themselves in these societies. We could point not merely to one, two, or three, but to a host of medical worthies, whose earliest victories were won in the academy. Some of them we have already named in conjunction with Dr. Day, and our biographical records have already borne testimony to many others whose career was forecast in the successes they achieved in the days of their pupilage. So true is it that, at this eventful period of life the character is formed, and that whether a man is to be an honour or a discredit to his friends, a blessing or a burden to society, is then unmistakably foreshadowed.

In the Summer Session of 1842, Dr. Day conducted the Practical Chemistry class in the Extra-Academical School, Edinburgh, for his friend, Dr. George Wilson, when laid up by sudden indisposition. In November of the same year, he took his licence to practice Medicine at Cambridge, having previously taken his M.A. degree in 1840. It may be mentioned that then, and, we believe, for some time previously, all candidates for L.M. (Lic. Med.) were practically examined in the ward of the hospital on cases

taken in on the examination-day. The University of London took great praise for adopting this *last* year. It was a practice ten or twelve years old at Cambridge.

Provided with these qualifications, Dr. Day settled in London, in 1843, when he was almost immediately elected Physician to the Finsbury Dispensary, vacant by Dr. Golding Bird's retirement. He joined the College of Physicians in June, 1844, and in 1848 (the shortest time allowed by the bye-laws of the College) was elected a Fellow. In or about 1845, he resigned the Finsbury Dispensary, on his election to the Western General Dispensary, in the New-road, which he held during the remainder of his residence in London. He lectured for one Session at the School of Medicine adjoining St. George's Hospital on Chemistry and the Microscope in relation to Medicine. Subsequently he held the chair of Materia Medica in the Middlesex Hospital School.

As an author, Dr. Day has achieved a high reputation; and it may be asserted, without fear of contradiction, that he has been more instrumental than any of his medical brethren in making known in this country the recent foreign investigations in Animal Chemistry. He seems to have been ever steadily employed in his favourite pursuit, and the profession are largely indebted to him for his meritorious labours. Many of the best foreign works have been translated by his pen; and we believe that he is now occupied with one or more works, which will still further increase our obligations and enhance his personal reputation. Among other things, he is the author of various papers on Animal Chemistry, chiefly on the Urinary Secretions and Urinary Sediments, in the "Lancet" and "Gazette;" of Reports on the Progress of Animal Chemistry and Materia Medica, in "Ranking's Half-yearly Abstract;" of a Translation of Simon's Animal Chemistry, with Introduction and Copious Annotations, for the Sydenham Society; and of a Translation of Vogel's Pathological Anatomy, with additions. He is also one of the translators of Rokitsky's Pathological Anatomy, for the Sydenham Society; and is the translator of Lehmann's Physiological Chemistry for the Cavendish Society.

He is the author also of an independent work, entitled "A Botanical Treatise on the Diseases of Old Age." He was one of the Founders of the Pathological and of the Cavendish Societies, and was elected, in 1850, a Fellow of the Royal Society.

Dr. Day was advancing steadily in practice, and had no reason to be dissatisfied with his success, when the Chair of Medicine in the University of St. Andrew's became vacant; and, his health having been failing, probably from over-labour, he was induced, although personally unacquainted with a single elector, to offer himself as a candidate. The chair being fairly endowed, and offering nearly six months' vacation, there were many candidates; but Dr. Day had the honour of being elected unanimously, in October, 1849. Since his appointment, Dr. Day has completely altered the system of Medical Examination at the University. Formerly, it was merely oral, and perhaps twenty candidates were examined in a single day; now, there are four further papers:—1. Chemistry and Materia Medica, with a portion of Latin to translate into English. 2. Anatomy and Physiology. 3. Pathology and Practice of Physic. 4. Surgery and Midwifery; and, in addition to this, an oral examination; the whole extending over nearly three days.

These improvements have raised St. Andrew's in the estimation of the profession, and given a value to its degree which it had not previously possessed. In effecting them, the Doctor has proved himself a friend of the University, and has shown, at the same time, a due care for the honour of medical science.

Dr. Day is a worthy and sociable man; and, notwithstanding that his cranium is crammed full with learning, he has a spice of humour and good-fellowship that make him an agreeable companion. He has a long career before him, and we have no doubt that it will be both usefully and honourably filled.



## Reviews.

*A Manual of Materia Medica and Therapeutics, including the Preparations of the Pharmacopœias of London, Edinburgh, and Dublin, with many new Medicines.* By J. Forbes Royle, M.D. Second edition.

This work is so thoroughly known, that commendation is scarcely necessary to extend an acquaintance with its merits. Like all Mr. Churchill's manuals, it is got up in the best style, and reflects equal credit upon author and publisher.

*The Gulstonian Lectures on the Acute Specific Diseases.* By William Jenner, M.D., &c.

Ample notices of these Lectures appeared in our Mirror at the time of their delivery. They are characterised by the closeness of observation and freshness of description that distinguish all Dr. Jenner's works, and remind us somewhat of the original writings of our old physicians. We are always glad to see any contribution to medical science from the pen of Dr. Jenner, as he rarely fails to look at disease from a new point of view, and to increase our stock of knowledge.

*Sandgate as a Residence for Invalids.* By George Moseley, M.R.C.S. Eng., &c.

Mr. Moseley has given us a good description of the neighbourhood and climatological peculiarities of Sandgate. The comparison which he has instituted between Sandgate, Undercliff, and Hastings, is favourable to the town whose especial advantages he, of course, endeavours to set forth. He says that Sandgate is remarkably free from consumption, and recommends it as a residence for invalids afflicted with that malady. He also advises it in dyspepsia, chronic bronchitis, chronic rheumatism, scrofula, and dysmenorrhœa. There are many sensible observations scattered throughout the work, and it is, altogether, a favourable specimen of the "Guides to Watering Places," becoming, with every year, more common.

## THE MEDICAL MEN OF THE THREE KINGDOMS.

BY S. THOMSON, M.D.

PART VI.

(Continued from page 204.)

To discourse concerning the virtues of a living man, is one of the most trying labours an author can undertake—the delicate difficulties of which, I believe, none can comprehend who have not had some such experience in them as the editor of this journal, where, by the side of his biographical essays, my present lowly papers are honoured with a place. You know, learned Editor, how weighty is that task, even when friendship, or other relations to the subject of your narrative, do not heap on you their peculiar burthens. But surely, every heart in the world, wherever there are any, must be sensible of an author's trials in such a predicament as mine, remote as this is, though not quite out of sight, from that of a biographer of his own contemporaries. Nay, such a biographer, whether it be to encourage or to correct his fond partialities, and guide him along the channel of truth, has fuller means to the furthering his performance, if he will but use them, than any other species of historian; much ampler, in all reason, than those of a hand doomed to explore, within a single volume, written by thirteen thousand authors, each of whom seems to have striven how little, rather than how large, a part he should engross to himself of its scarce three hundred leaves, or not near half as many hundreds of pages as

there are thousands of contributors.(1) Such records, the shortcomings of which have already many times forced this patient history to complain, can supply but inadequate matter whence to conclude largely respecting the merits of the medical order. Had those curt memorials fallen into other hands than such as ours—had they come in the way of one who had no part in the labours of medicine, no ambition to promote her renown, no leaning to favour and admire her followers—then might the estimation derived from these atoms of auto-biography have been issued to the world without uneasiness of mind or prayer for indulgence. Being such, however, as I unworthily am, I cannot imagine how I could be involved in a more pitiable difficulty; it is as if, sitting in the seat of law (or justice, if it must be so named), I were compelled by my office to decide the destiny of a beloved friend, placed before me upon his trial, who had with his own mouth furnished all the evidence in court, uttered without foresight of arraignment, and sealed beyond addition or recall.

Yet the merits we are now come to judge among provincial men are only some of an adventitious nature, however gracefully, or indeed usefully, they may be engrafted upon more essential properties, whereof the abundance is already set forth in a page which the plodding reader has left some way behind him. Of the persons just now in account, all are found to bear the approving stamp of some tribunal of medical judgment; and if it be quite necessary to except 307 of them, who do not come forth under the like authority with the rest, they are men of venerable experience, who have deserved well of the profession and their country, many by both public and private services, and not a few by the improvements they have supplied to the art and science of their long life-labour. These latter virtues touch upon ground common to the whole profession, where it is not yet our time to set foot; and when the progress of our work shall duly lead us over this expansion of the purely medical field, we have good hopes of finding it satisfactorily teem with the fruits we shall then be seeking.

Of general science and learning, it is due to this polished nation to observe that most young men destined to the study of medicine do, before they enter upon it, prepare their minds with the produce, and what is of equal value, the culture of a liberal education, so comely in all ingenuous youth, and so needful to any who would move among wise and accomplished men. The study, indeed, of the medical sciences has in itself much to humanise and elevate the mind; to engender a taste, nay, inflame a passion for learning, for philosophical acquisition, and for whatever else, when rightly directed, the aspiring soul finds leading and tempting it onward. That in our profession these two species of refined understanding plentifully exist, namely, that created by the fascinations of medicine, and that imported from previous enlightenment, sufficient proofs, we hope, have already been adduced from London, amid all the hindrances with which the search of them was beset. If we have seen the profession in one quarter amply qualified to conduct its own affairs, and yet to aid in every learned and scientific scheme, we shall hardly be persuaded that an equal amplitude of ability does not adorn another quarter, where we have found a competence, like as in the former, of proper medical capacities. This eleemosynary argument is certainly not my sole dependence; yet I shall be glad if as many as are not sceptical will give it all possible way, for I believe they will not thus come far from the truth, though, to lead them to it by the most evident steps, is more than I have means of attempting.

When from the provincial men, numbering so many as 7670, we proceed to levy our division of learned honour, such as we drew out in the capital, and can find

(1) The complete volume of the interesting "Directory" contains above 1060 pages; but the things personal to members of the profession, whereon this whole disquisition is founded, do not occupy more than 596.



no greater force than 600, to be supported hereafter with a medical good-service contingent of 1650, there may be some spectators who will conclude either that the merit we seek is very much wanting among the host, or that the reports of it, to which we betook ourselves, are defective, and short of justice. Whichever it be of these causes that has operated, there are undoubtedly thrown upon our hands 5420, who have recorded nothing of themselves worthy our remark, except their medical designations. If there be any statistical critic who could desire to reduce the untoward strength of this party, we should most gladly contemplate his accomplishment of the chivalrous endeavour. But to fit him out for the expedition with any of our own counsels and institutes of procedure, is more than we are ready to grant; which is not denied from enmity to his success, but fear of infringing the polite decorum of this hitherto well-behaved history. A number having the like relation, though much smaller proportion to the whole, fell into the rear from the ranks of the metropolis; and heartily would we here also entertain some such favourable presumptions as the reader of steadfast memory will not require us to repeat upon so analogous an occasion. For we would not that any should overhastily traduce the provincial throng, going about with crude sarcasms on the country practitioner, as that he is the less intellectual for his ruddy looks and sinewy frame; just as it went abroad of a certain honest race of the ancients—*plus inesse virium quam ingenii*. But if this shaft was directed against a butt where it could perhaps inflict no great injustice, we shall not suffer it to fall on the rustic lines unblunted by the buckler of defence. For your wan face will indicate the pining for unreachd erudition, the care and nursing of feeble genius, rather than the triumph of learned attainment, and the maturity of sprightly conception; besides that the exercise of scholarship and the inventive powers, when moderately imposed, is an excitement not less conducive to the health and vigour of the material fabric, than any other fair mode and just measure of activity. But with that bright eluster of 600, whom we have pressed forth from the modest Directory, we hope to drive off the shadows of depreciation, and to throw a learned radiance over all the borders of rural medicine: as a few timid stars, or an edge of the inobtrusive moon, are sufficient to unsettle the sway of darkness enthroned on night. But a theme so grand as the revolution of a galaxy cannot be worthily introduced without more state and pageant than there is room for in a corner of history, whither an author finds himself driven who has squandered away an instalment of opportunity and inspiration.

Radcliffe, Lancashire.

## Correspondence.

### MEDICAL ETIQUETTE.

To the Editor of the "Medical Circular."

SIR,—I beg leave to lay before you the following case, for which I trust you will find room in an early number of your valuable and independent "Circular."

On the 27th of June last, I was called to see a party who had been assaulted the previous morning. Upon examining the man, I found that, besides several external injuries, there was simple fracture of the ninth rib. Two days afterwards, I was requested by the Public Prosecutor here to prepare a report of the case, upon which to found criminal proceedings; I accordingly certified on soul and conscience, that amongst other injuries he had sustained fracture of said rib. The day before the trial, viz., on the 4th of August last, *five weeks and five days after the injuries were received*, a professional brother here was employed by the friends of the accused to examine the injured party, which he did, and gave it as his opinion that fracture had never been sustained. Next day he attended at Court, and, by means of representing privately to the Crown counsel that no rib had been fractured, induced him to

depart from the aggravation of fracture, and accept of a modified plea of simple assault. The result was that the prisoner escaped with less punishment than would otherwise have been inflicted.

I need not state to you that no medical man could justify himself in giving an opinion in the circumstances I have mentioned. I deem it sufficient merely to lay before you the above concise statement of the facts of the case, in the hope that you may consider it important enough to induce you to favour your readers with an opinion regarding the actings of my delicate manipulating brother.

I am Sir, your obedient servant,

JAS. MORRIS.

Dunfermline, Sept. 16, 1853.

## THE VACCINATION ACT FOR ENGLAND AND WALES.

"They must not, and certainly ought not, to enter into any contract with Poor Law Guardians, under the new Vaccination Act."—MR. BRADY, M.P., in "Medical Circular" of Aug. 24, 1853.

To the Editor of the "Medical Circular."

SIR,—The letter from which the above is a quotation reminds me of the stand made by the respectable portion of the medical profession in Ireland in 1841, when the poor-law authorities, in endeavouring to carry out the 3rd and 4th of Vict., chap. 29, proposed (as usual when the medical profession is concerned) to do so by depreciating medical services to the lowest ebb, and accordingly issued their orders to the several Boards of Guardians to advertise for tenders, at 1s. for each case successfully vaccinated for the first hundred cases, and 6d. for all subsequent cases.

Then, as now, the wires for depreciating medical services under the Poor Law Board in Ireland were moved by a medical man, who, although not dubbed a Commissioner, swayed his sceptre for many years to the detriment of the profession he had sold for a mess of pottage, until at length he met his deserts by having been consigned to obscurity by the very men whose tool he suffered himself to be made at the loss of character to himself, and to the very serious injury of the profession he had deserted to please them.

But, the Irish section of the profession in those days had a little more of the *esprit du corps* among them than would appear to guide their conduct towards each other now-a-days—(see "Medical Press" and proceedings of the Saughar Union therein, Sept. 14, 1853)—and the result was that the 3rd and 4th of Vict., chap. 29, became a dead letter; the contract allowance of the Poor Law Company having been refused all over Ireland, not only by physicians and surgeons, but by respectable apothecaries also; and, to convince the public that they were not actuated by selfish or mercenary motives, the association with whom the writer had the honour of acting, and the members of which association were the first in Ireland to reject the insulting offer, had it proclaimed in their respective districts that, sooner than accept "the government bribe," they would vaccinate all that might be brought to their several establishments or institutions gratuitously. And thus, in upholding a principle, they perchance have been instrumental in inflicting a permanent injustice on themselves and their confreres in Ireland, for the Poor Law Company took very good care that a compulsory clause of gratuitous vaccination should be introduced into the Medical Charities Act lately passed for Ireland, so that, if the lord of the manor now sends his nurse with his son and heir, to be vaccinated, to the Dispensary of the district, the medical officer of such Dispensary *must* vaccinate him, "and no thanks," as they say in Ireland.

Will the English physician, surgeon, and general practitioner follow Mr. Brady's advice, notwithstanding the lesson shown them, as above stated, by their Irish brethren, and the punishment, I may say, inflicted on them for their contumacy, by their lords and masters the Poor Law Company, with their medical advisers at their back?



But I forgot, in England there is no medical commissioner or adviser, and, perhaps, so much the better for the profession. Be that as it may, I, as one of the Irish sufferers, would tell my English brethren—nay, I would beseech them, to follow Mr. Brady's council. He is a man who is both able and willing to bring the injustice of this most unjust act before Parliament again.

The profession in England and Ireland cannot fail to have observed the great efforts made by him during the last Session to better their positions and condition in the respective countries. True it is, that he has been fighting our battles single-handed; but let it be our task to create coadjutors for him for the coming Session. Few amongst us who have not some influence with the M.P. of our borough or county. Let each and every one of us in both countries, therefore, exercise that influence to strengthen Mr. Brady's position in the House. Let the medical associations of each country put themselves in communication with him on such subjects as chiefly affect the welfare, the dignity, and independence of its members. Let them add, that they will, at his suggestion, and as by him pointed out, enter also into communication with such M.P.'s as he may consider would be useful allies for him in the attainment of the objects of the associations. Let all this be done, and done in time, and my life for it that Mr. Brady will accomplish more for the profession in one Session than has been done for it by all others for the last ten years.

One of the first who rejected the Vaccination Contract of the Poor Law Company, in 1841, in Ireland.

I am, &c., &c.,

D. J. HYNES.

Kinvara, County Galway, Sept. 23, 1853.

## Medical Notes and Queries.

### QUERIES.

**SWALLOWING A HALFPENNY.**—MR. EDITOR,—I have been called to see a child, aged seven years, who seven weeks ago swallowed a halfpenny. On the day of the accident a gentleman was sent for who, in exploring the throat, distinctly touched the coin, which receded before his finger. The fears of the mother and child together, prevented any attempts being made to extract it by instruments, and, under the idea that the halfpenny had descended to the stomach, the child has not been up to this time interfered with; during the last few days he has lost flesh and shown a listlessness and disinclination to play about as usual. There have also been red patches, with tenderness of the skin, about the lower extremities. The object of my writing is the hope of getting some information, through the medium of your admirable "Circular," as to what will be the probable result of this case? The motions have been carefully watched, and it is certain the coin has not yet passed.

Yours, &c.,

A CONSTANT READER.

**THE PREMONITORY DIARRHŒA IN CHOLERA.**—SIR,—Would you be kind enough (through the medium of some of your friends) to furnish us with a few of the most approved recipes for the premonitory diarrhœa of cholera, in as early a number of your Journal as possible.

Your obedient servant,

SCOTUS.

**THE NEW COMPULSORY VACCINATION ACT.**—This Act, already noticed, was passed on the 20th of August, and it is directed, that within six weeks, parishes or unions, if needed, are to be divided by the Poor-law Board into districts, for the purposes of vaccination, and places appointed, giving increased facilities for the vaccination of the poor. The six weeks expire at the end of the present month.

## Our Note Book.

### RUBEOLA.

Dr. Walz has employed, after the manner of Schneemann, frictions with fat, in 343 cases of measles, 57 of which were severe; all were cured very speedily. In 30 of these cases the patients were tuberculous, and the progress of the phthisis was arrested.—*Schmidt's Jahrbuch*, April.

### DIAGNOSIS OF FRACTURES.

Lorinser recommends the production of insensibility by ether inhalations, as a means of facilitating the diagnosis of fractures in doubtful cases. Not only is the patient spared the pain of the examination, but those involuntary muscular contractions are avoided which prevent extension and the proper adaptation of the broken bone. Lorinser especially recommends this plan in cases of fracture of the lower end of the radius, which, though followed by serious consequences as regards movement, if neglected do not cause such an amount of deformity as to render the nature of the accident immediately obvious. He has succeeded in feeling crepitation in these cases, when the patient has been rendered unconscious and unresisting. In the diagnosis of fractured ribs, the author trusts to the diminished respiratory movements at the seat of injury and to the sound obtained by auscultation. The latter is a dull murmur, in which neither the in- nor the ex-piratory sound can be distinguished; he imagines this to proceed from the imperfect respiration, and from the irregular movement of the air in the minuter bronchi. The crepitation of the broken bones may be heard through the stethoscope.—*Wien. Med. Wochenschr.* 1852.

### TANNATE OF QUININE IN THE NIGHT-SWEATS OF PHTHISIS.

In the *Union Médicale* for April 12th, M. Delieux describes several cases in which he has administered tannate of quinine with the effect of arresting night-sweats in cases of pulmonary consumption. He says that, though it is sometimes inferior to pure tannin, it is superior to disulphate of quinine; and that it combines the action of a tonic and antiperiodic. He gives it in powder, the quantity taken daily being from half a *gramme* to a *gramme* (seven and a half to fifteen grains), in three or four doses, taken at intervals during the afternoon or evening, so that the last may be administered three or four hours before sleep.

### COMPOUND ANODYNE APPLICATION IN SCIATIC NEURALGIA.

At the meeting of the Academy of Sciences in Paris, on April 16th, M. Poggiale read a memoir on the treatment of sciatic neuralgia. He proposed the following formula:

R Extract of belladonna . . .	5 parts.
Hydrochlorate of morphia . . .	0.4
Ointment . . . . .	16
Lard macerated with stramonium leaves . . . . .	0.16
Essence of lavender . . . . .	a few drops.

The ointment is applied by gentle and prolonged friction. The author related ten cases in which sciatica had been cured; all having been remarkable for the previous duration of the disease, the failure of the treatment previously employed, and the rapidity and persistence of recovery after the use of the application described above. M. Poggiale believes that pain is a more important element in disease than is generally believed. In his opinion, it may be a powerful cause of disease, and may produce most severe symptoms. In many affections, pain is a predominant symptom, if indeed it does not constitute the disease; and on arresting it, the entire disease disappears. He also thought that it is too much the custom in the present day to prescribe simple formulæ. A combination of substances of similar properties often produces better effects than the employment of each alone in succession.

### DROPSY.

M. Abeille, in the present essay, confirms statements he made some years since, of the great utility of large doses of



gamboge in dropsy, these acting as diuretics, and often succeeding when purgative doses of the same remedy, and all other means, have failed. There may indeed be relapses, as the drug is only prescribed for the epiphenomenon, which it rapidly disperses—a very great point, as all practitioners well know. It is in dropsy alone that tolerance ceases. The gamboge should be digested in alcohol (two-fifths of a grain to ʒj of alcohol) and given in orange-flower water. The patients should be well fed, and the medicine not given within two hours prior to and subsequent to a meal. The quantity at commencing is 6 grains per diem, given in divided doses; and this is to be increased by 2 grains daily.—*Gaz. des. Hop.*, No. 59.

## SPERMATORRHOEA.

M. Lucien Corvisart records 3 cases of extreme spermatorrhœa greatly benefited by *digitalis*. The effect of the remedy was first accidentally observed in a patient with spermatorrhœa, to whom *digitalis* was given for palpitation of the heart. The dose is not mentioned. In no case does there seem to have been complete cure.—*L'Union Méd.*, Avril.

## THE CHOLERA.

## FROM THE BOARD OF HEALTH.

NEWCASTLE, Sept. 25th.—The following is the return of deaths, yesterday and to-day :

Sept. 24.	Cholera .....	72
„	Diarrhœa .....	6
Sept. 25.	Cholera .....	46
„	Diarrhœa .....	1

## GATESHEAD.

Sept. 24.	Cholera .....	14
„	Diarrhœa .....	1

The total number of deaths from cholera and diarrhœa at Newcastle, during the present outbreak, has been 1,187. In the same period (viz., the first 25 days), during the prevalence of epidemic cholera there in 1831-2, the number of deaths was 191.

The total number of deaths from cholera and diarrhœa in Gateshead, up to the last return, has been 292. During the like period (viz., the first 18 days), in 1831-2, the deaths amounted to 130.

The system of house to house visitation, which was at first imperfect, is becoming more complete.

HEXHAM.—The secretary of the Sanitary committee in this place, has been attacked with the epidemic. During the last two days four deaths from cholera have taken place. Choleraic diarrhœa is almost universal, and it is only by prompt and energetic treatment that the disease is arrested in this stage. Mr. Farbridge has fallen a victim to the disease, and his wife and two daughters were afterwards attacked; the latest accounts state that they also have since died.

At SANDGATE, it has been found that 4000 people are living in a state of such filth, overcrowding, and absolute want of conveniences for either decency or cleanliness, that the only hope of effectually checking the progress of the epidemic among them is to pursue the same course adopted in 1849 at Mervagissey, Cornwall, whose inhabitants were removed to another locality. The Board of Ordnance sent down 360 tents, into which 600 inhabitants were removed, amongst whom not a case of cholera occurred, while 126 additional new cases broke out amongst those left behind. Yet the thinning of the population lessened the disease in the houses. The Board of Ordnance directed 200 additional tents to be sent down, and entertain the most sanguine hopes for the result of the people being put under canvas, as the troops never enjoyed such good health as they had while under tents at Chobham.

GATESHEAD, Monday, Sept. 19.—It appears, from a report made to Mr. Grainger, Superintending Inspector of the General Board of Health, respecting the state of health of the workmen of Messrs. Crawshaw and Sons, that the

total number of men employed is 1200, and that the number of deaths was 12. There were 541 applicants for medical relief.

SHIELDS.—On Monday, Sept. 19, occurred one fatal case at South Shields. A little boy, aged six years, was taken out of St. Stephen's church on Sunday evening, during Divine service, and died during the night. A seaman died after fourteen hours' illness, in a vessel in harbour. Another was ill, but recovered. There have been five deaths from cholera in South Shields. Thanks to the exertions of the medical officers, and to the very creditable state the authorities have put the town in, it has not been permitted to spread; and, as I write, the medical officers report that the inhabitants are generally healthy. There has not been a fatal case in South Shields since Tuesday the 20th. The medical officers report the town healthy.

EDINBURGH, September 20, 1853.—Active preparations to meet the expected visitation of cholera are in progress. One case is reported to have occurred; but the most minute enquiries which we could institute have convinced us that the case had no affinity with cholera whatever, except in exhibiting a state of collapse. Strange that, after the experience we have had, we should still have no better legal resource than the Nuisances Removal Act, and no better guardians of the public health than Poor-law Guardians, with their cheese-paring economy and jobbing propensities.

DURHAM.—District Committees have been appointed, who have completed a thorough inspection of every lane and yard in the town, with a view to the discovery and removal of nuisances. One of the Committees reports a case of cholera as having occurred in a densely-populated part of the city. The borough magistrates are sitting *en permanence*.

LIVERPOOL.—Several deaths have occurred from cholera in Liverpool, chiefly confined, however, to German emigrants. The Pelican, screw-steamer, from Rotterdam, had cholera on board, one passenger having died of that disease on Sunday last during her homeward passage. She was immediately put into quarantine. The other passengers and crew are in good health.

MANCHESTER.—The General Purposes Committee of the Salford Town Council have determined to put into immediate operation all the clauses of the Nuisances Removal and Diseases Prevention Act, together with all the powers of the local Acts for the same purposes. We learn that two more fatal cases of Asiatic cholera have been reported in Manchester, but there is some doubts about them.

WOOLWICH.—Two cases have occurred on board the Dreadnought hospital-ship, moored off Greenwich, and lumps were sent up on Friday last to lay moorings for the Hebe receiving-ship, which has been lent by the Admiralty for the purpose of being used as an auxiliary hospital-ship for cases of cholera. A severe case occurred to one of the men of the Woolwich division doing duty at Deptford, but he has fortunately recovered.

MR. G. NASMYTH, C.E., proposes, that along with the water used for watering the streets there should be a few pounds of chloride of lime put into each cartful of water, with a small quantity of sulphuric acid, to set free the gas. Nothing can be more praiseworthy than the zealous and courageous conduct of the medical men of Newcastle.—*Correspondent of the Times*.

## ADMISSION OF CHOLERA PATIENTS INTO HOSPITAL.

Letter from Dr. Babington, President of the Epidemiological Society, to Dr. Gavin Milroy, Chairman of the Cholera Committee.

31, George-street, Hanover-square.  
September 13, 1853.

MY DEAR SIR,—With reference to a conversation which you and I had last evening, I now fulfil my promise of



stating to you in writing my opinion of the course which, in the event of the occurrence of cholera in this metropolis, should be adopted by our public hospitals. I consider that they ought all to receive cases of cholera as freely as cases of any other disease, and that, where circumstances will permit, they should, in order to avoid alarming the other patients, make special provision for them in separate wards.

My reasons for thinking that such cases should be admitted into public hospitals are these:—

First.—Because the more severe a malady is, the more it is adapted to establishments founded for the express purpose of curing or alleviating disease.

Secondly.—Because in public establishments alone are found all the appliances which may be needed in the treatment of cholera.

Thirdly.—Because the fears of relatives and friends may prevent their rendering the requisite assistance, whereas professional men and professed nurses are influenced by no such motives.

Fourthly.—Because medical labours are thus economised, since it is much more fatiguing for a practitioner to conduct the treatment of twenty cases of cholera, each in a separate dwelling, and having separate attendants, than to conduct the treatment of twenty cases all collected into one building. As a corollary to this reason, it will follow that much more attention will be paid, with the same degree of labour to the latter than to the former, and there will therefore be a much better chance of recovery.

Fifthly.—Because where numerous cases are brought together under the observation and guidance of professed teachers in public hospitals, they are more minutely observed, comparisons are more readily made, plans of treatment based on scientific principles are more easily carried out, and a more sound, because a more extensive experience is gained, than is likely to be gained where the same number of cases is distributed among many private practitioners, each individually attending only a few of them, and forming his opinion on the narrow basis thus afforded.

Sixthly.—Because there is no reason why cases of cholera should *not* be admitted into hospitals, which does not apply with more than equal force to cases of typhus fever, which are never refused admission.

Believe me, my dear Sir, yours very truly,

To Gavin Milroy, M.D.

B. G. BABINGTON.

### Obituary.

Aug. 25.——CHELLAND, Esq., M.D. Surgeon of the 69th regiment, at Trinidad. Dr. Chelland was engaged in his professional duties at Barbadoes during the prevalence of the late epidemic, which, although it proved fatal to his wife, did not affect himself.

Sept. 12.—JOHN GOVER POWELL, Esq., Surgeon, of Cumberland-street, Brunswick-square, Bristol. Mr. Powell, who was seventy-three years of age, was the father of the medical profession in Bristol, having been in active practice for more than half a century. During the war he filled the office of surgeon to the Sea Fencibles of the Severn Districts, under the flag of Admiral Sotheby, and after the peace held an appointment as examining and consulting surgeon to her Majesty's Royal Marines, which for many years had a district recruiting staff at Bristol. The deceased gentleman died suddenly, of emphysema, while on his way home from visiting a patient. Up to the time of his being called from his house, he appeared in his wonted health and spirits, but he had been some time aware of the nature of his ailment, and about three months previously named to one of his sons, with singular prophetic truth, that he should in all probability drop dead in the street.

Sept. 14.—GEORGE CROOM, Esq., Surgeon, at 3 Argyle-square, Edinburgh, aged 43.

Sept. 15.—JOHN EDWARDS Esq., Surgeon, L.S.A. 1821, at Dorchester, aged 54. Mr. Edwards, about 30 years ago, succeeded to the practice of his father and uncle, both highly respectable practitioners in Dorchester, but in a few years emigrated to America. Finding his health failed, he returned to England, and resumed practice in his native town, being patronised by many of his former patients. Had he but paid ordinary attention to his accounts, he might have been, for some time previous to his death, in easy circumstances, but being of an open and frank disposition, and possessing a mind free from guile, he did not suspect others of deception. During the whole time he practised in Dorchester, he was ever ready to assist his professional brethren, and always conducted himself in an honourable and straightforward manner.

Lately.——KING, Esq., Staff-assist. Surgeon at Prescott, Canada West, late of the 42nd Highlanders.

Lately.—THOMAS JORDAN, Esq., of the Apothecaries' Hall, Liverpool.

The late Dr. PRICE, of Brighton, was born at Merriott, near Crewkerne, in Somersetshire, of which his father, the Rev. Thomas Price, was then vicar. He was the eldest son, and designed for holy orders, but his taste determined the choice of medicine as his future profession. He was educated successively at Ilminster, at Wadham College, Oxford, of which he was a Fellow, and at St. Bartholomew's Hospital, London. He was elected Physician to the Middlesex Hospital, but resigned that appointment, in which he was succeeded by Dr. Latham, for the prospects of private practice which Brighton offered him. Up to that time, 1813, Brighton had not offered sufficient inducements for a physician to reside there through all the year; physicians came and went with the visitors, and in their absence, the physicians at Lewes were consulted in emergencies. It was by the advice of Dr. Warren, who had for some time filled this post of physician to Brighton during the season, that Dr. Price first settled there, and, with the exception of a year which he spent, in 1814, with Lord Aberdeen on the Continent, he continued to reside there till his death. The life of a physician engaged in large practice, exciting and interesting from day to day, leaves little that can claim attention out of the immediate circle of his patients and friends after the lapse of a few years. And such was the life of Dr. Price. A physician of the old school, kind and generous, witty and accomplished, sociable, and adorning the society of which he was so fond, one year passed away like another; and one year found as little leisure as another to add anything to medical knowledge, to record any of the facts which were presented to his acute, observant mind, in the course of his large practice. For the last few years of his life his increasing deafness, and the growing infirmities of age, quite unfitted him for practice, and he retired from the society of all but a few friends. He had an attack of apoplexy in 1849, from which he never completely recovered. In 1852 he lost the sight of his left eye, by chronic ophthalmia. The fatal attack of apoplexy occurred six days before his death.—*Medical Times and Gazette.*

### Medical News.

MEDICAL BENEVOLENT COLLEGE.—At the last meeting of the Council, held at the Hanover-square-rooms, Edward Henry Sieveking, M.D., was unanimously elected Honorary Secretary of the College, *vice* Henry Tudor Davies, Esq., resigned.

MEDICAL BREAKFAST.—On Tuesday morning, the medical strangers of the British Association, by special invitation of the resident medical gentlemen of Hull, sat down to a most elegant and sumptuous breakfast at the London Hotel. Among the strangers present were—Dr. N. Shaw, Dr. Bell (Grimsby), Dr. Balfour, Dr. Neil Arnott, Dr. Redfern, Dr. Camps, Dr. Latham, Dr.



Lankester, Dr. Burgess, Dr. Daubeny, Dr. W. Arnott, Dr. Helmoltz, Dr. Barbridge; J. Hogg, Esq., J. P. Bell, Esq., R. J. Bell, Esq. The following resident medical gentlemen were also present:—Dr. Horner, Dr. Sandwith, Dr. Cooper, Dr. Daly, Dr. Bell, Dr. Arehbold, Dr. King; F. Huntingdon, Esq., R. Hardy, Esq., J. Dossor, Esq., J. Lowther, Esq., J. H. Gibson, Esq., H. Munroe, Esq., J. H. Locking, Esq., C. Beckett, Esq., R. Craven, Esq., E. Twining, Esq., R. L. Sleight, Esq., W. Hay, Esq., E. Reckitt, Esq., H. Lee, Esq., W. Hodgson, Esq., T. Atkinson, Esq., T. T. Lambert, Esq., J. Wilson, Esq. Dr. Horner occupied the chair, and H. Munroe, Esq., the vice-chair. The President, Dr. Horner, spoke in eulogistic terms of the high honour which the Medical men of Hull felt in having the privilege of entertaining the medical members of the British Association at a repast like the present.—Dr. Neil Arnott, F.R.S., &c., referred with pleasure to the unanimity of feeling among the members of the Medical Profession generally,—a feature not so universally seen in any other profession of the country. A French Medical man who had lately visited him (Dr. Arnott) seemed surprised at the attractive character of the meetings of medical men in London; such meetings in France being the reverse. He was pleased to find that in Hull the medical men were remarkable for the friendly character of their scientific and philosophical meetings; in fact, he had found them really a “happy family,” and should be glad, when the British Association held its meetings in London, to offer some small return for the kindness received.—The President then proposed “The British Association.”—Dr. Latham, F.R.S., in reply, spoke of the high character and position which the Medical men held in the British Association, owing, in a great measure, to the *bona fide* character of their education. He also adverted to the peripatetic habits of the Association, as calculated to encourage a social feeling among the members of the profession, such as they witnessed on the present occasion.—Dr. Sandwith proposed “The Medical Visitors,” and after other speeches, from Dr. Lankester, Dr. Walker Arnott, &c., the meeting broke up.

## Notices to Correspondents.

**NOTICE.**—In order to facilitate the transaction of the rapidly-increasing business of the “Medical Circular,” and to meet the wishes of those gentlemen desirous of a personal interview, the EDITOR has arranged to attend at the OFFICE, 128, STRAND, every WEDNESDAY, between the hours of Twelve and Two, p.m.

\* \* In the list of Private Teachers given in our last number, the names of Dr. Cooke, of No. 2, Whitefriars-street, and Dr. E. E. Warren, of St. Thomas-street, Southwark, were accidentally omitted.

The “Medical Circular” may be procured by an order on any Newsvendor or Bookseller; or it will be sent direct by post from the Office, to subscribers for one year, on receipt of Sixteen shillings; half-yearly subscription, 8s.; quarterly, 4s. Cases for containing the numbers, bound in cloth, 1s. 6d., or by post, 2s.

**MR. PHILLIPS.**—The “*potassa cum calce*” is the best escharotic for the purpose: the simple hydrate is a stronger caustic, but it is also more deliquescent.

**INDOCTRIS.**—It is unnecessary to place your note among our “Notes and Queries.” Mars is the old name for iron, like Saturnus for lead, and Mercury for quicksilver.

**MR. R. P.**—Your information is correct. Officers for the extension of vaccination were to be appointed within six weeks from the passing of the Act. We understand that the Board of Health are now engaged in making the necessary arrangements.

**MEDICUS.**—We extract the following from a note sent to us by our correspondent:—“We fathers owe you many thanks for the excellent advice contained in your last number. From my heart I thank you, and trust that the high principles you have taught may acquire for you general esteem and support. You deserve success, and if you persevere in your present

wise course, you will undoubtedly possess it,—and that largely.” We can only say that we are glad to find that our counsels have given satisfaction, and shall be still better pleased if they shall be carried into practice by some of our young friends. In that fact we shall meet with a recompense.

**MR. WEST.**—Communication received. The numbers and cases have been sent.

**M. N.**—1st, We do not know. 2nd, Yes.

**HOMUNCULUS.**—They are different persons. Sir Charles Forbes died a year or two ago. We cannot say that he was, popularly speaking, an eminent physician, though he did in his day some things that brought him considerable notoriety: for instance, he fought a duel with Mr. Hale Thompson; each party fired three times—the sanguinary dogs! but, anatomists though they were, they drew no blood. It has been said that the bullets were large boluses, made of bread-crumbs, but this is, doubtless, a calumny.

**MR. W. J. B.**—The degree would be recognised in the event of any alteration being made in the laws of the profession. A foreign degree would certainly be scouted.

**NO NONSENSE.**—Communication received. Your complaint is not new, but under present regulations does not admit of a remedy.

**DR. S. THOMPSON.**—Part sixth of the “Medical Men of the Three Kingdoms” has been received.

**MR. COX.**—The subject of your note shall be attended to in due season.

**MR. J. TRAIN.**—The deductions allowed to be made from the gross income in the return to the assessor of the Income Tax, are generally stated under the head of rules and regulations attached to the schedule. In the case of a medical man they might be taken to consist of, at the utmost, two-thirds of the rent; the premium on assurance of self or wife; average amount of bad debts for three years; repairs of premises for surgery or dispensary; the cost of drugs, bottles, &c.; in short, any expense incidental to the conduct of the business. The regulations naming the deductions to be allowed, do not specify the salary of an assistant, or the cost of keeping a horse; but we regard such allowances as equitable, and, if not permitted, a great hardship to medical men, and especially to provincial practitioners.

**MR. JAMES MCLEOD.**—It was owing to an inadvertence of our own that the Lines on a “Country Surgeon” were published with the appearance of originality. The gentleman who communicated them to us set up no such claim. Though graphic, we doubt that they were written by “Delta.” They were hardly sufficiently rhythmical for his ear. One of our contemporaries, in a recent notice of Dr. Moir, attributed to him works he never wrote.

**PATERFAMILIAS.**—It is a responsible thing to advise a man with a family whether or not he should try his fortune in Australia. You know best what you can do in London. If your career here has been already a failure, and you can see no ground of hope for the future, go. We can inform you of this: we have known three married medical men who have gone to Australia within the last eighteen months. One took his family with him, settled down in a town not far from Melbourne, worked hard at his practice, and his wife has recently written home to say that in three years from this time she hopes that they will be able to return to England—with—we are afraid to say, how many thousand pounds in their pockets; another, who was a man of great mark in this country, went to spy out the land; he is now on his way home to fetch his family, having sent a letter before him stating that according to his best inquiries there are many places in Australia where he could settle and be sure of making his two thousands a year; the third is reported also to be doing a large practice, and is coming home to take out his family. As a general rule married men succeed better than single men in the land of temptation—the latter are ever running to the diggings, are frequently doubtful characters, and are not trusted by the people; the former are supposed to have given hostages to fortune, and can generally command a good practice.

For the benefit of our contemporary, we extract the following from a letter received at our office:—“I wish to take this opportunity of expressing my perfect coincidence and full approbation of your remarks and observations lately respecting Mr. B. Cooper and the “Lancet,” as the shameful and very scandalous conduct of the “Lancet” at that time prevented me from ever permitting a paper of that malignant and slanderous nature into my house.—I remain, dear sir, yours truly, G. R.”

**MR. JAMES B.**—1st, No. 2nd, No.



MR. WILSON.—Inquire of the Secretary of the College.

A GENERAL PRACTITIONER.—Inscriptions of names of Students are now made at the metropolitan hospitals, for the purpose of organising a corps of medical officers for cholera purposes.

A DUBLIN CORRESPONDENT informs us "there is a rumour that the 'Dublin Medical Press' is in a very ticklish condition," and not likely to continue in existence many months longer. We can believe it, as we have already heard its first groan. Foreseeing the ultimate fate of this periodical, we have hitherto regarded it with pity, which all the world knows is akin to love. We have often hunted in its pages for original matter to put into our Mirror, and when we could not find any, have, in many instances, supplied the place with some of its quotations. As a specimen of our generosity, we have this week inserted in the "Mirror" its ONLY original article, for which it has the conscience to charge 6d.! Extortionate trader! Our readers can judge of its real value. Notwithstanding our kindness, the ungrateful thing has snappishly yelped at our shadow, which seems to cross its path most unpleasantly. Let it beware of the Threepenny Journal! We can assure it that it will live longer by our good-will than by our disapprobation. The journal that has our censure recorded against it, is already on the "road to ruin."

A WELL-WISHER TO THE "MEDICAL CIRCULAR"—We cannot conceive why any gentleman, omitting to forward his name and address, should go out of his way to warn us against showing favour to another gentleman, whose character he intimates he knows better than we do. We fear personal feeling is at the bottom of this tender of kind counsel, and, therefore, cannot appreciate it as we might if a more open course had been adopted. What the "Dublin Medical Press" says or does is no consequence to us. This paper has not yet been registered among the Books of the Prophets.

MR. WM. GRIFFITH.—Your long communication, in which you denounce the "Thompsonians," and do battle for Mr. Larkin, would occupy too much of our space, if inserted. We must therefore decline it.

MR. EDWD. RICHARDSON.—Dr. C. J. B. Williams's address is 49, Upper Brook-street.

To the Editor of the "Medical Circular."

SIR,—The note signed "Gravesend," in the last number of the "Circular," calls for a reply, lest an erroneous impression should go forth that the person there described, and the class to which he belongs, are legitimately *Druggists*; or, that respectable men in our trade are in the habit of thus flagrantly imposing on the public. I beg, Sir, indignantly, to deny that these men belong to our body: they are an excrescence and a disgrace on your profession, and they are repudiated by us. The remedy is in the hands of the profession. Let its members refrain from trading in drugs and keeping open shops,

and the Druggists, better educated than now, will gladly cease from assuming to be the medical advisers of their customers, and confine themselves to dispensing the medicines prescribed by qualified practitioners.—Begging the insertion of this note, I am, Sir, your reader and subscriber, A GRAVES-  
END DRUGGIST.

Sept. 18th, 1853.

To the Editor of the "Medical Circular."

SIR,—You publish in your last number communications from correspondents describing two varieties of unhealthy fungi on the medical profession. In the first case, though not directly stated, the clear inference is, that the individual in question has every due qualification, and licensed by the profession; but, in announcing his advent to a new location, he "*bills the neighbourhood*" to the effect that all recipes and prescriptions will be accurately and cheaply prepared; that everything sold at his establishment is of good quality; and that all articles of a domestic and miscellaneous character, such as are usually kept by Chemists and Druggists, will be found in his stock, or immediately procured to order. In the other instance, your correspondent signing himself "Gravesend," introduces us to what he is pleased to term a *prescribing Chemist and Druggist*; but, on comparing the two, they will at once be seen to belong to the same genus, which I would designate the *Trading Surgeon*. Here, we have hair powder and honey soap, cod-liver oil and soda water, all surrounding the tablet which sets forth Medical and Surgical advice gratis—Midwifery, Cupping, &c., &c. The two cases are parallel; every feature identical; the one a daguerreotype copy of the other, except that, in one instance, the qualification exists, in the other it is pretended to. Now, Sir, a legitimate Chemist and Druggist myself, for my fraternity I emphatically disclaim them both; and I assure you we think ourselves "not handsomely done by" in these continual efforts of the profession to foist their illegitimate offspring upon us. Why do we constantly hear of these querulous complaints about the confusion between Chemist and Surgeon? The remedy is plain. Let the medical practitioner cease to be a tradesman, and the distinction is broad. In what esteem should we hold the artist who made his studio a sale-room for canvas, paint, and pencils. No, gentlemen, practice your profession, and leave the Chemist to his trade. You will find it far more practical and easy to punish one of your own body for trading, than to "run-a-muck" against a world of quacks for practising. You would then draw a line of distinction which the public could not mistake; and in any attempt to legislate in that direction, you would have popular opinion with you, as well as the hearty co-operation of every LEGITIMATE CHEMIST AND DRUGGIST.

Gravesend.

## ADVERTISEMENTS.

### For Varicose Veins & Weakness.—

SURGICAL ELASTIC STOCKINGS, AND KNEE-CAPS on a New Principle, pervious, light in texture, and *inexpensive*, yielding a permanent, efficient, and unvarying support under any temperature, without the trouble of Lacing and Bandaging: likewise, a Strong, Low-priced Article for Hospitals and the Working Classes: ELASTIC NET CORSETS of the same beautiful fabric. ABDOMINAL SUPPORTING BELTS, for both sexes, those for ladies' use before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instructions for measurement, and prices on application, and the articles sent by post, from the Manufacturers,

POPE and PLANTE, 4, WATERLOO-PLACE, PALL-MALL, LONDON.

The Profession, Trade, and Hospitals supplied.

### Students' Achromatic Microscopes

at £4 15s.—C. BAKER, 244, High Holborn, begs to call the attention of the Profession to his Student's highly-finished ACHROMATIC MICROSCOPE, with Sliding Stage, Slow Motion, Adjusting Mirror, and beautifully defining Achromatic Object Glasses: suitable for the highest medical investigation; in neat mahogany case with apparatus complete at £4 15s.

### Skeleton and Skull Repository,

45, Museum-street, Bloomsbury, London. JOHN HARNETT begs most respectfully to call the attention of Lecturers, Students, and Gentlemen connected with the Medical Profession, to his large and select Stock of Anatomical Preparations, consisting of Skeletons, loose and articulated Skulls, Hands and Feet, Vertebrae, and Loose Bones, at the lowest possible prices.

### Scarlett's Portable Invalid Soup.—

SCARLETT and SON respectfully inform the public that the SOUP made by them expressly for invalids, so strongly recommended by Dr. Marshall Hall and other medical gentlemen, will be found very beneficial. 2s. 6d. per quart, or 1s. per lb.

26, King William-street, London-bridge.

### Drug Price Currents forwarded, free

of Postage, on application, by Messrs. HEWLETT and GODDARD, Wholesale Druggists, 6, Arthur-street West, Upper Thames-street, near London-bridge, containing the ready-cash prices for Drugs and Pharmaceutical Preparations of the purest quality. Messrs. H. and G. solicit the attention of the Medical Profession resident in the Provinces, Infirmary Committees, Dispensaries, &c., &c., to the advantages attendant upon the above Price Current.



## United Kingdom Life Assurance

COMPANY. Established by Act of Parliament in 1834.

No. 8, Waterloo-place, Pall-mall, London.

The distinctive features of the Company embrace, amongst others—Tables of Premiums formed on the lowest scale compatible with security, and constructed to meet the various wants of Assurers, and every risk to which protection by Assurance can be extended.

One-half the Life Premium for the first Five Years may remain on credit.

Loans granted on approved Personal Security.

Assured not restricted in their limits of travel, as in most other Companies, but may proceed from one part of Europe to another in decked vessels, without License, and to British North America, and many parts of the United States, without extra premium, by merely giving the ordinary notice to the Office in London of the intended visit.

Whole-world Policies granted at slightly increased rates of Premium, thus rendering a Policy in money transactions a real security.

Prospectuses, and every information, may be obtained on application to the Resident Director

STAYS SUPERSEDED.

## Great Exhibition Elastic Bodice.

—Stiff Stays destroy natural grace, produce deformity, and implant disease. Curvature of the spine, consumption, and a host of evils arise from their use. MARTIN'S ELASTIC BODICE is without whalebone or lacing, at the same time furnishing a sufficient support, and imparting to the figure that natural elegance, which is quite impossible under the pressure which is the great aim, as mischief is the certain end, of all kinds of stays. The time and patience of the wearer are also spared, by a simple fastening in front, to obviate the trouble of lacing. As there are several imitations of these celebrated Bodice, it is necessary to inform the Public that they can be obtained only of the Inventors and Manufacturers, E. AND E. H. MARTIN, 504, New Oxford-street.

A Prospectus, &c., on receipt of a stamp, can be sent by post.

## New Truss for Hernia.—F. Walters

begs to call attention to his NEW TRUSS, with improved *water-pad*. The advantage of water is, extreme softness and the certainty of the pressure being always in the proper place. This truss has received the approbation of the most eminent surgeons, many of whom pronounce it the most perfect ever yet produced. F. W. can, therefore, confidently recommend it to all those requiring such assistance. Manufactured only by F. Walters, of whom can be had the new double-action Cycloidal Enema Syringe; also Walters's celebrated Railway Convenience for Ladies and Gentlemen. —F. Walters, 16, Moorgate, City.

## W. Twinberrow begs to draw the attention of the Medical Profession to his

### EXTRACT OF INDIAN HEMP,

Prepared expressly for him at Calcutta, its peculiarly sedative properties being so beneficial where opiates are inadmissible; also to his

### LIQUOR TARAXACI AND MEDICINAL EXTRACTS,

Prepared from the fresh plant (*Hyoscyamus Niger*, *Conium Maculatum*, *Atropa Belladonna*, *Cotyledon Umbilicus*, &c.), all of which contain the properties of the fresh juices unimpaired in their manufacture.

W. T. has just received a supply of Indian Bael (*Egle Marmelos*), now being so much recommended for Dysentery and Diarrhoea. 2, Edwards-street, Portman-square.

## Argyll Baths, 10, Argyll-place, REGENT-STREET, AND AT 5, NEW BROAD-STREET, CITY.

TERMS:

### WARM BATHS—ONE SHILLING EACH.

Reserved Rooms, including the Ladies' Department, One-and-Six-pence each; Twenty-one Transferable Tickets, One Guinea.

Vapour, Sulphur, and Harrowgate Baths, 3s. 6d. each—8 for 21s. Hot Air, Mercurial, and other dry Fumigating Baths, 5s. each—6 for 21s.

Portable Warm Baths sent out within ten miles of London. Single Bath (with hot linen, &c.), within one mile of Argyll-place, 5s.; every additional mile, 1s. extra.

An idea may be formed of the capacity of these Establishments when it is stated that upon their erection and completion upwards of £30,000 has been expended, and that at each place one hundred Baths can be given in an hour.

## Important to the Medical Profession.

—NEW BOOKS supplied as soon as published, at a reduction of 15 per cent., on direct application, with remittance, to JOHN HOLDING WOODLEY, 30, Fore-street, City, London. Purified Cotton Wool, 2s. per lb.

## Important to Surgeons and the

Profession requiring Instruments to design.—BLACKWELL (a Working Surgeon's Instrument and Razor Maker and Cutler), 3, Bedford-court, Covent Garden, London, solicits attention to the above, and respectfully invites inspection of an extensive stock of Surgeons' Instruments and Cutlery, which are guaranteed of best London make, and offered at very moderate prices.

B'S REGISTERED GUARD RAZORS ARE UNIVERSALLY APPROVED.

	s. d.	£ s. d.
Circular Spring Truss.....	from 5 0	double 0 7 6
Single Patent, Salmon's.....	„ 7 6	„ 0 19 6
„ Cole's .....	„ 10 6	„ 0 18 0
Scott's Reservoir double action Apertent Vase, sold at £3 3s.....		2 2 0
Ellis's Belts and Splint for Fractured Clavicle .....		0 18 0
Bleeding Lancets, 18s. a dozen; Dissecting Cases from 12s.		
Improved Elastic and Spring Crutches, Stockings (no lacing), Knee and Ankle Socks, Bandages, Artificial Legs, Arms, &c.		
MANUFACTORY, 3, BEDFORD-COURT, COVENT GARDEN.		
Army and Navy Surgeons' Outfits at an hour's notice, and a variety of cases, equal to new, for Navy and Emigrant Surgeons, cheap.		

NO ACT OF PARLIAMENT REQUIRED TO SETTLE THE BOTTLED-BEER QUESTION.

## Earle Brothers & Co. beg to inform

the Public that they have made arrangements to sell Bass's or Allsopp's Pale Ale and other Pale Ales of the first quality, genuine Dublin Stout, in Bottles manufactured expressly for them, containing the full IMPERIAL QUART and PINT MEASURE, at the following prices:—

	s. d.
Bass's or Allsopp's best Pale Ales, at per Dozen Imperial Quarts	8 0
Ditto ditto Pints ..	4 6
Genuine Dublin Stout, warranted of the first quality—per Dozen Imperial Quarts ...	7 0
Ditto ditto Pints. ...	4 0



EARLE BROTHERS & Co., guarantee their Ales and Stout to be of the finest quality, and earnestly invite the Public to avail themselves of the great saving they will make by honouring this firm with their patronage.

EARLE BROTHERS & Co. call the attention of the Public to the important fact, that they are offering

Three Gallons—that is One Dozen and a Half of the present mis-called Quarts and Pints—for a Lower Price than the public is now paying for Two Gallons, or One Dozen of precisely the same article, identical in quality, and brewed by the same eminent firms.

The advantage to the Public is one-third more for the same price.

The Public has loudly complained of the short measure it has been the practice of the dealers in Bottled Beer to give.

EARLE BROTHERS and Co. offer the Public a complete remedy, and respectfully beg the Public to avail themselves of it.

TERMS, CASH.

	s. d.
Bottles charged per dozen Quarts ...	0
Ditto ditto Pints ...	2 6

Full credit given for the Bottles when returned.

EARLE BROTHERS AND Co.,

Wine and Beer Merchants,

4, DUNCANNON STREET, TRAFALGAR SQUARE, LONDON.

## Horne, Thornthwaite, and Wood,

PHILOSOPHICAL and CHEMICAL INSTRUMENT MAKERS, 122, and 123, NEWGATE-STREET, LONDON.

Medical Achromatic Microscopes, in Case, for Anatomical Urinary Deposits, &c., £2 2s., £5 5s., and upwards.

Electro-Galvanic Machines, giving a uniform Current of Galvanism of great quantity, in one direction only, and of the only form and construction suitable for medical application, in portable case, £3 3s., £5 5s., and £8 8s.

Urinometers, gilt metal, 14s.; glass, 4s. 6d.; in case for pocket with Thermometer, Acid, &c., 21s. and 35s.

Apparatus and Tests for Analyses of Urine, and Toxicology. In Cases, £3 3s., £5 5s., and £10 10s.

## Members of the Medical Profession

and the Public are respectfully requested, before furnishing, to inspect the extensive and well-selected Stock at RICHARD A. C. LOADER'S CABINET AND UPHOLSTERY WAREHOUSES, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

The Stock comprises every requisite for furnishing, at as low a price as goods of a guaranteed quality can be supplied. Catalogues gratis.

RICHARD A. C. LOADER, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.



## ADVERTISEMENTS.

### MR. HOOPER'S IMPROVED INVALID WATER OR AIR CUSHIONS, AND MATTRESSES OR BEDS.

Being made of prepared India-rubber, without the admixture of cloth materials, Leakage is avoided.  
See the "LANCET," Jan. 25, 1851.



**CUSHIONS FOR BED-SORES.**—Whether threatened with Sloughing, or in which Sloughing has taken place, Fractures, Diseased Joints, Ulcerated Cartilages, Coldness of the Stomach, Pain in the Bowels, Spasms, Lassitude, Typhoid and other Fevers, Gouty and Rheumatic Affections, Cancer, Ovarian Dropsy, Coldness of the Stomach and Feet, Consumptive and all Bed-ridden Patients. They are simply placed on an ordinary mattress, and covered with two or three blankets and a sheet as an ordinary bed.

For further reports of their utility, see Mr. Cæsar Hawkins's Letter in the "Lancet," Oct. 27, 1849; Dr. Hake's Letter in the "Provincial Medical and Surgical Journal," Nov. 1, 1850; Dr. Thorn's Letter, "Medical Times," March 20, 1851; also the "Institute," February 8th, and the "Lancet," Jan. 25th. and Feb. 15th, 1851.

### Taraxacum (Davenport's) Liquor,

or FLUID EXTRACT, Prepared by Spontaneous Inpissation, possesses every characteristic of the fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm. 6s. per lb.

**COTYLEDON UMBILICUS.**—The Solid and Fluid Extracts, 1s. 3d. and 1s. per oz.; also, the Preserved Juice, 5s. 4d. per lb., as recommended by Mr. Salter, of Poole, in Epilepsy.—J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 33, Great Russell-street, Bloomsbury.—A List of Preparations forwarded on application.

TO PHYSICIANS, SURGEONS, AND DRUGGISTS.

### BROWN'S CANTHARIDINE BLISTERING TISSUE,

*Prepared from pure Cantharidine.*

### An Elegant Preparation, Vesicating

in much less time than the Emp. Lyttæ. P.L., easily applied and removed, and will not produce stranguary or troublesome after-sores. It has received the sanction and commendation of the most eminent practitioners in the kingdom.—In Tin Cases, containing twelve square feet, 6s. 6d.; and small Cases of six feet, 3s. 6d. each.

### BROWN'S TISSUE DRESSING,

An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extraets and Editorial Note from the "New York Journal of Medicine," March 1st, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharidis are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the medical profession.

"Accompanying this article is a very simple and neat dressing."

From the "Medical Examiner and Record of Medical Science," for May, 1850, published in Philadelphia.

"We have received from Mr. George D. Phelps of New York, specimens of Brown's Cantharidine Blistering Plaster and Dressing, with which our readers are doubtless familiar as a new and exceedingly neat preparation, easy of application and certain in their effects. We have given them a fair trial, and find they fully answer our expectations."

"Army Medical Department, January 16th, 1847.

"The Principal Medical Officer of the General Hospital, Port Pitt, Chatham, reports that Mr. Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of stranguary.

ANDREW SMITH, M.D.

"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist."

Prepared by THOMAS B. BROWN, PHARMACEUTICAL CHEMIST, 42, ADMIRAL-TERRACE, VAUXHALL-BRIDGE-ROAD, LONDON; and sold by the Sole Consignee, Mr. William Bailey, Wolverhampton, and all Wholesale and Retail Druggists and Medicine Agents throughout the British Empire.

TO SURGEONS, CHEMISTS, &c.

### Sulphate of Quinine (without

Alcohol). Patented 28th of July, 1853, by EDWARD HERRING, Chemical Works, Trinity-street, Southwark, London.

These Sulphates of Quinine are prepared by extracting the coloring of the bark by means of a caustic solution of Soda or Potash; thus avoiding the necessity of the usual bleaching Agent, impure Animal Charcoal—and dispensing with the use of Alcohol. The Patent has, therefore, the advantage of manufacturing a Sulphate of a Quality very superior to that produced by the ordinary Spirit process.

The WHITE (Bleached) SULPHATE is the usual article of commerce, but being manufactured by the patent Caustic Alkali process, requires the agency only of pure Animal Charcoal, for the perfect bleaching of the Salt, producing a whiteness which is scarcely possible to be attained by the hitherto known processes. Put up in the usual 1oz. bottles; also in 4oz. bottles (free).

THE UNBLEACHED SULPHATE, although of such recent introduction, has not only been chemically attested and approved, but already put into extensive application by the large London and Provincial Hospitals and Dispensaries.

The Crystalline form is the same, and is, in every respect, identical with the usual white article, with the exception of the one being bleached and the other unbleached.

Independently, therefore, of its commercial points, the vast saving of about 20 per cent. in price, is not the least of its recommendations. Put up in bottles (free) of 3 oz. each, also 1 oz. sample bottles.

The PATENTED SULPHATES to be had of the leading Druggists in London and the United Kingdom, and in quantities of not less than 100 ounces, from the Manufactory, Chemical Works, Trinity-street, Southwark, London.

July 28, 1853.

### Arrowroot, 8d. per lb., in 14lb. Tins,

warranted genuine, imported direct from the West Indies. Finest Brazilian Isinglass, 8s. 6d. per lb. Samples per post on receipt of the stamps. Delivered free to any part of England.—H. WARREN & CO., 302, Regent-street, London.

### Genuine Wines.—Pale or Brown

Sherry, 33s. per dozen. A very superior Amontillado Sherry 42s. per dozen. Old Crusted Port, 34s., 42s., and 48s. Hock, 36s. Moselle, 36s. Claret, 30s. Champagne, in splendid condition, 40s. per dozen. THE FINEST BLACK TEA imported, 4s. per lb.

H. WARREN & CO., Importers of Continental and Colonial Produce, 302, Regent-street (nearly opposite the Polytechnic), London.

### Mayall's Daguerreotype Portrait

GALLERIES, 224, Regent-street, corner of Argyle-place, and 443, West Strand.—Mr. Mayall invites inspection of his newly patented process for producing crayon effects in daguerreotype miniatures, also his extensive collection of original portraits of parliamentary, scientific, literary, and theatrical celebrities. Portraits taken daily in the highest style of art. "Mr. Mayall's crayon pictures are much distinguished for the beauty of their execution, the tint being harmonious and neutral, the various textures of flesh, hair, drapery, &c., discriminated with a painter's taste, and an entire absence of a certain commonness of aspect which has tended hitherto to disparage this art."—Athenæum.



## Medical Agency, 50, Lincoln's-inn-fields, Conducted by

MR. BOWMER, M.R.C.S.I.

All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.

(OFFICE HOURS, 11 TILL 4.)

## The Synoptical Chart of the "Medical Circular"

is now ready, with considerable additions, marginal notes, and explanations, giving at a *coup d'œil* a complete Synopsis of the Classes, Lecturers, Hours, Fees, &c., of every recognised Medical School in Great Britain and Ireland. To be had at the Office of this Journal, price 6d.

## Hats perfectly ventilating, pliant

to the head, many ounces lighter than those in present use, yet equally durable. These Hats, as exhibited by MESSRS. GAMES, SANDERS, & NICHOLL, at the Great Exhibition, 1851; and which are now so extensively patronised by the nobility and gentry, by the leading members of the legal and medical professions, and by many of the most eminent literary men, can be obtained in London, at 22, BIRCHIN-LANE, CORNHILL, and 111, Strand; or of their agents in most of the principal towns in England, Scotland, and the Colonies. The usual discount allowed to shippers.

## Spirits for the Medical Profession.

CASH PRICES.

Sp. Vini Rect. 56° overproof (s. g. 831), 19s. per Gallon; Flask. 1s. Plain Proof Spirit, of superior quality, 14s. per Gallon.

Pure Pale Brandy, "Eau-de-Vie," 14s. per Gallon; in French Bottles, 30s. per Dozen, bottles included.

Brett's Sanitary Ginger Brandy, the only genuine liqueur, 18s. per Gallon; in Pint and Quart Wine-bottles, 20s. and 38s. per Dozen.

HENRY BRETT & CO.,

Old Fumival's Distillery, Holborn.

Sept. 20th, 1853.

## Prize Medal, Great Exhibition,

1851.—The only one granted for CORSETS in the United Kingdom, was awarded by the MEDICAL JURY to MADAME CAPLIN, 58, Berners-street, Oxford-street, for her HYGIENIC CORPIFORM CORSETS, Elastic Bodice, Belts, &c. For a description of the merits of the above, see Dr. Tilt's great work, "Elements of Female Hygiene."

## To Authors, Publishers, etc.—Wood

ENGRAVINGS.—Illustrations for Books, Periodicals, Newspapers, and every class of Wood Engravings executed in a superior style, at reasonable prices, by GEORGE DORRINGTON, Designer and Engraver on Wood, 4, Ampton-street. Gray's Inn-road.

TESTIMONIALS.—"We are much pleased with your Engraving, and are obliged by your punctuality."—Cambridge Advertiser. "We are quite satisfied with your workmanship."—Edinburgh Evening Post. "The Engraving does you great credit."—Leicester Chronicle. "The Engraving has worked admirably, we are perfectly satisfied with it."—Cambridge Independent Press. "Your acclarity, business-like tact and system are admirable."—Sheffield Times. "We are quite satisfied with the Engravings; they have our entire approval."—Derbyshire Courier. "The workmanship is very creditable to you, and worthy of the patronage of the press."—Nottingham Review. "We can fully bear out the encomiums of other newspapers on your ability and punctuality."—Sherbourne Journal. "We have much pleasure in bearing testimony to your promptitude in the execution of Engravings, and also to the general excellence of the work."—Leicester Mercury.

ESTIMATES AND SPECIMENS POST-FREE.

## Dr. Pereira.—This late Eminent

Physician's opinion of HARDS' FARINACEOUS FOOD for Infants and Invalids:—

"I have carefully examined, and repeatedly prescribed 'Hards' Farinaceous Food' (See Pereira's 'Treatise on Food and Diet,' pp. 309 and 473, &c.), which is prepared from the most nutritious of the cereal grains. It combines both nitrogenised and non-nitrogenised alimentary principles, and forms a very valuable food for children and invalids.

"JOHN PEREIRA, M.D., F.R.S.,

"Assistant-Physician to the London Hospital.

"47, Finsbury-square, July 1, 1843."

Sold by Chemists and Druggists, Patent Medicine Vendors, Tea Dealers, and Italian Warehousemen, in 1s. and 2s. packets, and tin cases, 7s. 6d. each. Observe—all genuine packets and cases are signed "Jas. Hards," and manufactured at the Royal Victoria Mill Dartford, Kent.

## Jozeau's Copahine-mege, or Sac-

charated CAPSULES, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhœa, Gleet, and Leucorrhœal Discharges, on an average of six days (see "Lancet" of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by G. Jozeau, sole French Chemist, 49, Haymarket, London; and Jozeau, Pharmacien, 161, Rue Montmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with the name of Gabriel Jozeau printed thereon.

## A New Era in Medical Electricity

is opened by PULVERMACHIER'S PATENT PORTABLE HYDRO-ELECTRIC CHAIN BATTERIES.



One Hundred and Twenty Plates permanently connected and arranged, so as to be at all moments ready for instantaneous use, communicating shocks through eight to ten persons—ALWAYS IN THE SAME DIRECTION, and primary VOLTAISM, not secondary currents, as in the old Coil Machines—producing powerful contractions, decomposing distilled water, &c., &c. WEIGHT ABOUT EIGHT OUNCES, and CAN BE CARRIED IN A POCKET-BOOK.

At present a medical man may, at a reasonable expense, carry with him in his daily practice an inexhaustible source of primary Galvanism always ready for instantaneous use wherever a cup of vinegar can be procured, and producing all the effects that he can desire—a circumstance, the importance of which can scarcely be overrated, whether we look to cases of sudden emergency (swoons, fits, catalepsia, asphyxia, uterine hæmorrhage, &c.), or to the frequent opportunities and the facilities thereby afforded of applying ONE OF THE MOST POWERFUL AND UNIVERSAL THERAPEUTIC AGENTS, which has hitherto been kept back only through the difficulties attendant upon its use.



WEAKER CHAINS are constructed on the same principle, to be worn on the body under the garments, communicating a MILD but CONTINUOUS current to the system, which has been found of the most eminent benefit in many various forms of CHRONIC Diseases, where a mild but lasting stimulus of the functions of the nerves is indicated, and to assist the effect of specific remedies, THE ACTION OF THE CHAINS BEING MADE LOCAL OR GENERAL, AT WILL.

The Invention has been demonstrated with great success before

THE ROYAL COLLEGE OF PHYSICIANS,

THE ROYAL COLLEGE OF SURGEONS,

THE ROYAL PHARMACEUTICAL SOCIETY,

THE ROYAL BRITISH ASSOCIATION,

THE ACADEMIE DE MEDICINE (voted thanks to the Inventor).

THE ACADEMIE DES SCIENCES AT PARIS,

And is already in extensive use in nearly all the Hospitals in London, Edinburgh, Paris, and Vienna.

Extract of a Letter from that distinguished Physician of Guy's Hospital, DR. GOLDING BIRD, M.D., F.R.S., F.R.C.P., &c., &c. (Published with his kind permission):

"We have in this ingenious Invention that which has long been a desideratum, viz., an apparatus of the smallest possible bulk, capable of evolving a CONTINUOUS uninterrupted current of Electricity, of moderate tension, and always in one direction. . . . I can scarcely recommend Dr. Pulvermacher's Invention too strongly to the notice of my medical brethren."

A FULL DESCRIPTION OF THIS IMPORTANT DISCOVERY, WITH SPECIFIED DIRECTIONS FOR THE USE, Testimonials from high Scientific Authorities, &c., may be had (by post for two stamps), AND THE CHAINS MAY BE FREELY TESTED, at MR. CH. MEINIG'S head depots, 103, Leadenhall-street, and 71, Regent-street, London (at Paris, 45, Rue Richer, and 12, Boulevard des Italiens), and from all C. MEINIG'S Agents in town, country, and the colonies.

The Publisher of the "MEDICAL CIRCULAR," in answer to several enquiries from the country, begs to state that the following are the terms for inserting Advertisements:—

Four lines and under . . . . .	£0 2 6
Every additional line . . . . .	0 0 6
Whole Column . . . . .	2 15 0
Whole Page . . . . .	5 5 0

London: Printed by WILLIAM TROUNCE, at his Office, No. 9, Cursitor-street, Chancery-lane, in the Parish of St. Andrew, Holborn, in the County of Middlesex; and published by CHARLES JAMES HARRIS, at No. 123, Strand in the City of Westminster.—September 23th, 1853.



THE

MEDICAL CIRCULAR

AND

General Medical Advertiser.

No. 40, NEW SERIES. }  
No. 66. }

WEDNESDAY, OCTOBER 5, 1853.

{ THREEPENCE.  
{ STAMPED, 4d.

TABLE OF CONTENTS.

	Page		Page
Leading Article:		Biographical Notices ... ..	263
The Duty of Establishing Local Boards of Health ... ..	253	Reviews ... ..	264
Mirror of Periodical Literature ... ..	254	Medical Notes and Queries ... ..	265
Contents of the Medical Journals ... ..	257	Table Turning ... ..	265
Books received for review ... ..	258	Our Note Book ... ..	266
Bibliography ... ..	258	Cholera ... ..	267
Hospital Reports ... ..	258	Obituary ... ..	270
Deaf Dumbness ... ..	260	Medical News ... ..	270
An Epitome of Toxicology ... ..	262	Notices to Correspondents ... ..	271

On the First of January next will be published, most carefully revised, and with many new features, which will add greatly to the utility of the Works,

THE LONDON AND PROVINCIAL MEDICAL DIRECTORY. Price to Subscribers, 6s.; Non-Subscribers, 7s. 6d.

THE MEDICAL DIRECTORY FOR IRELAND. Price to Subscribers, 4s.; Non-Subscribers, 5s.

THE MEDICAL DIRECTORY FOR SCOTLAND. Price to Subscribers, 4s.; Non-Subscribers, 5s.

OBSERVE, that the above are the only Medical Directories, published by Mr. John Churchill, Princes-st., Soho, one of which (the London and Provincial) has been the Index to the Profession for the last eight years, and has received the warmest commendations both from the medical and general press. The utmost pains are taken in the compilation of these works, which are found in all Public Offices, Scientific Institutions, &c., and are constantly referred to in the Courts of Law. Office, 128, Strand, where all communications are to be addressed. C. J. Harris, Secretary.

Droitwich Lunatic Asylum.—  
Established 1791.  
PROPRIETORS.—MARTIN RICKETS, F.R.C.S., and Sir CHARLES HASTINGS, M.D., D.C.L.

In consequence of the removal of the Pauper Lunatics from this Establishment to the new County Asylum, appropriate arrangements have been made for receiving an additional number of Private Patients. The Terms may be known on application to the Medical Superintendent of the Asylum, who will also forward the required printed forms and directions for the admission of Patients. Aug., 1853.

Piggott's Galvanic Belt, without acids, or any saturation, without shock, or unpleasant sensation, for the cure of nervous diseases, and those arising from cold, an inactive liver, or sluggish circulation, and has been found highly beneficial in cases of rheumatism, sciatica, dyspepsia, neuralgia, in all its forms, and general debility of the system. Treatise on the above, free on receipt of a postage stamp. Mr. W. P. Piggott, medical galvanist, 523, Oxford-street, Bloomsbury. At home daily, from 10 till 4.

Dr. Pereira.—This late Eminent Physician's opinion of HARDS' FARINACEOUS FOOD for Infants and Invalids:—

"I have carefully examined, and repeatedly prescribed 'Hards' Farinaeous Food' (See Pereira's 'Treatise on Food and Diet,' pp. 309 and 473, &c.), which is prepared from the most nutritious of the cereal grains. It combines both nitrogenised and non-nitrogenised alimentary principles, and forms a very valuable food for children and invalids.

"JOHN PEREIRA, M.D., F.R.S.,  
"Assistant-Physician to the London Hospital.  
"47, Finsbury-square, July 1, 1843."

Sold by Chemists and Druggists, Patent Medicine Vendors, Tea Dealers, and Italian Warehousemen, in 1s. and 2s. packets, and tin cases, 7s. 6d. each. Observe—all genuine packets and cases are signed "Jas. Hards," and manufactured at the Royal Victoria Mill Dartford, Kent.

Wanted a Respectable Young Man as CLERK. Apply to Mr. HARRIS, at the Office of this Journal.

Medical Benevolent College.—  
Notice is hereby given that the OFFICES of the COLLEGE have been removed to No. 37, SOHO-SQUARE, where every information relative to the Institution may be obtained of the Secretary either personally or by letter.  
By order of the Council,  
EDWARD HENRY SIEVEKING, M.D., Honorary Secretary.  
HERBERT WILLIAMS, Assistant Secretary.  
4, Hanover-square, Sept. 27, 1853.

Teeth.—By Her Majesty's Royal Letters Patent.—Newly-invented and Patented application of Chemically prepared White India-rubber in the construction of Artificial Teeth, Gums, and Palates.—Mr. EPHRAIM MOSELY, Surgeon Dentist, 61, Grosvenor-street, Grosvenor-square, sole Inventor and Patentee.—A new original, and invaluable invention, consisting in the adaptation, with the most absolute perfection and success, of CHEMICALLY-PREPARED WHITE INDIA-RUBBER as a lining to the ordinary gold or bone frame. The extraordinary results of this application may be briefly noted in a few of their most prominent features, as the following:—All sharp edges are avoided; no springs, wires, or fastenings are required; a greatly increased freedom of suction is supplied; a natural elasticity, hitherto wholly unattainable, and a fit perfected with the most unerring accuracy, is secured; while, from the softness and flexibility of the agent employed, the greatest support is given to the adjoining teeth when loose, or rendered tender by the absorption of the gums. The acids of the mouth exert no agency on the chemically-prepared white India-rubber, and as it is a non-conductor, fluids of any temperature may with thorough comfort be imbibed and retained in the mouth, all unpleasantness of smell or taste being at the same time wholly provided against by the peculiar nature of its preparation. To be obtained only at 61, Grosvenor-street, London; 22, Gay-street, Bath; 34 Grainger-street, Newcastle-on-Tyne



Just published, in 8vo. cloth, price 25s.

## Valentin's Text Book of Physiology.

Translated by William Brinton, M.D., and illustrated by upwards of Five Hundred Figures on Wood, Copper, and Stone.  
"The best text book of Physiology ever published."—DUBLIN MEDICAL QUART.

"An excellent translation of this admirable work, in which completeness and brevity appear to have been the author's object"—LANCET.

"We cordially recommend the work."—BRIT. AND FOR. MED.  
London: Henry Renshaw, 351, Strand.

## New Work by Dr. Copland.—In

One Vol. 8vo. price 10s. 6d. cloth, ON THE CAUSES, NATURE, AND TREATMENT OF PALSY AND APOPLEXY: Of the Forms, Seats, Complications, and Morbid Relations of Paralytic and Apoplectic Diseases. By JAMES COPLAND, M.D., F.R.S., Fellow of the Royal College of Physicians, and President of the Royal Medical and Chirurgical Society, &c.  
London: Longman, Brown, Green, and Longmans.

## Essays on Mental Derangement,

By JAMES VEITCH, M.D., Edinb., and formerly, for years Medical Chief of the Royal Naval Lunatic Asylum. S. HIGLEY, and Son, 32, Fleet-street.

## The Synoptical Chart of the "Medical Circular"

is now ready, with considerable additions, marginal notes, and explanations, giving at a *coup d'œil* a complete Synopsis of the Classes, Lecturers, Hours, Fees, &c., of every recognised Medical School in Great Britain and Ireland. To be had at the Office of this Journal, price 6d.

## Nos. 5, 9, 13, (New Series) of the

"MEDICAL CIRCULAR."—Any gentleman possessing these Numbers, and who may be willing to dispose of the same, will greatly oblige by forwarding them to the Publisher, who will immediately return the full price in Postage Stamps, or exchange them for any other Number, if desired.  
Office, 128, Strand.

## Royal College of Physicians, Degree

OF M.D., APOTHECARIES' HALL, &c.—DR. COOKE continues to assist (personally or by correspondence) Gentlemen desirous of Graduating in Medicine or Surgery, or of Matriculating at British or Continental Examining Boards.—For terms, &c., apply to DR. COOKE, East Temple Chambers, 2, Whitefriars-street, Fleet-street.

## The Artificial Tympanum.—Mr.

YEARSLEY'S PAPERS on his 'NEW MODE OF TREATING DEAFNESS' are reprinted from the 'Lancet,' in the form of a Pamphlet, which may be obtained of Mr. Churchill, Medical Publisher, 46, Princes-street, Soho, price One Shilling, or sent by post on receipt of Sixteen Postage Stamps.

"We have ourselves seen the remedy applied by Mr. Yearsley in several cases of apparently incurable deafness, and the effect produced appeared to be almost miraculous. This happy discovery establishes for our profession another claim to public gratitude and respect."—Leading Article of the 'Lancet.'

## To all Bad Writers.—Mr. T. H.

CARSTAIRS continues to give LESSONS to Ladies and Gentlemen in his highly improved METHOD OF WRITING, enabling all those who require it to obtain a command and freedom seldom (if ever) equalled. Prospectuses of terms, &c., may be had at the Establishment, 81, Lombard-street, City.

TO GENTLEMEN SEEKING APPOINTMENTS.

## The Civil Service Gazette (Weekly

Family Journal, Price Sixpence) contains each week a List of all Vacancies and Appointments in the Treasury, Post Office, Admiralty, Audit Office, Royal Dockyards, War Office, Home and Colonial Departments, Foreign Office, Customs, Coast Guard, and all other Departments of the State, both in England and the Colonies. The information is official and authentic. The CIVIL SERVICE GAZETTE is also a complete Newspaper, with the usual Parliamentary, Legal, Home and Foreign News, Literary Notices, and Theatrical Critiques. Its Ecclesiastical Intelligence supplies a List of Clerical Vacancies, with the name of the Patron and Value of each Living. It contains the usual Naval and Military Gazettes; and in the General News will be found an account of Vacancies in Railways and Dockyards, and all the great Incorporated Companies. Office—5, Catherine-street, Strand.

## To Lecturers and Demonstrators.

—Lecturers on ANATOMY and SURGERY are wanted in an old established School. Gentlemen are requested to communicate immediately with MEDICUS, No. 28, Bedford Square, stating their qualifications, and the class they are prepared to undertake.

## To Surgeons Emigrating, & Others.

—SURGICAL INSTRUMENTS.—The friends of a Surgeon, lately deceased, are desirous of disposing of his surgical instruments, consisting of—Amputating, Trephining, Lithotomy, Ophthalmic, and other instruments, all of which will be sold at a very moderate price. Also an Anatomical figure adapted for Lectures. To be seen at the Office of this Journal, between the hours of 10 and 5 o'clock.

## Skeleton and Skull Repository,

45, Museum-street, Bloomsbury, London. JOHN HARNETT begs most respectfully to call the attention of Lecturers, Students, and Gentlemen connected with the Medical Profession, to his large and select Stock of Anatomical Preparations, consisting of Skeletons, loose and articulated Skulls, Hands and Feet, Vertebrae, and Loose Bones, at the lowest possible prices.

## Horne, Thornthwaite, and Wood,

PHILOSOPHICAL and CHEMICAL INSTRUMENT MAKERS, 122, and 123, NEWGATE-STREET, LONDON.

Medical Achromatic Microscopes, in Case, for Anatomical Urinary Deposits, &c., £2 2s., £5 5s., and upwards.

Electro-Galvanic Machines, giving a uniform Current of Galvanism of great quantity, in one direction only, and of the only form and construction suitable for medical application, in portable case, £3 3s., £5 5s., and £8 8s.

Urinometers, gilt metal, 14s.; glass, 4s. 6d.; in case for pocket with Thermometer, Acid, &c., 21s. and 35s.

Apparatus and Tests for Analyses of Urine, and Toxicology. In Cases, £3 3s., £5 5s., and £10 10s.

## Students' Achromatic Microscopes

at £4 15s.—C. BAKER, 244, High Holborn, begs to call the attention of the Profession to his Student's highly-finished ACHROMATIC MICROSCOPE, with Sliding Stage, Slow Motion, Adjusting Mirror, and beautifully defining Achromatic Object Glasses; suitable for the highest medical investigation; in neat mahogany case with apparatus complete at £4 15s.

## Important to Surgeons and the

Profession requiring Instruments to design.—BLACKWELL (a Working Surgeon's Instrument and Razor Maker and Cutler), 3, Bedford-court, Covent Garden, London, solicits attention to the above, and respectfully invites inspection of an extensive stock of Surgeons' Instruments and Cutlery, which are guaranteed of best London make, and offered at very moderate prices.

B'S REGISTERED GUARD RAZORS ARE UNIVERSALLY APPROVED.

	s.	d.	£	s.	d.
Circular Spring Truss.....	from	5	0	double	0 7 6
Single Patent, Salmon's.....	"	7	6	"	0 19 6
" Cole's .....	"	10	6	"	0 18 0
Scott's Reservoir double action Aperient Vase, sold at					
£3 3s.....				2	2 0
Ellis's Belts and Splint for Fractured Clavicle .....				0	18 0
Bleeding Lancets, 18s. a dozen; Dissecting Cases from 12s.					
Improved Elastic and Spring Crutches, Stockings (no lacing), Knee and Ankle Socks, Bandages, Artificial Legs, Arms, &c.					
MANUFACTORY, 3, BEDFORD-COURT, COVENT GARDEN.					
Army and Navy Surgeons' Outfits at an hour's notice, and a variety of cases, equal to new, for Navy and Emigrant Surgeons, cheap.					

## Important to the Medical Profession.

—NEW BOOKS supplied as soon as published, at a reduction of 15 per cent., on direct application, with remittance, to JOHN HOLDING WOODLEY, 30, Fore-street, City, London. Purified Cotton Wool, 2s. per lb.

## Argyll Baths, 10, Argyll-place,

REGENT-STREET,  
AND AT 5, NEW BROAD-STREET, CITY.

TERMS:

WARM BATHS—ONE SHILLING EACH.

Reserved Rooms, including the Ladies' Department, One-and-Sixpence each; Twenty-one Transferable Tickets, One Guinea.

Vapour, Sulphur, and Harrogate Baths, 3s. 6d. each—8 for 21s.

Hot Air, Mercurial, and other dry Fumigating Baths, 5s. each—6 for 21s.

Portable Warm Baths sent out within ten miles of London. Single Bath (with hot linen, &c.), within one mile of Argyll-place, 5s.; every additional mile, 1s. extra.

An idea may be formed of the capacity of these Establishments when it is stated that upon their erection and completion upwards of £30,000 has been expended, and that at each place one hundred Baths can be given in an hour.



## The Medical Circular.

WEDNESDAY, OCTOBER 5, 1853.

### THE DUTY OF ESTABLISHING LOCAL BOARDS OF HEALTH.

WHAT practical exertions are our brethren prepared to make against the common enemy that is already ravaging our cities? In the struggle with Death, it is their duty to stand in the van, and to marshal the combined forces which science and courage may be able to bring up to sustain the cause of humanity. That they will do their duty in their private and purely professional spheres, we have an entire belief; that they will forsake their domestic comforts, and peril life itself to alleviate the sufferings of a fellow-mortal, and to snatch a victim from the grasp of the Destroyer, is the hopeful and confiding thought of the great masses of the English people. They have nobly done all this before, and have exhibited to the world the self-denying and devoted philanthropy which actuates our brethren, and is adopted as their badge of honour, whenever a great epidemic has wasted our land, and brought suffering and death into our homes.

Something more than this, however, may be done, with advantage to the community. When we find the clergy and gentry stepping forth from their privacy to organise local committees, we ought to feel an equal responsibility to anticipate the coming of the pestilence. Let, then, our brethren in every city, town, and village, unite and constitute themselves LOCAL BOARDS OF HEALTH: let them issue circulars of instructions for the public, confer with the Boards of Guardians and Town Councils, point out the nuisances to be removed, and the measures to be adopted for the purification of their several neighbourhoods; communicate with the Central Board in London; receive its circulars, and advertise them with the signature of their Chairman, so as to ensure an entire and friendly co-operation with the Government; and at the same time to give weight, by their sanction, to its notifications.

The Local Board should be composed of ALL the practitioners in a District; and if they continued to co-operate in a frank and cordial spirit, they would undoubtedly command the confidence and respect of their townsmen. The public, accustomed to rely on their skill and knowledge, would naturally look to them for counsel, and the other Local Boards would be unable to move a step without previous consultation. This is the rightful position to which superior knowledge entitles our profession: and it is a position which they could at once assume, and could not help but retain so long as they remained united.

In the event of Cholera attacking a town, the Local Board of Health might communicate with the Board of Guardians, and arrange for the appointment of medical offi-

cers to the several districts. The united Boards might settle the distribution of districts according to their own judgment; but in most cases it would be preferable that the entire medical staff of the town should be engaged in the common defence against the assailant, and that a district should be assigned to each member of the medical Board, for due attention to which he should be held responsible to the Board of Guardians. In this way the public and the profession would be leagued together in a common action, and the best results might be expected.

The purposes of science might be immensely promoted by such an arrangement. A copy of the Returns of cases of Cholera and Diarrhoea, attended by the medical officers, generally required to be transmitted daily to the Boards of Guardians, should be forwarded to the Local Board of Health—giving withal the age, sex, occupation, residence, character of attack, remedies prescribed, length of illness, result, &c., and such other information, medical and sanitary, as might be thought expedient; so that, when the epidemic ceases, the Local Board might be able to draw up a STATISTICAL REPORT of the epidemic in their town and neighbourhood. This Report should be transmitted either to the Cholera Committee of the Royal College of Physicians, a joint Committee of Physicians and Surgeons, or the Committee of the Epidemiological Society, to aid in the compilation of a grand STATISTICAL REPORT FOR THE ENTIRE KINGDOM.

The Cholera Committee of the College of Physicians, should immediately take the necessary measures to organise Local Boards in every town, and we earnestly urge upon them this solemn duty. They might thus collect a mass of facts relating to one disease, such as never before had been brought together; and they might elicit principles which would settle many obscure points relating to the phenomena of epidemic diseases.

A reason of an inferior nature, but still of considerable importance, has prompted us to offer these suggestions. We find, by a Report of the meeting of the Medical Profession at Newcastle, that great discontent has been excited among several members of the profession in that city, in consequence of the interference of the Inspectors sent down by the General Board of Health. Mr. Grainger has been accused of incompetence, and Dr. Gavin of asperity of manner; and it would appear that there is an attempt to lay the responsibility of much of the mortality that has terrified the inhabitants of Newcastle to their charge. We believe that these imputations are unjust; but they show the necessity of securing a more cordial co-operation between the profession and the agents of the General Board. This desirable end can be attained only by the establishment of a Medical Board of Health in every town, on the plan we have designed. It is in the power of the profession themselves—nay, of one or two active men, to compass this object, and we will vouch for its complete success. Let there be such a Board of



Health established in every town, and it must hold in subordination all other powers, under whatever authority they may act.

We trust that before our next publication we shall find that our suggestions have been considered by our brethren, and that some steps towards such an organisation have been taken. The last epidemic came and went, and left no useful results on record. The nature of cholera is as obscure—its mode of diffusion as mysterious—its treatment nearly as contradictory as they were in 1832. Notwithstanding that there must be laid up in the archives of the Boards of Guardians and Town Councils an immense collection of Reports relating to the disease, no attempt has been made to tabulate the results, and a grand opportunity for deriving some permanent benefit from our experience has been lost for ever. Our medical officers of health—some of them in the receipt of enormous salaries—have done nothing. Reports they must possess in piles; they have treated them as waste paper. What good might not have been achieved by the proper arrangements of the statistics of the city of London alone! The duty has not been done; let it not be again overlooked.

We throw these thoughts abroad for the consideration of our readers, and shall be glad if we can be instrumental in effecting such an organization as we propose. Our readers must remember that it is in their power to do everything we advise, by a mere exertion of will; for no aid or direction from without is wanted in the first instance to establish these Boards.

---

## Mirror OF PERIODICAL LITERATURE.

---

(From the "Medical Times and Gazette," Sept. 21, 1853.)

### ON THE RELATION BETWEEN THERAPEUTICS AND PATHOLOGY.

Dr. Geo. Johnson continues his interesting observations on this subject. He treats of catalepsy, delirium, chorea, and epilepsy in this lecture, to which we refer our readers.

### CASE OF EPILEPTIC CONVULSIONS CURED BY THE INTERNAL ADMINISTRATION OF CHLOROFORM.

The following case is communicated by Mr. Bowe, of Tichborne-street:—

"Thomas Eason, aged one year and seven months, was placed under my care on the 7th of April, 1853, suffering from epileptic fits.

"The previous history of the case, as obtained from the mother, is as follows:—When the child was five months old, she was awoke early in the morning by a scream, and then found him in strong convulsions; the face turgid, foaming at the mouth, and the hands forcibly clenched. Being much alarmed, she took him to a medical man, who attended him for some time, but gave her no hope of his ultimate recovery, as he feared there was organic disease of the brain. He was subsequently attended by two other medical men, the fits at this period occurring from three to six times a day. The remedies prescribed seemed

to affect neither their force nor frequency. As the mother could not afford to pay for medical advice, the child for some time continued in about the same state without any means being taken for his relief. At the time he first came under my care (April 7th), he frequently had seven or eight well-marked fits during the day. His appearance was very peculiar, the head being either constantly rolled from side to side, or thrown backwards; his face had a vacant and almost idiotic expression. On looking into the mouth, I found the gums covering the upper incisor teeth tense and swollen; they were freely lanced, and an aperient powder given. The child to be put into a warm bath.

"10th.—The fits had increased in frequency, the child was no better in any respect. As the gums were still rather tense, they were again freely incised, to have another warm bath, and take another dose of castor oil. As the child was continually rubbing his nose, I subsequently ordered him a powder of calomel and jalap, thinking, perhaps, he had worms. The bowels were freely relieved, but no worms were detected.

"From this time up to April 20th, the fits increased rapidly, as many as eighteen occurred in one day, following each other in quick succession. In the short intervals between them he lay in a semi-comatose condition, for three days he took no nourishment whatever, and was evidently fast sinking from exhaustion. Seeing that everything done had failed to give even the slightest relief, I determined to give chloroform a trial.

"I commenced giving it internally, in five-minim doses, suspended in mucilage, directing the mother, after every fit, to give a dose of the medicine. On visiting the child on the following morning, the 21st, I found that he had slept almost continuously since taking the first dose, and that there had not been any fit. He was quite sensible when awakened to take his food or medicine, of which three doses had been given in the course of the previous day.

"I directed the mother to continue the medicine three times daily, and frequently to give small quantities of beef-tea and arrowroot. From this date the child improved rapidly up to May 6th, on which day he was very fretful, and evidently suffering from the irritation caused by the teeth, which had nearly penetrated the gums. The dose of chloroform was increased to seven minims, and a purgative powder to be given twice-a-week, after which he was much relieved. I ceased to attend him on May 20th. He was then perfectly well, never having had a return of the fits since the first dose of chloroform was administered.

"July 18th.—I have this day seen the child; he continues in perfect health; has cut three teeth, and has not had any return of fits.

"I am not aware that chloroform has hitherto been given internally in similar cases to the present. Of course very little can be argued from a solitary case; but, perhaps, experience will prove that in convulsive affections, especially those of children, we have in chloroform a powerful remedial agent."

October 1.

### NOTES OF LECTURES ON SURGERY.

The following is an abstract of Mr. Skey's lectures on surgery, delivered in the theatre of the Royal College of Surgeons of England:—

"Before making the attempt to reduce a dislocation of long standing, the surgeon should take into consideration the particular conditions of the limb that have been alluded to in the last lecture. Of the three supposed difficulties, two only demand especial management; the first is the formation of the new capsule, the second the condition of the muscular system of the limb. If several months have elapsed since the accident, the capsule will resist straight extension to a great degree, and no advance will be made towards reduction. If the bone dislocated be either femur or humerus, the capsule will be strong enough to demand for its free laceration the forcible



rotation of the limb in all directions, preceded by extension. In fact, the head should be forcibly raised from its abnormal surface, drawn and twisted in all directions, till the capsule is rent asunder, and this sound and sensation will be palpable. Great mobility of the limb follows. This obstacle being removed, we have to contend against all the other textures of the limb. The muscles are reduced in muscularity of structure, but their inorganic components have become firm, and with them the general tissue, vessels, nerves, and integuments; to contend against which, deliberate and steady extension are required, in lieu of the more vigorous efforts applicable to more recent cases. This second part of the operation may be postponed till the day or two following, if required by the violence of the first operation, or if the patient exhibit signs of suffering. Before the effort is made, we should attempt all that is within our reach to obtain relaxation of the skin, which should be well and repeatedly fomented, and rubbed with warm oil. When the pulleys are applied, the extension should be very slow, but the effort should be persistent. Uninterrupted extension, though desirable, is not indispensable. This is only requisite when we contend against true muscular contractility. The extension may be continued for one or two hours, or more, reaching eventually the highest power ordinarily employed. Should the attempt fail, it may be repeated once or twice. In the requisite administration of chloroform, it should be remembered that its anæsthetic properties are alone employed, unlike that of recent cases, in which it exercises a paralytic influence on the contracting muscular fibre, by the agency of which large dislocations are often readily reduced by one person. If the head be drawn towards the direction of the socket, it is not important that the line of traction should be exact. When the obstacle is removed, and the level of the socket reached, the head will readily pass into it without aid from the surgeon. The sound, if any, will be nearly inaudible, and the shock very slight, in proportion to the time elapsed. Hence the necessity of watchful observation by the chief operator. Unless this movement be detected, extension may be continued after the reduction. This I have seen. If the agents of extension be carefully applied, and extension as carefully made, there is no fear of rupture. It should be recollected, that we are but extending to the natural length of the textures, and the limb may be safely elongated something beyond this.

"It appears to me, that great objections may be justly entertained to the practice of drawing on the bone dislocated. In the case of the humerus, be it recollected that, unlike other joints, we are drawing on a moveable socket; that by applying extension to the humerus above the elbow, we include the muscles arising from the scapula, viz, the biceps and triceps; and that we, in fact, are thereby drawing directly on the scapula itself. We are drawing on the trunk through the medium of the pectoralis major, trapezius, and rhomboidei, whereas our object is to separate the humerus from the scapula.

"In the case of the femur, by applying our extending agents around the thigh above the knee, we are drawing, in common with the dislocated bone, on the rectus, semitendinosus, and all the muscles connected to the pelvis. The practice is objectionable also in this, that where the limb is large, too large a proportion of it is involved in the material for extension, and there remains too little space for observation. Thirdly, there remains this objection—that neither the elbow nor the knee-joints are sufficiently prominent to prevent the occasional slipping of the extending agents over them, to the great discomfiture of all parties, and to the discredit of some of them. The main argument in favour of this practice is, the fear of injury to the intervening joint, and that is an untenable one. The ligaments alone, as I have stated, will, in the case of the elbow, bear as much extension as is required for the largest dislocations. In dislocations of the humerus, the extending force should be applied around the wrist; in

dislocations of the femur, around the ankle. In all dislocations chloroform should be administered. Its merits are both positively and negatively valuable. In recent dislocations, it paralyzes the muscles, and destroys suffering; in old cases the latter only. These are its positive merits. Negatively, it supersedes the old system of depletion by bleeding, tartar emetic, and warm bath. The quantity of blood removed for the purpose of obtaining relaxation of the muscles was formerly enormous. It would be an interesting subject of enquiry to ascertain the relation between the quantity of blood abstracted and the contractile power of the muscles, how much is required to be evacuated by the system to lessen the muscular power within the range of an ordinary extending force. Doubtless, a great deal more than the health of the patient could spare with impunity. What was proposed was deliquium. Short of this effect, the abstraction of blood was of little avail. Happily, we now possess a 'royal road' to deliquium, or rather, to a state far preferable, viz, of simple unconsciousness.

do not consider it possible to lay down any law which shall determine the expediency or otherwise of an attempt to restore a dislocated bone, unless we allude to a period almost of years. Mr. Avery has reduced a dislocated humerus at the expiration of a year. I have reduced two at three months, and I know of the reduction of the femur at four months. If it be practicable to break down the adhesions that connect the head to the contiguous surface, and obtain mobility of the limb, the contracted structures must yield to gradually applied and persistent, though oft-repeated, extension.

"Such, among others, are some of the important principles which are requisite to be kept in view by the surgeon in the attempt to restore dislocations of long standing. Had time permitted, I should have devoted it to the subject of dislocations in detail. I conclude this lecture by a few cursory remarks on two or three of the more prominent accidents.

"In dislocation of the humerus, the arm is extended most efficiently in a direction parallel to the body. It is useless to attempt to fix the scapula. It is neither practicable nor desirable. As the arm is drawn downwards, the scapula will revolve by the traction of the deltoid, inserted into the acromion, and thus the glenoid cavity will be directed towards the head of the bone wherever it is placed. The socket will seek the head at the same moment that the head is drawn from its abnormal surface. In dislocations of the femur, it is a great error to suppose that the situation of the head is limited to the four positions dictated by Sir A. Cooper. There are no two examples of this dislocation alike, and few bear out the symptoms described by authors. If a large circle be drawn around the acetabulum, within that circle the head may lie, and does lie *anywhere*. Hence the modifications and the varieties of the appearances. On the dorsum ilii the bone may lie from one to three inches above the socket. Thrown backwards, it rarely reaches the ischiatic notch, but more commonly lies on the dorsum acetabuli; yet, in enumerating these dislocations, the name is unknown. In dislocation on the obturator foramen (thyroid) the head may be thrown more or less inwards or outwards. In one case we have positive eversion of the limb; in the other, none. In one, we can feel the head from the perineum under the origin of the gracilis; in the other, not. The same variety exists in dislocations of the os pubis. Sometimes the head is thrown upwards under the vessels, which are forced prominently forwards, sometimes on their inner side. We do not take sufficient cognizance of these varieties. All dislocations occurring at the elbow-joint, that can be reduced at all, may be reduced by simple extension. In dislocation of the radius and ulna backwards, it appears to me most objectionable to attempt to bend the limb before the ulna is replaced. Fracture of the coronoid process, the fulcrum of the lever, is a probable consequence. I have seen it to occur, and renewed dislocation follow the reduction."



ON THE DIAGNOSIS OF INCIPIENT LENTICULAR CATARACT  
IN ELDERLY PERSONS.

An interesting lecture on this subject, by Mr. Haynes Walton, is reported in the "Medical Times and Gazette." He especially distinguishes between the "amber-coloured" discolouration of the lens natural to advanced life, and the loss of blackness in the pupil consequent on cataract; and observes:—

"As a rule, the appearance presented by the pupil, rendered coloured from the natural amber change in the lens, differs from the loss of blackness consequent on cataract, in the colour being, as it were, reflected from a depth, whereas the opacity produced by cataract looks superficial, and the colour is deader. I should tell you that an examination of the eye cannot be accurately made unless the pupil be dilated, so that the outer portion of the lens may be seen; for it alone may be pervaded by opacity, a condition of much more frequent occurrence than surgeons suppose. Then the posterior part of the lens may be partially opaque, and the detection of it might be difficult, except with the assistance of a dilated pupil. Besides this, you will derive advantage by throwing light into the eye from a magnifying glass. Now, with the application of all these means, no satisfactory conclusion can here be drawn, and at best I can only venture to suppose that there is not incipient cataract. The state of the vision of each eye being alike, turns the balance in favour of this opinion. I ascribe, therefore, the greyness of the pupil, marked as it is, entirely to the natural change in the lens—the natural colouration. What a stumbling-block this has been to surgeons! How it has puzzled them! How they have, from the weight of authority, been misled by it. I do not know of any writer who has attributed it to the correct cause; therefore, it has never been regarded in the light we are considering it, and, hence, also, it is not alluded to in the descriptions of cataract. It has, however, been much dwelt on as a symptom of amaurosis; and ingenious, but very false theories, have been suggested to account for it.

"I regret to tell you, that our knowledge does not furnish us with any infallible marks of distinction for incipient cataract in the old subject. It must be apparent to you how great is the nicety demanded, how delicate the test required, to detect slight opacity supervening on an already coloured lens. Besides, you will see still greater difficulty, if this opinion—of which I entertain a strong conviction—be correct, namely, that the lenticular colouration from age may in itself be sufficiently intense to obscure sight."

(From the "Lancet," October 1, 1853.)

SALINE INJECTIONS IN CHOLERA.

Dr. G. Owen Rees has communicated the following article:—

"As the cholera has again visited this country, I venture to direct the attention of the profession to a point of considerable importance as respects the application of one of the remedies for the disease. With the view of recovering some of the worst cases, and when other remedial means have been unsuccessfully tried, practitioners have occasionally injected saline fluids into the veins. As this proceeding has been attended with great advantage in several recorded cases, and has produced in nearly all a temporary good effect, it appears to me that had the injected fluid been composed in more strict accordance with the chemical and physical constitution of the blood than was the case, we might have obtained advantages from the injections very far exceeding those we have on record.

"With regard to the chemical constitution of the fluid, it would appear that we can scarcely venture to interfere with the organic constituents of the blood, nor imitate the animal extractives and protein compounds of the circula-

ting fluid, in order to supply them if deficient. There is however, no occasion for this in Asiatic cholera, for the evacuations from the intestinal surface, which destroy the healthy characters of the blood in that disease, appear to contain but little organic matter, being chiefly made up of water holding the salts of the blood in solution. Thus Vogel and Wittstock agree in describing cholera motions as containing intestinal mucus, traces of albumen, and the ordinary salts of the blood, with carbonate of soda somewhat in excess. The analysis of cholera blood again points clearly to the necessity of supplying more especially salts and water, if we desire to restore it to the healthy standard.

"With these facts before us, it is obvious that if we inject the veins at all, a solution of the salts of the blood is indicated in cases of Asiatic cholera; and it would seem well that those who may think it advisable to have occasional recourse to that plan of treatment for the recovery of severe and advanced cases, should keep a mixture of saline ingredients, combined in the proportions (or as nearly so as possible) observed in healthy blood. In order to answer the above requirements, I would recommend the following powder to be prepared and kept ready for solution:—Chloride of sodium, three ounces; phosphate of soda, one ounce; carbonate of soda, one ounce and a half; sulphate of soda, half an ounce.

"As regards the physical peculiarities of the fluid for injection, it is quite as important that its characters in this respect should be attended to, as that its chemical constitution should bear its proper relations to the blood. The specific gravity and temperature of the injection will require to be carefully adjusted, before we can expect to put our patient under the conditions most favourable for recovery, when mixing it with the blood. With regard to temperature, but little need be said; 98° Fahr. is necessary, as being that of healthy blood; and I would only remark, that it should be determined by a correct thermometer, and not by one of those cheap instruments with which the market is just now unfortunately inundated. The specific gravity should be adjusted by gradually diluting a strong solution of the saline mixture above described with small portions of distilled water, at the temperature of from 58° to 63° Fahr., occasionally testing it with a saccharometer (the ordinary instrument used in the examination of urine), until the instrument indicates a specific gravity of 1030. This being attained, the fluid has merely to be brought to the temperature of 98° Fahr. to fit it for use.

"It is not my intention to enter, on this occasion, upon the reasons why it is so absolutely necessary to attend to the specific gravity of the injected fluid, further than to state that I have adopted that of the serum of the healthy blood, which has a specific gravity such as acts upon the blood corpuscles by producing a gradual endosmosis, and thus avoids the evil effects which solutions varying much from the same weight inflict on those bodies.

"In conclusion, I would beg to refer those who may be interested in this question, of the effects produced on the blood by solutions of varying specific gravity, to a paper by Mr. Samuel Lane and myself contained in the thirteenth number of the *Guy's Hospital Reports*, and also to remarks having reference to the physical structure of the blood, contained in the second edition of my work on the Blood and Urine.

"P.S.—Since writing the above, I have seen in the tenth volume of the *Medical Gazette*, the prescription for preparing the fluid used by Dr. Lewin and others, for injecting the veins, and have ascertained, by experiment, that the specific gravity is so low, as to endanger the integrity of the blood corpuscles, if mixed with the blood. This danger is increased in Asiatic cholera, inasmuch as the corpuscles, owing to the drain of fluid which has occurred, contain a more concentrated fluid than in health, and will therefore be more easily destroyed by the presence of fluids of low specific gravity."



(From the "Association Medical Journal," Sept. 30, 1853.)

FACTS AND OPINIONS RELATING TO TUBERCULOSIS,  
WITH COMMENTARIES.

An elaborate article, furnished with numerous tables, is communicated to the "Association Journal" by Mr. Angell. His first table gives the statistics of tuberculosis from the Registrar-General's returns for 1852. The other tables are compiled from "the *Statistical Reports on the Sickness, Mortality, and Invaliding, among the Troops in the United Kingdom, the Mediterranean, and British America*, by Colonel Tulloch and Dr. Balfour; being a continuation of the reports, of which four volumes were previously presented to Parliament, and including the principal facts connected with the health of the troops for the ten years subsequent to March, 1837."

We quote the following practical inferences:—

"Adverting, then, to another statistical fact, the apparent increased duration of life among soldiers discharged the service for consumption, as compared with the duration of life among those remaining in the service, and the explanations of that fact by Colonel Tulloch and Dr. Balfour, referring it to fraud, malingering, and errors of diagnosis,—is not another and a more satisfactory explanation admissible? Is it not possible that some of these men, actually affected with phthisis, recover after their discharge from military service and military regimen: or, that the disease is for a longer or shorter time arrested? Precisely analogous circumstances occur in relation to prisoners and prison discipline. Dr. Baly found the mortality from consumption during one year, in the Millbank Penitentiary, nearly four times more than the mortality from the same disease in the metropolis; and among a population of 76,535 prisoners, in the prisons and penitentiaries of various countries, he found the deaths from phthisis I in 118·7 of the whole number living, and 1 in 2·9 of the deaths (1). But Dr. Baly states that 'Prisoners who are even in an advanced stage of consumption, and who in the infirmary were gradually and rapidly getting worse, on release from confinement immediately improved.' The true causes of this improvement after release from imprisonment, or discharge from military service, are as interesting and important a practical question, as the causes of the production of tuberculosis, and their *modus operandi* (2) during imprisonment.

"The statistical information before us, as to the present prevalence of phthisis both in the civil and in the military populations of this kingdom, leads me to conclude this paper with another remark, which must have occurred to many readers. Considering the high opinions for some time past entertained of the curative powers of cod liver oil, which has now been several years in general use, it must be admitted that the ultimate results are by no means encouraging. The comparison between the years 1851 and 1852, exhibits but a very trifling amelioration. Nor is there reason to be much better satisfied with these gross results, when we trace the disease back chronologically to a period previous to the introduction of the remedy; for, although, in 1841, the proportion of deaths to the population, from the four forms in the aggregate, and from phthisis in particular, was considerably greater, yet the amelioration observable cannot be attributed to this remedy alone, which has been in general use only during the last few years; and in 1850, the fatality was proportionately less than during either of the two subsequent years. So, also, we find, by comparing the statistics in Colonel Tulloch's recent and former reports, that during the last ten years no decided amelioration appears, either in the frequency or the fatality of this disease. Our disappointment at this result is the greater, inasmuch as the statistical records of Philadelphia indicate a very great diminution of deaths from phthisis during the years 1850 and 1851, which Dr. Wood, in his work on the Practice

of Physic, recently published, has attributed to the general use of the oil. For my own part, I am not in the slightest degree shaken in my opinion of the value of the oil, notwithstanding its manifest general failure as regards a cure. As stated more fully in my work, I have always regarded it as an auxiliary to a rational system of therapeutical indications; and I still fear that we are deprived of the full measure of its beneficial agency, by its employment, too frequently, on the empirical principle."

CONTENTS OF THE MEDICAL JOURNALS.

**Lancet**—(No. XIV. Vol. II. October 1, 1853).—HOSPITAL REPORTS.—King's College Hospital: Tic Douloureux; great Relief by Medical Treatment and Subcutaneous Sections of the Nerve repeated at several months' interval; Relapse; Third Operation, including Section and Cauterization; Mitigation of Symptoms. St. Mary's Hospital: Asiatic Cholera; Death in Eleven Hours. Middlesex Hospital: Cases of Cholera. Charing-cross and St. Bartholomew's Hospitals: Talipes Equinus suspected to depend on Hysteria; Division of the Tendo-Achillis, and subsequent Orthopædic Treatment; Recovery. St. Bartholomew's Hospital: Talipes Equinus, supposed elsewhere to be feigned; Division of the Tendo-Achillis; Scarpa's Boot; Recovery. Saline Injections in Cholera: By G. Owen Rees, M.D., F.R.S. Practical Remarks on Diseases of the Eye: By James Dixon, Esq., F.R.C.S., Surgeon to the Royal London Ophthalmic Hospital. On Diseases of the Skin: By Thomas Hunt, Esq., F.R.C.S. A Case of Triplets: By R. C. Shettle, Esq., M.R.C.S., &c. Queen's College Hospital, Birmingham: Case of Mercurial Tremor.—LEADING ARTICLES.—The Royal Maternity Charity: the Question of the Remuneration of the Medical Officers. The Investigation at the Birmingham and Leicester Gaols. Miserable Sanitary Condition of Newcastle.—Royal Society: On the Frequent Occurrence of Indigo in Human Urine, and on its Chemical and Physiological Relations. By Arthur Hill Hassall, M.D., Physician to the Royal Free Hospital, &c.

**Medical Times and Gazette**.—(No. CLXX. October 1, 1853).—ORIGINAL LECTURES.—Notes of Lectures on Surgery. Delivered in the Theatre of the Royal College of Surgeons of England. By Frederic Carpenter Skey, Esq., F.R.S. Lecture IV. Clinical Lecture on the Diagnosis of Incipient Lenticular Cataract in Elderly Persons. Delivered at the Central London Ophthalmic Hospital. By H. Haynes Walton, Esq., F.R.C.S.—ORIGINAL COMMUNICATIONS. Navy Medical Reports. No. VI.—Extracts from Official Reports upon the Effects of Chloride of Zinc in Deodorising Offensive Effluvia from Cesspools, Sewers, etc., and in Decomposing Poisonous Emanations from the Bodies of those Affected by Contagious Diseases. Cholera and Choleraic Diarrhœa. By Henry William Fuller, M.D. Cantab., F.R.C.P. History of the Recent Epidemic of Infantile Leucorrhœa; with an Account of Five Cases of Alleged Felonious Assaults recently tried in Dublin. By W. R. Wilde, F.R.C.S.—HOSPITAL REPORTS.—Statistical Report of the Principal Operations performed during August. St. Thomas's Hospital: Paraplegia; Partial Recovery; Relapse; Death; Autopsy—Scrofulous Caries of the Vertebrae. Guy's Hospital: Paralysis from Chronic Softening of the Spinal Chord, apparently Induced by Peripheral Injury.—EDITORIAL ARTICLES.—On the Admission of Cholera Patients into Public Hospitals. The "Directions and Regulations" of the Board of Health. Clinical Medicine and Surgery at the London Schools. Cholera: Directions of the Board of Health—Plain Advice to the Public—Progress of Cholera in the Metropolis, the Provinces, and in Foreign Parts.—REVIEW.—Elements of Psychological Medicine. By Daniel Noble, F.R.C.S.—PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals: On a New Method of Inducing Premature Delivery—Practical Remarks upon Polypi of the Uterus—Chronic Hydrocephalus during Pregnancy—Upon Typhus Fever in Children—Upon Hypertrophy of the Mammary Gland.

**Association Medical Journal**.—(No. XXXIX. September 30, 1853).—LEADING ARTICLES.—The Profession and the Cholera. The Cholera, the Association, and the Association Journal. Finance: the Provincial Medical and Surgical Association. The Case of Fennell *versus* Adams.—ORIGINAL COMMUNICATIONS.—Facts and Opinions relating to Tuberculosis, with Commentaries. By Henry Ancell, Esq.

(1) Medico-Chirurgical Transactions, vol. x.

(2) On Tuberculosis, p. 483.



Account of the Yellow Fever of Antigua, as it prevailed in 1853. By Thomas Nicholson, M.D.—**PERISCOPIC REVIEW**.—Surgery. Successful Cases of Operation on the Bones of the Face; Removal by Tracheotomy of a Grain of Corn lodged at the Bifurcation of the Bronchi; Diagnosis of Fracture of the Base of the Skull; Arbutus Unedo in Blennorrhagia; Fracture of the Trochlea of the Humerus.—**REPORTS OF SOCIETIES**.—Twenty-third Annual Meeting of the British Association for the Advancement of Science. Report of Council; First General Meeting; Sectional Meeting; Soiree; Place of Meeting in 1854; Election of Officers; Medical Breakfast; Report of Committee of Recommendation; Concluding General Meeting; President's Address; Members present. Crewkerne and Yeovil District Medical Society. Proposed Union with the Provincial Medical and Surgical Association.—**ASSOCIATION INTELLIGENCE**.—Medical Benevolent Fund.

**Dublin Medical Press**—(No. DCCLXIX. Vol. XXX. September 28, 1853).—**ORIGINAL COMMUNICATIONS**.—Case of Sudden Death during Parturition. By Warren Crooke, M.D., Medical Officer of Macroom Union, Infirmary, and Fever Hospital, &c. An extensive Vesico-Vaginal Fistula of thirteen years' duration, successfully treated with the Actual Caustery. By S. Nicolls, M.D., Surgeon to the Longford Union Infirmary.—**PROCEEDINGS OF SOCIETIES**.—Edinburgh Physiological Society—Proceedings of. Anniversary Meeting of the Association of Medical Superintendents of American Institutions for the Insane.—**SELECTIONS FROM MEDICAL JOURNALS**.—On the Arsenical Treatment of Cases of Snake-bite. Bite of a Rattlesnake—Cure. Wound of the Left Side followed by Protrusion of the Stomach.—**LEADING ARTICLES**.—Leading Article. Removal of Nuisances and Prevention of Disease. Epidemiological Society.

#### BOOKS RECEIVED FOR REVIEW.

Notes worth Noticing relative to the Cholera, which has for some years past occupied the public attention. By Dr. Gillkrest, Inspector-General of Army Hospitals, &c. London: W. Golbourn, 6, Princes-street, Leicester-square.

Letter, with an Appendix, to the Right Honourable Lord Lyttleton, &c., Principal of Queen's College, Birmingham. From Dr. David Nelson, Ex-Physician to Queen's Hospital, &c.

Homœopathy: its Globules (Bubbles) Analysed. 2nd Edition, much enlarged and entirely re-written. By W. J. Cox, M.R.C.S. London: H. Elliott, 475, New Oxford-street.

#### BIBLIOGRAPHY.

NEW WORKS IN MEDICINE AND THE COLLATERAL SCIENCES, PUBLISHED FROM AUG. 31ST TO THE 14TH OF SEPTEMBER.

A Hint and a Help to form a just Diagnosis of Disease: for the use of Students. By George Corfe, M.D. 2nd edit. 24mo. pp. 35, sewed, 1s.

Essay on Spermatorrhœa and Urinary Deposits. By Richard Dawson. 7th edit. post 8vo. pp. 100, cloth, 2s.

Gymnastic Free Exercises of P. H. Ling: arranged by H. Rothstein. Translated, with additions, by M. Roth, M.D. Fep. 8vo. with 58 illustrations, pp. 136, 2s. 6d.

A Practical Treatise on Sea-Bathing and Sea-Air. By George Hartwig, M.D. Fep. 8vo. pp. 148, sewed, 2s. 6d.

Homœopathy Fairly Represented: in Reply to Dr. Simpson's "Homœopathy Misrepresented." By William Henderson, M.D. Post 8vo. (Edinburgh), pp. 279, cloth, 3s. 6d.

Elementary Anatomy and Physiology for Schools and Private Instructions; with Lessons on Diet, Intoxicating Drinks, Tobacco, and Disease. By William Lovett. 2nd edit. 8vo. coloured plates, pp. 172, 7s. 6d.

Sir E. Bulwer Lytton on Homœopathy. 8vo. sewed, 1s. The Curability of Consumption; being the Reprint of a Series of Papers presenting the most prominent and important practical points in the Diagnosis, Prognosis,

and Treatment of the Disease. By F. H. Ramadge, M.D. 8vo. pp. 64, sewed, 1s.

Watering-places of England: Tunbridge Wells, Weymouth, Buxton, Matlock, Scarborough, Torquay, Cheltenham, Leamington. 18mo. pp. 73, cloth.

#### AMERICAN LITERATURE.

Class Book of Physiology; for the use of Schools and Families: comprising the Structure and Functions of the Organs of Man, illustrated by comparative references to those of inferior Animals. 12mo. pp. 270. Elements of the Anatomy and Physiology of the Human System. 12mo. pp. 221.

### Hospital Reports.

#### ST. BARTHOLOMEW'S HOSPITAL.

*Extra-Uterine Fœtation.—Escape of the Fœtus into the Peritoneal Cavity.—Death.—Autopsy.*

[Under the care of DR. WEST.]

Sarah Moss, aged 28, a married woman, the mother of two children, was admitted on June 7, 1853. She stated that her symptoms of illness had commenced six weeks previously, when, after unusual exertion, she was seized with pain in the lower part of her body; and, on examination, found that her womb had come down, and was protruding externally. Having retired to bed, the womb receded; but, soon afterwards, a profuse discharge of blood from the vagina took place, attended with considerable pain. The flow of blood continued for three weeks afterwards, when, under the influence of some medicine prescribed for her by Mr. Wood, the Resident Medical Officer of the Hospital, it entirely ceased, and she much improved in health. It appeared, however, that through the whole time she had suffered severely from pain in the lower part of the abdomen, especially during the evacuation of the bladder or bowels, and that, by a sudden increase of this pain, she had at length been induced to apply for admission. Soon after her admission, the following note of her condition was made by Mr. Stutter, Dr. West's clinical assistant, to whom we are indebted for the particulars of the case:

June 7.—The slightest pressure over the hypogastrium appears to occasion intolerable pain, more especially in the left iliac region. The patient states that she has a constant desire to pass water, but has not been able to do so for twelve hours: the bowels have not acted during the past day. She lies in bed with the knees drawn up, and her countenance is expressive of pain. Pulse 96, sharp; tongue coated; no vomiting. The catheter having been easily introduced, about half a pint of urine was drawn off. On examination *per vaginam*, the os uteri was found to be tilted backwards, and extremely tender to the touch; when pressure was made backwards on the parts between the vagina and rectum, the pain produced was so great, that the examination could not be persisted in. A castor-oil enema was ordered to be administered, and twelve leeches to be applied over the pubes.

8th.—The patient had two rigors yesterday. She has passed a restless night, and her countenance is still expressive of great anxiety. No urine having been passed, the catheter was again had recourse to; its introduction, although easily accomplished, appeared to occasion great pain. The vaginal examination, although very painful, was not so much so as yesterday. A tumour, the size of an apple, but elongated in form, was detected, occupying the cul de sac between the bladder and rectum, but placed considerably more to the left than the right side. By it the uterus was pressed forwards, until its cervix was situated immediately behind the pubic symphysis. The tumour had an irregular outline, and gave a sensation to the finger as if it contained fluid. The os uteri was open, and the body of the uterus seemed less freely moveable than natural.



Ordered hirudines vj vaginæ.

R Pulv. ipecac. co. gr. x. horâ somni.

9th.—Has slept well, but was this morning seized with a severe pain over the whole abdomen, which is now extremely tender. The catheter is still required. The bowels have been slightly moved. Pulse 120, soft and small. The diagnosis of a pelvic abscess having been formed yesterday, the vaginal examination was repeated to-day with the intention of puncturing the swelling, if the sense of fluctuation still continued distinct. As the swelling, however, appeared less prominent, and the uterus was not so much displaced, it was decided to defer the puncture.

R Liq. opii. sed. mxx., aq. menth. pip. ʒj. 4tis horis.

10th.—Much in the same condition as yesterday.

11th.—The patient slept fairly, and continued without material alteration until noon to-day, when she suddenly sank into a state of collapse; the countenance became completely blanched, the surface cold, the pulse extremely rapid and feeble. Some brandy having been administered, this alarming condition was slowly rallied from.

R Pil. sapon. co. c. opio gr. v. h. s.

12th.—She appears considerably better this morning, having slept comfortably. The tenderness of the abdomen is less than it was. The catheter is still required twice a day, and always relieves the pain for a time, although the latter very soon returns.

13th, eight, a.m.—She slept well during the night, until about three o'clock, when she began to be very restless and uneasy. About five she stated that she had felt "something give way in her body." Pulse 108, of improved power. Tongue coated, but moist. She is taking brandy in considerable quantities, and a nutritious diet. Two p.m.—At eleven this morning the patient was again seized by symptoms of sudden faintness, which lasted until about half-past one, when death took place.

*Post-mortem Examination.*—The abdomen having been opened, the uterus was seen enlarged to about three times its natural size, and tilted forwards, its fundus being in apposition with the anterior parietes. The pelvic cavity was filled with coagulated blood, which had moulded itself to the surrounding organs; there was also about a pint of blood in a fluid condition. The coils of intestine were displaced out of the pelvis, and, in many parts of the lower half of the abdomen, they were adherent by dry shreds of coagula. On search among the extravasated blood, a small fetus, of apparently about two months, with its investing membranes, was found lying quite detached. In the walls of the left Fallopian tube were the remains of a small cavity or laceration, which could not, however, be proved to have communicated with its interior. Both ovaries were in a normal condition, as also the uterus, excepting that the walls of the latter were much thickened, and that its interior contained well-formed decidua.

#### KING'S COLLEGE HOSPITAL.

*Tic Douloureux; great Relief by Medical Treatment and Subcutaneous Sections of the Nerve repeated at several months' interval; Relapse; Third Operation, including Section and Cauterization; Mitigation of Symptoms.*

[Under the care of Dr. TODD and Mr. FERGUSON.]

The patient (who is a bricklayer, about forty years of age) left the hospital at the beginning of August, 1852, about one month after the first subcutaneous section of the mental branch of the inferior dental nerve. About eight or nine days after his discharge, the patient was again attacked by the old pain, which proved as severe as ever; he became an out-patient of the hospital, and was much relieved by a course of carbonate of iron. Sensation returned in the integuments of the lower jaw about five months after the division of the nerve, but the neuralgia, as stated above, had reappeared about five weeks after the operation, and was then controlled by the admission of

carbonate of iron. The patient remained free from pain until the end of January, 1853, but it then attacked him again, and he was re-admitted on the 3rd of February, about seven months after the first operation. He attributed this relapse to a cold, and the paroxysms of pain went on increasing in intensity till they were quite as severe as at any other period. The poor man complained of great flatulence, and a feeling of distension, with some dull pain in the stomach not increased by food; the bowels were open, but the evacuations had been much indurated.

The neuralgia is situated over the right half of the lower jaw; the patient describes it as like the passing of red-hot wires through the cheek, and says it appears to start from the front of the ear, its chief severity being felt about the angle of the mouth; and towards the end of each attack it seems, he says, to radiate directly upwards from the same spot to the top of the head. It occurs in very frequent paroxysms, (about every five minutes,) and is very liable to be induced by movements of the jaws or lips, as by talking, &c. Violent friction appears to numb the pain, and is the only way in which he can at all relieve it.

After a warm-bath and an alkaline purge, he was ordered five grains of carbonate of iron to be taken three times a day; but his digestive organs became deranged, and the bowels obstinately confined. The usual treatment was had recourse to for these symptoms, and about three weeks after admission the carbonate of iron, in ten-grain doses three times a day, was resumed. The neuralgia began to abate. Dr. Todd ordered subsequently iodide of potassium; finally oil of turpentine, and opium, and on the 8th of March, about two months after admission, the paroxysms were much less in severity; the patient suffered only two or three times a day, slept well, and was discharged, considerably relieved, about one month after the second admission.

The paroxysms of pain suddenly returned one month after the patient's discharge, and recurred every quarter of an hour. He was re-admitted May 5th, 1853, at which period the paroxysm had become very frequent, recurring every three or four minutes. Dr. Todd ordered a warm-bath, middle diet, and three minims of Fowler's solution in an ounce and a half of water, to be taken three times a day after meals. The pain was, however, not diminished by these means; it spread, on the contrary, to the whole of the right side of the face, and was no longer confined to any particular spot.

Thirty minims of chloroform were now inhaled four times a day, and soon afterwards, tincture of aconite was also rubbed in wherever there was pain, the bowels were at the same time kept quite free by the administration of scammony and colocynth every night. The paroxysms remained just as frequent as before, but diminished in intensity; and in a few days the purgative pills were changed to ten grains of colocynth, to which was added the sixth of a drop of croton oil; twenty minims of Brandish's potash water were also given three times a day.

The improvement was very slight, and Dr. Todd considered that the time had now come to try the narcotic effects of tobacco. The patient was therefore desired to smoke every morning two drachms of that preparation of the leaf known under the name of Cavendish. The tobacco had not the desired effect, nor did it agree with the digestive organs; and the patient expressed, under these circumstances, the wish of having the nerve again divided by Mr. Fergusson. A second subcutaneous section was therefore undertaken on the 20th of May, 1853; it proved availing for a time, but the pain returned a few weeks after the patient had left, and he was admitted for the third time in August, 1853.

On the 20th, he was brought into the theatre, and having been narcotized by chloroform, Mr. Fergusson made a semi-circular incision over the spot where the dental branch of the inferior maxillary nerve emerges from the bone. After some dissection, a greyish mass, looking like a neuromatous concretion, was brought into



view; this was removed, being looked upon by Mr. Fergusson as the result of former operations. Nor is it at all unlikely that nervous bulbs were generated after the two preceding sub-cutaneous sections, and this would go far to make us look upon these sections (though advocated by such a good surgeon as M. Bonnet, of Lyons) as extremely likely to aggravate the disease. This irregular state of parts completely obscured the relative anatomy of the region, and no distinct longitudinal piece of nerve could be cut away; but Mr. Fergusson used the actual cautery in the direction of the mental foramen, both to arrest hæmorrhage and to destroy as much as possible of the nerve within the canal. The flap, made to bring the parts into view, was then laid down again, fixed in the usual way, and the patient removed.

Mr. Fergusson remarked, after the operation, that he had now divided the mental branch of the inferior maxillary nerve for the third time upon the same patient; the two first times he had merely cut the nerve across, by means of a sub-cutaneous incision, and on each occasion considerable relief had been obtained, but he had now resolved to lay bare the nerve, and cut off a portion of it. The neuromatous mass, which was seen during the dissection, was probably the consequence of the former operations, and it was to be hoped, now that the two ends of the nerve were so widely separated, and the trunk had been cauterized within the canal, that the benefit would be somewhat more lasting than it had hitherto been. Proceedings of this kind had long been in abeyance, but as the patients felt no pain when under the influence of chloroform, there could be no objection to resort to the section of the nerve as a *dernier ressort* in cases of facial neuralgia.

We carefully watched this patient from the date of the operation (August 20) to Sept. 22, when he was discharged; and it was evident the operation had considerably relieved him. The wound was, at the time of his leaving the hospital, quite cicatrized, and scarcely visible, and on being questioned, the man stated that the pain was not by far so severe as it had been, but there remained a gnawing sensation which annoyed him very much.

## Deaf-Dumbness.

ON THE MEDICAL AND PHILOSOPHICAL STUDY OF  
DEAF-DUMBNESS.

BY

M. E. HUBERT-VALLEROUX,

Docteur en Médecine de la Faculté de Paris, Membre de la  
Société Médico-Pratique, etc.

TRANSLATED BY JAMES YEARSLEY, M.R.C.S. ENG.,  
Surgeon to the Metropolitan Ear Infirmary, Sackville-street, etc.

(Continued from page 186.)

### CHAPTER V.

*Contradictory Assertions of Physicians regarding the Curability of Dumbness.—Necessity for having recourse to Facts.—Cases of Deaf-Dumbness Cured; 1st, by the Sole Aid of Nature; 2nd, by Traumatic Lesions; 3rd, by Various Kinds of Treatment.—Demi-mutes rendered, through Education, capable of Speaking.—Persons half-deaf becoming Dumb, either from want of Instruction or from its Faultiness.—General Rules for Prognosis.—Difficulties.—Means of overcoming them.—Examples.*

The desire to assuage the miseries of the deaf and dumb has given rise to many hopes, as well as origin to numerous attempts in the way of treatment. These have often been conducted by persons unacquainted with medicine, but convinced of the efficacy of certain modes of proceeding and of remedial treatment. As faith is always productive of preselytism, so such attempts have found zealous abettors, by whom they have been propagated, as they continue to be to this hour.

In the last century, when the rage for mesmerism was at its height, there were some who did not hesitate to promise, on its behalf, the cure of the deaf and dumb, as well as that of every other disease and infirmity. Since that period, and under our own eyes, partisans of animal magnetism have boldly undertaken to cure the greater part of the deaf and dumb by this means, which they pretend to have brought to a state of perfection; nay, more, incredible as it may seem, these sectaries had disciples who are not yet undeceived, notwithstanding the most complete and signal check being experienced by their masters.

Electrisation also has had its partisans. Bouvyer-Desmottiers, at the end of last century, thought he had succeeded in curing a young deaf and dumb person by the use of this means, and a journal of the treatment which he has sent us, shows, on his part, conviction and good faith throughout. Bowyer failed, however, as all have failed who have since followed in the same track.

Moreover, physicians, even, whom for the honour and dignity of their profession we are willing to believe ignorant,—nothing more,—have not blushed to publish that they undertake the cure of *all* cases of deaf-dumbness that may be confided to them, including, doubtless, such as are deaf and dumb from want of auditory organs, by veritable palsy, and by destruction of parts. And, thanks to the general ignorance among practitioners of the very first notions of otology, medical journals have given admission to such announcements for the perusal of their readers, at a time when they would have rejected with indignation the pretensions of any who would promise a cure in *all* diseases of the lungs, of the heart, or eyes, much better known, however, and more frequently curable, in the actual state of science, than those of the ears.

By way of opposition and counterpoise, no doubt, other physicians have loudly declared the absolute incurability of every deaf and dumb person—an assertion full of modesty on the part of those learned members of the profession who thus lay claim to possession, not only of a perfect knowledge of the past and the present of otology, but also of an intuitive knowledge of its future progress. We may well suppose that the practice of such presumptuous men will never give the lie to their theories.

Nothing can be more easy than to take a middle course between these contradictory assertions, but in this question, as in all those where facts are concerned, there is an argument at all times irresistible, and that is, the evidence of facts themselves. If cases, authentic and irrefragable, come to prove that deaf-mutes have been cured, and by the aid of nature alone; if others bring forward cures that have followed accidental diseases; if, in short, physicians, encouraged by these examples, present us with deaf-mutes relieved, or completely cured, and that relief or complete cure the result of treatment, we shall be obliged to admit that nature, alone or aided by art, has effected, in some cases, at least, cures of deaf-dumbness, and these facts, well established, must definitively settle the question of curability.

The following case, communicated to the Academy of Sciences by Félibien, and recorded by Fontenelle in the History of the Academy (1702), presents an instance of cure of deaf-dumbness, which, at the time, made much noise:—

“A young man, 24 years of age, son of an artizan at Chartres, deaf and dumb from birth, began all at once to speak, to the great astonishment of the inhabitants. It was known, however, three or four months before, he could hear the sound of the church bells, and had been greatly surprised with this new and unknown sensation; after this a *kind of water* came from his left ear, from which time he heard perfectly with both ears. The three or four months mentioned he employed in listening, but without saying anything, yet accustoming himself to repeat in a very low voice such words as he heard, thereby strengthening himself in the pronunciation and in the ideas attached to words. At last, believing himself in a



state to break silence, he declared his ability to speak, although that was still but imperfect.

"Now skilful theologicians interrogated him regarding his past state, and their chief questions had reference to God, the soul, the goodness or viciousness of moral actions. It seemed, however, that he had not carried his ideas quite so far as the subjects mentioned, and, although he attended mass, and was taught to make the sign of the cross, he had never attached to this any meaning, or been aware that others did. He had no distinct idea of what was meant by death, and never thought of it. He led a life purely animal, altogether taken up with sensible and present objects and a few ideas derived through the medium of the eye. He did not even draw a comparison between those ideas, though it would seem he might have been able to do so; not that he was naturally without mind, but when this, the mind of man, is deprived of intercourse with other minds, it is necessarily little exercised and so little cultivated, that he never thinks until he is compelled to do so by external objects. The great store of our ideas comes to us from intercourse with our fellow-men."

This history which precedes has given rise to numerous controversies, and has even been called in question. Evidently imperfect and full of errors as it is in its detail, I yet hold it to be true in the main. In it I see a new instance of spontaneous cure of accidental deafness, analogous to other cases related by authors, of which I have collected more than one example.

In the absence of sufficient documents, this history, when despoiled of the marvellous with which it is embellished, may be thus explained. This deaf and dumb person had heard and spoken up to the age of eight or nine. At that period he became deaf, most probably from obstruction of the Eustachian tubes. In place of cultivating the language he had acquired, this lad was abandoned, as so many others have been, so that mimicry, though new, now became his only language. A year at least, or, perhaps, two, and not three or four months only, before the time of his cure, an abscess formed in the cavity of the left tympanum, and found issue partly by the internal meatus auditorius, which was thus abstracted, and partly by the external meatus antitorius, in consequence of a rupture, or rather of a detachment of the membrum tympani.

After this event the ear became sensible of sounds, and his apprenticeship in hearing and speaking was so much the more easy that he had formerly heard and spoken.

The following case, related by Desgrands-Prés, a physician of Grenoble, offers, in turn, a curious example of accidental cure. I give it as transmitted to us by Lazare Rivière:—"A mendicant who arrived in the night at Poussenc, was, with his deaf and dumb child, received into a house, in charity, and kept some days on account of the continued fever with which the latter was affected. The father, despairing of the life of his son, went away in the night, without saying a word to any one. The sick lad, however, got well, and when his health became re-established, he was sent to take care of the flocks. Some years after he received on the occiput a blow with a stick, which fractured the bone in several places; nevertheless, this wound, tended by an able surgeon, happily cicatrized, but, in proportion as the cure advanced, so did the sense of hearing become restored, so that the shepherd, who began by uttering words in a hesitating manner, soon began both to hear and speak distinctly. This restoration of hearing and speech remained to the end of his life. He died at the age of forty-five."

In the following cases the cures were effected while the subjects thereof were under medical treatment. The first case we have from Amatus Lusitanus, who has rather indicated than given a detail of the fact he relates. In the other cases, on the contrary, we see a minute exposition of the choice and application of the remedies, as well as of the results obtained.

The boy whose history Amatus has related had continued dumb to the age of twelve years. He began, about

this period, to speak freely, and owed his cure, says the author, to a seton placed in the nape of the neck, which, in the course of time, had the effect of "*drying up certain excrementitious humours which had filled the head.*"

Dr. Varroine, an army physician, in a memoir on the good effects of *moxa* in desperate cases, relates an instance of cure of deaf-dumbness which has some relation with that of Amatus Lusitanus, since it was equally owing to the use of surgical revulsives.

"This physician, when at Malaga, the ninth year of the Republic, was consulted for a young person of twenty years of age, deaf and dumb from birth. The affected organs having been carefully looked at, the tongue seemed to the physician a little thicker than ordinary.

"The mother of this young woman had safely reached the eighth month of gestation, when on seeing her husband poniarded by a domestic in her presence, she was seized with a general trembling, faintings of long duration, and she ceased to feel the movements of her child. Five days after a fainting fit of four hours' duration, she gave birth to a healthy and vigorous female child, but which, at the time that children begin to speak, was discovered to be deaf and dumb. The most intelligent physicians in Spain having been consulted without advantage, this girl, at the age of seven years, was given over as one afflicted with an incurable infirmity.

"M. Varroine looked upon the deafness as palsy of the ear and the tongue, and proposed, therefore, the application of two moxus, one to the nape of the neck, the other under the chin, as near as possible to the base of the tongue. His advice was acceded to, and M. Varroine himself applied the moxus, which were of the size each of a five-franc piece, and which, about the seventh day, produced acute inflammation, and an extraordinary degree of tumefaction on the anterior part of the neck, and which extended as far as the breasts, accompanied with violent fever of twenty-four hours' duration, terminated by profuse perspiration. The sloughs separated from the twelfth to the fourteenth day, and their separation was followed by very considerable suppuration. The author states that at that time he perceived the tongue to be more free in its movements, and *diminished in thickness*. In consequence of fumigations to which the meatus auditorius was exposed, its lining membrane became excoriated, and furnished, towards the twenty-second day of treatment, a thick, yellowish humour, which flowed copiously for ten days. After these defumatory crises, this young woman became more cheerful and intelligent, her appetite becoming, at the same time, voracious.

"About two months and a half after the application of the moxus, this young woman began to hear the sound of the church-bells, of which, till this time, she had remained in ignorance, and which now occasioned her no less joy than astonishment. From this period the hearing continued to improve, and the deafness became in a short time completely dissipated, the dumbness taking its departure at the same time."

An account of two cases of deaf-dumbness, cured at Bordeaux, in 1786, by a certain Felix Merle, who styled himself a naturalist-physician, was forwarded to Itard by Coutanecau. The treatment consisted in introducing, morning and evening, into the ears, during a month, a liquid of an irritating kind, the composition of which was kept secret, but the secret was afterwards purchased and published by Itard. It is composed of wild horse-radish, Provence roses, and saxifrage, infused in white wine, and kitchen salt added.

The following is the first of these two cases:—"A lad, eight or nine years of age, who had accidentally become deaf, though he still heard a little with one ear, began to experience, about the twenty-third or twenty-fourth day of treatment, a very acute pain in both ears. This pain continued gradually to increase to such a degree as to render the introduction of the liquid into the ear intolerable. Two or three days after the occurrence of this pain, there appeared, all at once, in the middle of the



night, a purulent discharge from both ears. The lad began immediately to hear more distinctly, and in such a manner, that the ear that had been affected with complete deafness had now advanced to the state of that which had always retained some slight degree of sensibility, while the other had experienced still greater improvement. Though never perfectly restored, it yet became sufficient to enable him to learn to speak and to make use of language, which he has ever since continued to do, though, it must be remarked, he neither hears nor speaks so well as others. The discharge from the ear, which was not very abundant, did not continue beyond a few days, and ceased spontaneously."

The second case, which shows a more perfect result, is thus related by the same author:—"A young woman of sixteen years of age was born with the auditory organs in a perfectly sound state. She began to lisp about the age of fifteen or sixteen months, when her mother, having gone to work in a vineyard, took her with her and left her, though the weather was humid, stretched on the grass, while she continued her labour. The infant was not then observed to have suffered any inconvenience. It was, however, soon afterwards perceived that, far from making progress in the use of words, she seemed to have lost completely both hearing and speech. From that time she continued deaf and dumb, and received the ordinary education of such, and profited well by it. About the twenty-fifth day from beginning the use of M. Felix Merle's remedy, she experienced in both ears a very acute pain, which began to be intolerable, especially when the fluid was introduced into the meatus, at which time it was found necessary to hold her by force. The twenty-eighth day, when engaged in a public exercise, she was seized with a desire to sneeze, when there immediately flowed from both her ears at once a quantity of very fetid purulent matter, so considerable that she was completely soiled therewith from head to foot. Hearing became at once restored, so completely that she became greatly terrified, and, like one convulsed, clung eagerly to everything that surrounded her, as if apprehensive of the house falling about her ears, which, indeed, she afterwards said she believed. This feeling gradually subsided, and the hearing remained entire. From the time hearing was restored she forgot, or, at least, no longer made use of, the usual signs of the deaf and dumb, and she very readily learned to speak. At the end of six weeks she knew enough to be able to ask for all she wanted, and could, in six months, speak perfectly well, although, after going into the country at this time, she lost something of the facility she had acquired. In two or three weeks the discharge from the ears had ceased."

(To be continued.)

### An Epitome of Toxicology.

DESIGNED FOR THE BUSY PRACTITIONER  
AND ANALYTICAL CHEMIST.

(COMPILED FROM THE LATEST AUTHORITIES, EXPRESSLY  
FOR THIS WORK.)

(Continued from page 206.)

ALPHABETICAL LIST OF VARIOUS SUBSTANCES, WITH  
THE CHANGES THEY UNDERGO AND THE FORMS THEY  
ASSUME IN THE LIVING BODY. (CONTINUED.)

Substances.	Transformations, &c.
Phosphorus.....	The action of phosphorus is that of a corrosive poison, its activity depending on the absorption of oxygen and conversion into an acid in the organism, (1) when it acts like the other mineral acids. One grain and a half caused death in one case, and three grains in another, (2) but

(1) Orfila. (2) Christison.

larger doses are reported to have been taken without fatal consequences. Chabert, the once renowned "Fire-King," used to take 15 or 16 grains at a time at his exhibitions. The fumes of phosphorus arising during the manufacture of lucifer matches, have occasionally produced necrosis of the jaw-bone in the work-people. The vapour of phosphorus in atmospheric air is converted into hypophosphorous acid. (1) In the system it is transformed into either hypophosphorous or phosphorous acid, which becomes gradually converted into phosphoric acid by the further absorption of oxygen. Several fatal instances have occurred from children sucking the ends of the common congreve or lucifer matches.

Phosphorus Acid ... This acid, in its action on man, is more deleterious than phosphoric acid, although the latter is in the higher state of oxidation, (2) in this respect resembling the like compounds of arsenic. (See Phosphorus.)

Phosphoric Acid ... In a very *dilute* state, its effects resemble those of the other mineral acids; in a *concentrated* form it acts as a corrosive poison. Phosphorus and its compounds are eliminated as phosphates and phosphoretted hydrogen. (See above.)

Quinine (and its salts) ..... Have been detected in the blood, urine, milk, &c.; form undetermined.

Redbeet (colouring matter) ..... Eliminated unchanged.

Rhubarb (colouring matter) ..... Is rapidly absorbed; has been detected in the blood, milk, and perspiration, and in the urine, unchanged.

Seda (and its salts) ... These, for the most part, resemble those of potassa. (See Potassa and Alkalies.)

Saffron (colouring matter) ..... Has been detected in the perspiration and urine: form undetermined.

Sal Ammonia ..... Has been detected in the blood, and several of the secretions and excretions, unchanged.

Senna (purgative principle) ..... Is absorbed, and re-appears in the blood, milk, &c., imparting to the latter its purgative properties.

Silicate of Potassa ... Eliminated unchanged.

Silver (and its salts) ... Have been found in the blood; eliminated by the kidneys; form undetermined.

Spirits ..... (See Alcohol.)

Stramonium (narcotic principle) ... Reappears in the milk and urine.

Succinic Acid..... Is absorbed; eliminated by the kidneys, combined with an alkali.

Sulphate of Copper... (See Metallic Salts.)

Sulphate of Soda ... Reappears in the milk, &c.

Sulphur ..... Partly converted into sulphuric acid, and partly into sulphuretted hydrogen, eliminated by the urine as sulphate and sulphuret chiefly, and as sulphuretted hydrogen in the perspiration. (See Sulphuretted Hydrogen.)

Sulphuric Acid ..... It behaves like the other corrosive acids. It reappears and is eliminated in a state of combination.

(To be continued.)

(1) Dr. von Bibra. (2) Wohler and Frerichs.



## Biographical Notices.

FREDERICK AUGUSTUS CRISP, ESQ.

(*Vide* "London Medical Directory," 1853.)

GEO. CRITCHETT, ESQ.

Mr. Critchett is a rising member of the profession, and promises to attain a good position among his brethren. He holds the office of senior assistant-surgeon to the London Hospital, but is probably better known from his connexion as surgeon with the Royal London Ophthalmic Hospital. Mr. Critchett has not, however, published in this speciality, and does not appear to be anxious to identify himself with this branch of practice. He has published a work on the "Causes and Treatment of Ulcers of the Lower Extremities," and an "Address delivered before the Members of the Hunterian Society, 1850." Also "On a Method of Investigating the Value of some Remedial Agents," which appeared in the "*London Medical Gazette*." He became a Member of the Royal College of Surgeons in the year 1839, and a Fellow by examination in 1844. He is lecturer on surgery at the London Hospital Medical School, and is a Fellow of the Royal Medical and Chirurgical Society. He resides at 46, Finsbury-square.

CHARLES ILBERTON CROFT, ESQ.

CHARLES PERCY CROFT, ESQ.

(*Vide* "London Medical Directory," 1853.)

DENIS CRONIN, M.D.

There is no wisdom in ignoring the existence or acts of men simply because we dislike them. This world of ours is compounded of heterogeneous ingredients; and sometimes the spirit—sometimes the scum, swims uppermost—so, if the reader please, we will even give the analysis of all that we find, leaving the choice to himself of receiving or discarding whichever seemeth best to his judgment. Surely foolish men have their uses in the world, one of which is to enable others to profit by their example. We have no patience, therefore, with those puritanical prudes who seem to be so alarmed for the safety of their own virtue, that they dare not come in contact with a homœopath or a mesmerist, even in the pages of a medical journal. We like men of a temper more robust, of a reliance on truth more thorough. It is somewhat ludicrous to see, for example, our contemporary of the "*Lancet*" raising his hands in doughty indignation against all quacks, and shivering with an aguish horror at the names of homœopaths, while he is furtively giving them a side-wink of encouragement and good-will—so far at least as it suits his purposes.

Dr. Cronin is the notorious Dr. Cronin who was placed in jeopardy at an inquest in Camden Town on the body of a young woman, who, through a mistake in the preparation of a prescription written without due care, lost her life. This gentleman at that time practised the "heroic" plan of treatment, but now, in order probably to avoid the repetition of a scene which, on a second occasion, might not have so favourable an issue, has adopted, if we are rightly informed, its opposite—the homœopathic. He has also tried several other plans of treating patients, none of which seem to have prospered. Every year or two introduces a new method of treatment for consumption, disordered prostate, gout, or other malady, which is kept before the public so long as it *draws*; after that it is promptly abandoned, and the world is deprived of its advantages.

Dr. Cronin wants "faith" in everything but the "gullibility" of his customers. He does not succeed, because he has not enough of that quality which makes alike great quacks and great heroes, "perseverance." Of the many men with whom the public are familiar as medical

adventurers, he is, perhaps, the man most known and least successful. The straight course is, after all, the best. Had Dr. Cronin stood behind his counter in Seven Dials, and dosed his countrymen with Epsom-salts and paregoric, he would, by this time, have earned a better livelihood than he can gain by watching the tide of fashion, and levying precarious fees on hypochondriacal debauchees and hysterical old maids.

Dr. Cronin became a licentiate of the Apothecaries' Society in 1832, and procured a degree from Giessen in 1843. He resides at 35, Bruton-street, Berkeley-square, a region where his practice will not fail to thrive for want of pabulum.

We believe that, if Dr. Cronin had the opportunity, he would effectually warn our younger brethren from following his example, by simply narrating the perils he has passed through, and the anxieties he daily encounters. Whatever success attended the exertions of such men at one time, there can be no doubt that now, since the homœopaths have increased their ranks, the difficulties of procuring a subsistence are insuperable. These gentry are starving out one another, and will soon commence an internecine war. We truly believe that it is becoming more difficult for a homœopath to work into practice, than for one of the regular order of medical practitioners.

The secret, however, will be kept as long as possible: for as soon as the truth is admitted, the charm is broken that brings popularity and fees to the chief misleaders of the schismatics. Nothing is permanent but truth, and there is no lasting popularity for any system that does not embrace it. We pity those men who are running after false doctrines, and deceiving themselves with the hope of wealth by adopting brilliant novelties, and pandering to fashionable errors. The mistake will soon be discovered, but retreat will be impossible. The man who becomes a homœopath must cut away the bridge behind him, and make up his mind to a life-long sacrifice.

EDWARD CRONIN, M.D.

Dr. Edward Cronin is also a homœopath; but we are not aware that he is any relation to the preceding gentleman. He pursues a quiet and unobtrusive course, and resides at Claremont-house, Brixton. He graduated M.D. at Dublin, in 1828.

JOHN F. CROOKES, ESQ.

ROBERT CROSS, ESQ.

EDWARD CROSSE, ESQ.

GEORGE CRUTCH, ESQ.

ROBERT CUFF, ESQ.

JAMES CULHAM, ESQ.

W. CULVERWELL, ESQ.

LAWRENCE T. CUMBERBATCH, ESQ.

(*Vide* "London Medical Directory," 1853.)

**CHOLERA IN GLASGOW.**—A case of Asiatic cholera occurred in the eastern part of the city, on Friday last. It is the first authenticated case of which we have heard. Both the police and parochial authorities are at present remarkably active in their endeavours to promote the sanitary condition of the city; and we would fain hope that their efforts will not be unproductive of benefit. Diarrhœa, as usual at this season of the year, prevails to a considerable extent.

**THE DEAF AND DUMB IN LOUISIANA.**—An Asylum for the Deaf and Dumb and the Blind was opened, early in December last, in Louisiana, U. S., when thirteen candidates were admitted. By the first report, which has recently appeared, it is shown, that there are in that State about 200 persons entitled to instruction. A new and commodious building is about to be erected for their reception.



## Reviews.

*Elements of Psychological Medicine. An Introduction to the Practical Study of Insanity.* By Daniel Noble, F.R.C.S.

As a compendium of Psychological Science, this work will prove useful to those for whom it is chiefly intended—the students and junior practitioners. The physiology of the Brain and Nervous System, and the General Pathology of Insanity are concisely given, and there are many examples in illustration of the various forms of insanity presented to the reader, to enable him to form a judgment in doubtful cases, and to develop the insidious and protean mode in which insanity steals over the faculties. Mr. Noble lays it down as a rule, that insanity is a disorder of the cerebral functions, and that its organic seat is in the grey substance of the cerebral hemispheres. He attaches little importance to the fact that *post-mortem* examination fails frequently to discover any pathological change in the cerebrum of persons who have died insane. The chapter on Physiology is that which least satisfies us; not, perhaps, so much from any fault in the author's treatment of the subject, as from the mixed metaphysico-physiological character of the doctrines he has embraced, and which are now current in our schools. It is surprising how small a part of the doctrines recently promulgated is based on direct experiment, and how much of the new nomenclature is nothing more than the old metaphysical distinctions regarded physiologically, and expressed in new language. A sound physiology cannot be inferred conjecturally, or reasoned out like a metaphysical problem. It must be the work of other Bells and Halls, and Flourens and Galls—of observers and experimenters, of whom we have some already among us. Notwithstanding that the chapter on the Physiology of the Brain and Nervous System treats almost wholly of the reflex functions, we do not find Dr. M. Hall's name once mentioned, while Dr. Carpenter's occurs six times. These facts are sufficient to show the speculative tendencies of the author. Mr. Noble considers that the *optic thalami* and the *corpora striata* are the seat of the emotions; and he offers various ingenious arguments in support of this opinion.

The practical observations relative to the management of the insane are very judicious, and show that Mr. Noble combines practical experience with speculative ability. The work is perspicuously written, and gives a good general view of the subject.

*Sketch of the Operation, and some of the most Striking Results, of Quarantine in British Ports since the beginning of the present Century.* By Gavin Milroy, M.D.

*Notes worth Noticing relative to the Cholera, which has for some years past occupied public attention.* By Dr. Gillkrest.

*A Return, in Detail, of all Vessels which have been detained in Quarantine during the Five Years ending 1st day of July, 1853, in Great Britain.*

*Observations on the Remittent (so called) and Yellow Fevers of the West Indies.* By David Lake Finlay.

The first three works in the foregoing list treat especially on the subject of Quarantine, and have probably been published with reference to the destroying epidemic that has lately visited our island. Mr. Finlay dwells upon the subject of contagion with respect to Yellow Fever, and for that reason we have associated his pamphlet with that of the other writers.

Dr. Milroy states his evidence with much clearness and temperance, and, supposing that his facts were complete, his conclusion would be inevitable. He does not expressly discuss the question of contagion, but strives to show, by a recital of the evidence connected with the appearance of the plague at Malta, Gozo, and the Ionian Islands, in 1813 and 1815; the five several epidemics of yellow fever

at Gibraltar, in 1804, 1810, 1813, 1814, and 1828, and the progress of the cholera through Europe, that the strictest quarantine has not succeeded in shutting out these diseases, and that the opinion that they were communicated in the first instance from man to man, either directly or by *fomites*, has not been proved. This appears to us to be the negative result Dr. Milroy desires to show, and we conclude that he is a non-contagionist.

The "Notes worth Noticing," by Dr. Gillkrest, are not quite so satisfactory, as regards either their value or the manner in which they are set forth. There is a considerable amount of evidence of various kinds brought forward, much of it greatly to the purpose, but much also by no means above dispute. Dr. Gillkrest has been too promiscuous in his selections, and has not sufficiently weighed the value of everything which either general reading or private friendship may have supplied. Sufficient for him, it would seem, if it were opposed to the doctrine of contagion. Several pages of the pamphlet are occupied with a recital of the opinions of a Spanish physician, Dr. Seoane, who was deputed by the Spanish government to observe and report on the progress of the cholera in England. Dr. Seoane, doubtless, reported all he saw and knew with accuracy, and in order to make his information more comprehensible, tabulated his facts. Dr. Gillkrest quotes these tables in support of his doctrine of non-contagion.

By these tables, then, we are informed, that in 1832 the cholera, in Southwark, attacked 1 person in 92 of the population; in Bermondsey, 1 in 149; in Lambeth, 1 in 556, these being the largest ratios of attacks to population. On the other hand it attacked in St. Marylebone, 1 in 1314; in St. Pancras, 1 in 5449; in St. George's, Hanover-square, 1 in 3,638. Now, these reputed facts convey a false estimate of the several ratios in the places named. The tables are drawn up only to the 23rd of April, when the epidemic was beginning; therefore, to adduce such tables as these, at this time of day, as evidence of the spread of cholera in 1832, with the view to affect the general argument of contagion, is simply absurd. The actual ratios for those places, as calculated by Mr. Ross, from the returns made by the Board of Health, were as follow:—Southwark, 1 in 33; Bermondsey, 1 in 57; Lambeth, 1 in 196; St. Marylebone, 1 in 236 (!) St. Pancras, 1 in 556 (!) St. George's, Hanover-square, 1 in 531. The truth is, that at the time Dr. Seoane wrote, the last three parishes had been scarcely brought under the influence of the epidemic, hence the vast disparity that appears. For all that Dr. Gillkrest seems to know, the aggregate facts of the epidemic might have supported a conclusion just the opposite of that he seeks to establish.

We have said enough to show that Dr. Gillkrest has not been particular in sifting his evidence, and that his pamphlet, like the artist's picture, would have been better painted if the artist had taken more pains.

Mr. Finlay, as we have already stated, is a disbeliever in the contagiousness of yellow fever, which he considers to be identical in nature with the "so-called" remittent fever. For the treatment of this disease, he recommends the administration of "calomel and quinine," of each twenty grains (at times, thirty grains), with pulv. jacobini, five grains. This was repeated every three hours, until the symptoms yielded. A general warm bath is also advised, as an assistant to the treatment. Mr. Finlay assures us that this method of treatment was highly successful; but, we observe, that the mortality from yellow fever was much higher on board the "Orinoco" than on board the "Great Western" (of both which ships Mr. Finlay was surgeon), although the same system of treatment of the epidemic was adopted in both vessels. More facts are wanted to corroborate Mr. Finlay's opinion.

The *Government Report on Quarantine* is an interesting document. From it we learn that during the last five years fifty vessels have been subjected to quarantine; that among them all there were 131 cases of sickness, and 40 deaths; and that while the vessels were under quarantine, only ONE fresh case occurred!



The inference to be drawn from these facts, so far as they go, is, that quarantine is an unnecessary practice.

We do not intend to enter into a discussion of the question of contagion, but shall merely observe that the great difficulty of collecting *all* the facts with reference to the mode of attack of any epidemic disease, weakens the force of the arguments employed. It rarely happens that an observer can satisfy himself that he has succeeded in acquiring a knowledge of all the facts incident to a given case; and, if doubt be in his mind, it is a great rashness in a theorist to convert these deficiencies into negative evidence, and, because the observer confesses he could not discover everything, to assume that there was nothing to discover. Yet we observe that this mode of argument has been somewhat liberally employed. We shall revert to this subject hereafter.

## Medical Notes and Queries.

### NOTE.

**SWALLOWING FOREIGN BODIES.**—Having met with a case somewhat similar to that related in the "Medical Circular" of the 28th Sept. inst., headed "Swallowing a Halfpenny," I beg leave to say that I found the foreign body—a large plated livery button—just within the sphincter ani, and that on its removal the unfavourable symptoms subsided.

Bow-road, Sept. 29th, 1853.

### REPLY.

**SWALLOWING A BUTTON.**—For your "Constant Reader," I send you a case in point, and another one nearly allied to his. The latter one was a girl, seven years old, who had swallowed a large ornamental button as worn on men-servants' coats, which was soon followed by severe pain in the stomach and bowels, with retching; greenish brown patches appeared on the skin, accompanied with smart fever. I treated this case with diluents and castor oil, but the button never appeared in the secretions. On reflection, I made up my mind, should the like or a similar case occur, to try another method of cure. Soon after, a child, three years old, swallowed a halfpenny. I made the little patient drink a pint of milk, followed by a little vinegar; afterwards an emetic; the result was the ejection of the halfpenny, and the milk in a coagulated state.—Yours, S. L. D.

Perth, 30th Sept., 1853.

**PREMONITORY DIARRHŒA IN CHOLERA:—**

R Tin. Catechu, ʒi.

— Opii. mxx.

Aqua Menth Pip. ʒi:

Fit haust. Statim sumend. Dose for an adult.

This will invariably stop the watery diarrhœa. If accompanied with debility, add ʒj. Sp. Ammon. Aromat.; repeat the draught in three hours should the first not produce the effect. I rarely have found it fail.

NICHOLAS GRATTAN, M.R.C.S.

24, South-mall, Cork.

### TABLE TURNING.

On the 12th inst., I was visiting at Crohan House, the residence of R. Patton, Esq., county Donegal. From among a party of ladies and gentlemen, nine were solicited to take their seats round a large rosewood drawing-room table. After forming an uninterrupted link with our little fingers, we all agreed to will that the table should turn to the left. About half an hour elapsed without any apparent motion, when I said, "let us alter our intention, and will it to the right." We did so, without in any respect changing the position of our hands. Almost immediately the table began to creak and shake a little, and soon to turn slowly, and then more rapidly revolving and progressing. It was arrested by an inequality in the carpet, and for a quarter of an hour seemed quite motionless, when it again

started off rapidly, and carried us all with it, *volentes volentes*, but was again stopped by the uneven carpet. The patience of some of the party began by this time to give way. One or two raised their hands, and finding the chain broken, we all did so. Four of the same party then formed a similar chain round a small table, about three feet in diameter, standing upon three legs without castors, which in less than a minute started off, revolving with great velocity—so great, that the persons whose fingers formed the chains on the table were unable to retain their balance, and one after another were prostrated on the floor, to the no small amusement of the bystanders. However, the moment the table was again touched by more than one of those who had been engaged in operating on the large table, an immediate effect was produced; and as in the case of the larger one (which we had often tried), when revolving rapidly to the left, on my saying, "now we will it to the right," *citius dicto*, to the right it went with equal velocity. "Quicker, quicker," we all cried, and quicker it went, and at the command, "stand still," it equally and as quickly obeyed.

One of the party then suggested that the table might be asked to tap on the floor. While revolving, it raised one leg, and tapped loud and distinctly. Three taps were then required of it: three it gave. It was then ordered to stand still and tap: it obeyed. By this time, either the table or the individuals became so charged with the occult power, that by simply touching the table, without any manual conjunction, it immediately performed a rapid revolution. One lady in particular set it wildly off the instant her fingers touched it. My own power over it seemed next to hers, but certainly inferior.

The table was then told to tap with one leg three times: it tapped at once three times, loudly and clearly. Then with each leg, in succession: it failed not. We then desired it to go round, and then suddenly to stop, on which I asked of it, how many children a certain lady present had? It raised its leg, and gave the accurate number of strokes, distinctly and correctly. How many Irish miles, we next enquired, is it from Ramelton to Rosnakel? The answer, eleven, was unmistakeably plain and correct. How many people were round the table? Five. Correct. How many in the room? Right. The table could never be made to move after indicating the number till a fresh question was put. How many framed pictures were there round the room? Nine. Right. What o'clock is it? It was a quarter after nine. It gave nine distinct strokes (afterwards, when a quarter to ten, it struck ten). One of the party then proposed that the table should be carried upstairs to the room of an invalid lady who was extremely interested in the "séance." I opposed the movement, on the ground that the experiment must fail. I was outvoted, however, and it was carried by four persons, maintaining the chain perfect. The instant it touched the floor, off it went again, at my bidding; and its race was quick or slow, to the right or left, backward or forward, just as we willed it. I might say, as I willed it, or the lady before named, for we often did so separately, and alone. But stranger still, my order was that it should dance, it danced a merry hornpipe; that it should shake, it rolled rapidly round, and shook as if in a fit of ague, amid one irresistible laughter. It obeyed the command to jump till it lost its balance and tumbled over: Our order that it should raise itself was unavailing. On request, it bowed most politely, and in like manner it played hide and go seek, when told to follow any one through the room. It was commanded to leave the room. No sooner said than done; to save broken legs, we dragged it back just as it was reaching the stairs. In telling the ages of persons between forty and fifty, it was mostly correct, always approximately, and the one year's variation from the truth in an instance or two, arose, I believe, from miscalculation on the part of some of us, or from want of sufficient observation. Subjects for experiment at last began to fail us, and finally, it was asked, when our amazed patient would recover: in three days was the immediate reply, and loudly proclaimed answer.



Time sufficient has not yet elapsed for me to hear the result.

These, sir, are a few of the numerous experiments we made so successfully. What a wondrous novel power! Muscularity it cannot be, odyle, or some corresponding power, it may be; electric, or galvanic, or something similar, perhaps, not now to be characterised by name. I leave the question to the public, without note or comment. Gladly should we hear again from Mr. Faraday on the subject.—*Letter of the Rev. Mr. Allen, Vicar of Pateham, and Chaplain to the Troops, Brighton.—Brighton Gazette.*

### Our Note Book.

#### ON A NEW METHOD OF INDUCING PREMATURE DELIVERY, BY SCANZONI.

The author was induced, by observing the active sympathy between the breasts and the other parts of the sexual apparatus, to try to produce premature delivery by irritating the nerves of the mammary glands. The first experiment was made upon a young woman, aged 24, who two years ago, had been delivered by perforation, in consequence of contraction of the pelvis. In the thirty-second week of utero-gestation, apparatus constructed of caoutchouc, forming sucking-pumps, were put upon the nipples. During three days they were used about seven times, the process going on upon each occasion for two hours. After the third application, the neck of the uterus became shortened; after the sixth, severe labour-pains came on; after the seventh, the child was born. The only danger likely to ensue from this very simple method of treatment is inflammation of the mammae; this can be met with proper treatment. A second case, of similar kind, occurred to the author. A young woman, *enceinte* for the first time, suffered so severely from dyspnoea, connected with organic disease of the chest, that premature delivery was necessary for the preservation of her life. After the third application of the sucking-pumps, an apparently dead child was born; respiration, however, was soon re-established. The author remarks, that this case is not quite conclusive, because premature delivery occurs often in connexion with severe dyspnoea, independent of other influences.—*Verhandl. der Med. Phys. Ges. zu Wurtzburg, 1853.*

#### FRACTURE OF THE TROCHLEA OF THE HUMERUS.

In the *Archives Générales de Médecine*, as quoted in the *Gazette Médicale* for April 16th, M. Laugier describes a variety of fracture of the trochlea of the humerus. The following are its diagnostic signs. The fracture of the trochlea may be produced by a fall on the palm of the hand: it leaves the passive movements of the fore-arm entire: extension of the limb is accompanied by inclination inwards of the forearm on the arm at a very obtuse angle, the summit of which corresponds to the epitrochlea: in resisting this, there is an abnormal amount of transverse mobility, and distinct crepitation: the ulna is not displaced backwards or inwards: the olecranon is immoveable on the ulna: the two condyles of the humerus are immoveable, either on the bone, or on each other.

#### SECRETION.

Mr. Baxter, in an experimental enquiry, undertaken with the view of ascertaining whether any and what signs of current force are manifested during the organic process of secretion in living animals—a continuation of a series of experiments published in the "*Phil. Trans.*" for 1848—shows, that the changes which occur during the organic process of secretion in living animals are accompanied with the manifestation of current force during biliary, urinary, and mammary secretion, and also when a circuit is formed between the mucous membrane of the lungs and arterial blood in the left ventricle of the heart.

With regard to the manifestation of current force during the biliary secretion, four experiments are detailed, two on

rabbits, and two on cats, the animals being destroyed by prussic acid; one electrode was inserted into the gall-bladder, the other in contact with the blood flowing from the vena cava inferior. In all the experiments the latter was positive; and by breaking and making contact, made to increase. The electrodes inserted respectively in the gall-bladder and vena porta, the latter was slightly positive. When other circuits were formed between blood in the chest and the various contents of the abdomen, it was generally found that the electrode in contact with the blood was positive, but not always. The fact proved by these experiments is, that when the electrodes of a galvanometer are brought into contact with the bile flowing from the liver, and with the venous blood flowing from the liver, we obtain evidence of the secreted product and the blood being in opposite electric states.

*On Current Force during Urinary Secretion.*—In six experiments, three on rabbits and three on cats, the electrodes of a galvanometer being in each experiment respectively inserted into the urinary bladder (in two cases containing highly acid urine), and the blood in the renal veins, the latter was always positive to a greater or less extent, varying from 3° to 4°.

The conclusion arrived at from these experiments was, that during urinary secretion the blood and urine are in opposite electric states.

*On Current Force during Mammary Secretion.*—The author here only relates one experiment, in which, on the application of one of the electrodes of a galvanometer to one of the mammary glands of a cat during suckling, the other electrode placed in contact with the blood flowing from the mammary vein, the blood was positive 8°.

*On Current Force during Respiratory Actions.*—Without giving any definite opinion as to the lungs performing the office of a secreting organ, it was found that the results of seven experiments performed on the rabbit and cat was, that when the mucous membrane of the lungs, and the arterial blood flowing from the same part, are formed into a circuit, the arterial blood is positive.

This fact affords some explanation of the failures of Müller, Pouillet, and of the author, in his early attempts to obtain evidence of current force being manifested when a circuit was formed between an artery and vein in a living animal. The author also considers whether these effects can be referred to any known actions. The effects could not be referred to the heterogeneity of the fluids without assuming that the blood was acid, and combined with the secreted product; nor could it be referred entirely to thermo-electric effects, inasmuch as the current varied in each organ, and was capable of traversing a liquid conductor. The effects, however, may be partly due to catalytic actions on the combining power of platinum, which supposition tends to confirm the opinion originally entertained by Wollaston, that the changes which occur during secretion are analogous to those which take place in the decomposing cell of a voltaic circle.—*The British and Foreign Medico-Chirurgical Review, July.*

#### DIAGNOSIS OF FRACTURE OF THE BASE OF THE SKULL.

In the *Annales de la Société Médico-Chirurgicale de Bruges*, as quoted in the *Gazette Médicale* for August 6th, M. Gigot expresses his opinion that the escape of blood by the ear and subconjunctival ecchymosis are not always pathognomic of fracture of the base of the skull, though they are, nevertheless, of great importance in the diagnosis of injuries of this organ. He has noticed a case where a fall on the head was followed by deep bluish red ecchymosis in the subconjunctival tissue of the inner half of the left eye, and by the discharge during two days, of a rather large quantity of serous transparent fluid through the right ear. There were at first somnolence and general semi-paralysis; there was also a swelling, of the size of a nut, an inch below and to the right of the occipital protuberance. In spite of the unfavourable symptoms, the patient began to recover in five days, and got completely well. M. Gigot explains the escape of watery



fluid, by the laceration of the arachnoid cul-de-sac which accompanies the auditory nerve in the internal auditory meatus. The infiltration of the subconjunctival cellular tissue was produced probably by more or less extensive detachment of the bones of the orbital arch. The blood would then traverse by imbibition the fibrous layer, to be effused into the loose cellular tissue which surrounds the globe of the eye, and is connected with the subconjunctival cellular tissue; and thus in time it would arrive at the cellular tissue of the eyelids.

## THE CHOLERA.

### DIRECTIONS AND REGULATIONS OF THE GENERAL BOARD OF HEALTH.

(From the Supplement to the *London Gazette*, Sept. 21.)

The following directions and regulations of the General Board of Health have been issued under authority of the Nuisances Removal and Diseases Prevention Act, 1848, Section X. :—

To local Boards of Health acting under the Public Health Act, 1848;

To Town-Councils or other bodies acting under the authority of local Acts of Parliament, in which the provision of Public Health Act are included;

To the Guardians of the Poor of the several unions in England and Wales named in the first schedule herewith annexed;

To the Guardians of the Poor of the several parishes in England and Wales named in the second schedule herewith annexed;

To the Overseers of the Poor of all parishes, townships, and places not comprised in the unions and parishes mentioned in the first and second schedules herewith annexed;

To the Mayor, Aldermen, and Burgesses of cities and boroughs, Commissioners under local acts, the Surveyors of Highways, their deputies and assistants, Road Trustees, commissioners, county surveyors, and other persons by law entrusted with the care and management of all streets, public ways, and places in any parish or place in England and Wales;

To the Owners and Occupiers of Houses, Dwellings, Churches, Buildings, and Places of Assembly within the said Unions and Parishes, and others having the care and ordering thereof;

And to all whom it may concern:—

Whereas, by the provisions of "The Nuisances Removal and Diseases Prevention Act, 1848," for the prevention of epidemic, endemic, and contagious diseases, we, the General Board of Health, are authorised to issue such directions and regulations as we shall think fit for the prevention (as far as possible) or mitigation of epidemic, endemic, or contagious disease; and whereas by the said Act, it is provided, that the directions and regulations to be issued, as aforesaid, shall extend to all parts or places in which the said provisions of the said Act shall, for the time being, be in force, under the Order of Her Majesty's Privy Council, unless such directions or regulations shall be expressly confined to some of such parts or places, and then to such parts or places as in such directions and regulations shall be specified;

And whereas, by an order of Her Majesty's Most Hon. Privy Council, bearing date the 15th day of September, 1853, the said provisions of the said Act were directed to be put in force throughout the whole of Great Britain, for a period of six calendar months thence next ensuing;

Now, in exercise of the authority vested in us as aforesaid, we, the General Board of Health, do issue the directions and regulations hereinafter contained, to extend to all parts and places within the several unions, parishes, and places, throughout England and Wales, that is to say:—

I. We direct that all the local authorities charged by the Common Lodging-houses Act, 1851, with the execution of that Act, shall see that the provisions of the said Act, and any Act amending the same, are enforced forthwith.

II. We direct the guardians, overseers, and persons as aforesaid, to order the clerk to the guardians of any such union or parish, forthwith upon the publication of these directions, to make out, for the medical officers' books, or other sources of information readily obtainable by him, a list of the places within his union or parish where cases of cholera, diarrhoea, typhus fever, or epidemic, or any endemic disease, may have lately been frequent; and to give the list, or portions of the list relating to particular districts, to the medical officer of each district to which it shall relate. And the medical officer of every union or parish shall visit the places within his district named in such list, and any other places within it, and examine the houses situate in such places, as to their present condition in respect to cleanliness, or as to any existing predisposing and removable causes of disease likely to affect the inmates thereof.

III. We direct the guardians, overseers, or persons to whom these regulations may apply, to order the said medical officer to inquire into the state of the health of the inhabitants of all such places, and into the state of health of the children in schools, of the work-people in places of work, and of the inmates of common lodging-houses, and where he shall ascertain that any cases of diarrhoea, or of any premonitory stages of an epidemic disease, exist, to treat, or direct the treatment, of the same at once.

IV. And such medical officer, where it may be necessary, shall certify in writing to the Guardians of his Union or parish all such places as are in a state dangerous to health, or as need frequent and effectual cleansing by way of preservation against disease, and such dwelling-houses as are in a filthy and unwholesome condition, and all such nuisances and matters injurious to health as ought to be abated, cleansed, and removed under these regulations.

V. We direct that all Town Councils and other governing bodies of cities and boroughs, Commissioners under local Acts, local Boards of Health, surveyors, and district or assistant surveyors of highways, road trustees or commissioners, county surveyors, and others now by law entrusted with the care and management of the streets and public ways, and places within the parishes and places to which these directions and regulations extend, shall see to the effectual and continued cleansing of all such of the streets, rows, lanes, mews, courts, alleys, and passages, and public ways and places, under their respective care and management, as by the medical officers of the guardians or others authorised to superintend the execution of these directions and regulations shall be certified in writing to be in a state dangerous to health, or to require frequent and effectual cleansing by way of precaution against disease, and shall cause all filth, ordure, and nuisances to be removed therefrom.

VI. We direct, that where any such streets, rows, lanes, mews, courts, alleys, and any passages, public ways, or places, to which any houses or tenements adjoin, which have not been entrusted by law to the care or management of any Town-Council, Local Board of Health, Commissioners, Surveyors, Trustees, or others, have been certified in writing by such Medical Officer as aforesaid, to be in a state dangerous to health, or to require such frequent and effectual cleansing, every occupier of a house or tenement so adjoining, shall keep, or cause to be kept sufficiently cleansed, every part of the street, row, lane, mews, court, alley, or passage, way, or place, which adjoins the house or tenement occupied by him, which works of cleansing and removal of filth, ordure, and nuisances, required by these directions and regulations, shall be done by effectual washing, or otherwise, and with the use of fluids or substances for preventing the escape of noxious effluvia during the operation, when the Medical Officer of the Guardians, or others authorised to superintend the ex-



execution of these directions and regulations shall direct and prescribe the same.

VII. We do hereby require the said Guardians and Overseers, and all other persons to whom these present regulations are addressed, by themselves or by their officers or persons already employed by them, or to be specially appointed by them in this behalf, to superintend and see to the execution of the foregoing directions and regulations within their respective unions, parishes, or places over or in which they may legally have jurisdiction.

VIII. And where it shall appear that by want or neglect of the town-council of any city or borough, local board of health, commissioners, surveyors, trustees, or others entrusted with the care and management of streets and public ways and places as aforesaid, or by reason of poverty of the occupiers, or otherwise, there is any default or delay in the cleansing of or removing nuisances from any street, row, lane, mews, court, alley, passage, or public way or place certified as aforesaid, within any of the said unions, parishes, or places, we direct the guardians of such union or parish, or the overseers of such parish, and all other persons having legal authority within such parish or place, to cause such street, row, lane, mews, court, alley, passage, way, or place to be effectually cleansed, and all nuisances to be removed therefrom, and to do all acts, matters, and things necessary for that purpose.

XI. We also direct,—

That when and so often as any dwelling-house in any part or place to which these directions and regulations extend is in such a filthy and unwholesome condition as to be a nuisance to or injurious to the health of any person; or

Where, upon, adjoining to, or near any premises, or any part or place as aforesaid, there is any foul and offensive drain, ditch, gutter, privy, cesspool, or ashpit, or any drain, ditch, gutter, privy, cesspool, or ashpit, kept or constructed so as to be a nuisance to or injurious to the health of any person; or

Where, upon, adjoining to, or near any such premises, swine, or any accumulation of dung, manure, offal, filth, refuse, or other matter or thing is kept, so as to be a nuisance to or injurious to the health of any person; or,

Where, upon, adjoining to, or near any such premises, being a building used wholly or in part as a dwelling-house, or being premises underneath any such building, any animal is kept so as to be a nuisance to or injurious to the health of any person;

In each of the above recited cases the owner or occupier and persons having the care or ordering of such dwelling-house, or of the premises where the nuisance or matter injurious to health may be, or where they by reason of poverty or otherwise, are unable, then the town-council, local board of health, guardians, commissioners, or overseers, shall cleanse, whitewash, or otherwise purify, as the case may be required, such dwelling house or building, or abate or remove the nuisance or matter injurious to health as aforesaid, with all reasonable speed after the publication of these our directions and regulations, or after the nuisance or matter injurious to health shall have arisen.

X. Wherever there shall not be a Town Council, Local Board of Health, or other governing body of a city or borough, or Commissioners having jurisdiction for the removal of nuisances, or where such Council, Local Board of Health, governing body, or Commissioners shall not cause to be effectually executed such directions, we direct the said guardians and overseers, as the case may be, to visit, from time to time, or cause to be visited, the several dwellings and places where there may be ground for believing that necessity will arise for executing such directions.

And where, from the poverty of the occupiers or otherwise there may be default or delay in the cleansing or purifying of any such dwelling-house, or the abatement or removal of any such nuisance or matter injurious to health, and the Medical officer, or other person duly authorised as aforesaid, shall have certified that the same requires immediate attention, and where, from want of

co-operation of the owners or occupiers, there is any default or delay in cleansing any foul and offensive drain, ditch, watercourse, or gutter into which several dwellings or tenements may drain, to cause such dwelling-houses to be cleansed and purified, and such drain, ditch, watercourse, or gutter to be frequently and effectually cleansed, and such nuisances or matter injurious to health to be abated and removed respectively, and to do all acts and provide all matters and things necessary for that purpose.

XI. Every medical officer shall forthwith, upon any unusual amount of diarrhoea, any case of cholera, or of typhus, or other epidemic, endemic, or contagious disease, becoming known to him within his district, report the same to the board of guardians of his union or parish.

XII. On the occurrence of any unusual prevalence of diarrhoea, or of severe premonitory symptoms of the disease of cholera, or any severe epidemic disease, in any school or place of work, or among the inmates of any establishment, which shall appear to be overcrowded, the medical officer shall, as soon as he shall be informed thereof, and if he deem it necessary, order the separation of the inmates of such school, place of work, or establishment, and direct such measures to be taken as shall appear to him to be expedient to prevent the spread of the disease.

XIII. And, where it shall sufficiently appear to such guardians, overseers, or others to whom these regulations apply, by certificate of their medical officer, or of the Medical Superintending Inspector of the General Board of Health, or otherwise, that cholera, or any other severe epidemic, endemic, or contagious disease, is present or imminent in any union, parish, or place, and that extraordinary medical aid is required for persons resident within such union, parish, or place attacked or threatened to be attacked by cholera, or other severe epidemic, endemic, or contagious disease, or for the discovery and treatment of persons so attacked or threatened, we direct such guardians, overseers, or persons aforesaid, to provide, as soon as may be practicable, sufficient medical aid for examination, by house to house visitation, of the state of the inhabitants of the union, parish, or place, and for medical treatment of persons found to be threatened or affected with cholera, or such epidemic disease, or symptoms premonitory thereof, and for warning and instruction of such persons, and for the provision in suitable places of such medicines as may be required within their respective unions or parishes for necessitous persons attacked by cholera, or by premonitory symptoms, and to make arrangements for the distribution of notices stating the places where such aid and medicines shall have been provided.

XIV. To insure proper treatment in their own houses, to many of the poorer class, we require the said guardians, where it shall appear to their medical officer, or to the Medical Superintending Inspector of the General Board of Health, that such extraordinary aid is requisite, to provide suitable rooms or places capable of accommodating necessitous cases, to which persons attacked by cholera, who cannot be properly treated in their own homes, may be conveyed.

XV. We direct the said guardians, where it shall appear to their medical officer, or to the Medical Superintending Inspector of the General Board of Health, requisite, to provide rooms or places of refuge, to which may be removed the families of such necessitous persons as have been attacked with cholera, and also such necessitous persons living under the same roof with, or in the vicinity of persons attacked, as the medical officers, acting under the authority of the said guardians, may deem it necessary to remove, and to cause the houses, rooms, or dwellings, from which persons may have been so removed to the houses of refuge, to be cleansed and purified by the owners or persons having the care or ordering thereof, or, in their default, by the said guardians.

XVI. On the occurrence of any case of cholera, or other epidemic, endemic, or contagious disease, in any room occupied by one family or more, the medical officer of the union or parish attending the case, shall cause to be re-



moved, either the patient or so many of the occupants of such room, as he shall consider would, unless removed, tend to prevent the recovery of the patient, or endanger the spreading of the disease.

XVII. In case of death by cholera, or any other severe epidemic, endemic or contagious disease, the last medical attendant upon the person of the deceased, or in case of there having been no medical attendant, the housekeeper or person present at the death, or who shall be in charge of the body, shall forthwith notify the fact of the death to the medical officer of the district charged with the execution of these orders, for the prevention of the spread of such disease, and the medical officer shall give such directions as may appear to him needful in respect to the care, removal and the time of interment of the body, for preventing the communication or spread of disease.

And we hereby authorise and require all persons to give such information or such assistance to such medical officer, and to be otherwise aiding him, as he may need in the execution of these orders.

XVIII. In the event of the fatal termination of any case of cholera, or of severe epidemic, endemic, or contagious disease, in any room occupied as a living or sleeping room by one family or more, or by numerous persons, the medical officer of the district, as soon as he shall be informed of the death, shall cause to be removed, as speedily as may be, the corpse from the same premises, or if this be not convenient, shall cause the persons occupying such rooms to be removed therefrom until the corpse can be conveniently removed and properly interred.

XIX. And we direct the said guardians to make arrangements for obtaining daily lists of persons attacked by cholera or other epidemic disease within their respective unions or parishes, with the particulars of their cases and treatment, and for communicating the same daily to the General Board of Health.

XX. And we desire the said guardians, where it may appear needful, to appoint such additional medical officers, and also to appoint such other officers as may be necessary to execute and superintend the execution of these regulations, and to publish and circulate, by private handbills or other means, notices of the provisions of the said Act for the prevention of nuisances, and of our directions, regulations, and instructions, or of such part or any of them as it may appear to them expedient to make publicly known.

XXI. And we direct that in these directions and regulations the words "Guardians of the Poor" shall mean the guardians, directors, wardens, governors, or other officers having the management of the poor of any union, parish, or place where the matter requiring the cognizance of any such officers arises, and the word "parish" shall include every place where the relief of the poor is administered by a board of guardians for such place.

Given under our hands and under the seal of the General Board of Health, this 20th day of September, 1853.

EDWIN CHADWICK.

T. SOUTHWOOD SMITH.

(From the Board of Health.)

NEWCASTLE-UPON-TYNE, Oct. 1.

DEATHS.

Sept. 30, Cholera ..... 20

" Diarrhoea ..... 4

The total number of deaths from cholera and diarrhoea in Newcastle during the present outbreak has been 1,366. In the same period (viz., the first thirty days), during the prevalence of epidemic cholera there in 1831-2, the number of deaths was 217.

The reports received on Saturday, by electric telegraph, by the General Board of Health, from their Medical Inspectors at Newcastle, state that "the disease is passing away" in that district.

Dr. Melier, the Commissioner from the French Government, accompanied by Dr. Sutherland, one of the

Medical Inspectors of the General Board of Health, examined the infected districts in Newcastle. He is surprised at the bad sanitary condition of the town, and the state of filth in which the population there existed.

GATESHEAD.—(No return.)

HEXHAM.—On Thursday, the 29th ult., Dr. Wallen Lewis and Mr. W. Lee, Medical and Engineering Inspectors of the General Board of Health, visited Hexham. It appears that a very efficient preventive system had been early organised, especially that means had been taken to carry into effect the house-to-house visitation before the disease had become epidemic. The first case of cholera showed itself on the 3rd of September, and was said to have come from Newcastle. There have been, from the 1st of September to the present day, about 1,200 cases of diarrhoea and cholera under treatment. At the present time there are about 150 still under treatment.

HOWDEN.—Thirteen deaths from cholera were reported on Wednesday from Howden, near Manchester.

DURHAM.—Three more cases have occurred here, one on Wednesday, terminating fatally. In other respects the town is remarkably healthy.

SHIELDS.—Two children, daughters of a man named Orme, living in Hill-street, South Shields, have died during the night. The residence of the parents is filthy. The authorities are watering the back lanes with a disinfectant chloride of iron, procured from the Jarrow Alkali Works.

SUNDERLAND.—This town has had a comparative immunity from attack. Five cases have occurred in Deptford, a village on the Wear; three in one family. The person originally attacked, who has recovered, imported the disease from Newcastle. A sailor lad, brought ashore from a ship, has died; and another person was fatally seized in the Low-street. There has been another death, a fishwoman, in Whitburn.

SHEFFIELD.—A fatal case of cholera has occurred in this town. The locality of the outbreak is in Brown-street—a low part of the town, and in the vicinity of a large open sewer. It was in this same locality that the epidemic appeared to rage with the greatest violence in its previous visitations. The case is that of a girl. Her parents, poor Irish people, neglected to call in medical aid.

RAWMARSH (YORKSHIRE).—A fatal case of cholera occurred in this village, which is chiefly inhabited by colliers, on Wednesday morning.

HULL.—There is, at present, less sickness in Hull than general at this season; though, we regret to say, there have been lately two or three fatal cases of cholera—one, at least, being Asiatic.

LIVERPOOL.—No new cases of cholera have occurred in Liverpool, and the town is in an unusually healthy state.

LONDON.

A fatal case of cholera has occurred in Martin-street, Friar-street, St. George's, Southwark. The death took place on the 27th, but the body is not yet buried, although there are four more inmates in the house.

ANNADALE, BATHGATE, N. B.

Sept. 28, Cholera ..... 1

LEITH.

Sept. 29, Cholera ..... 1

HENDON.

Sept. 27, Diarrhoea ..... 1

COPENHAGEN.—Intelligence of the 18th mentions only two cases of cholera, and no deaths.

CHRISTIANA.—On the 14th, numbers of cholera-sick were 89, and of dead 59: making a total of 1693 cases, of which 1079 have been fatal. Several other Norwegian towns are suffering in proportion.

SWEDEN is still enveloped by the disease. In Carlskrona, on the 13th, the deaths had reached 982, out of 1823 sick. In Ystad, 339 sick had given 194 deaths. In Gothenburg, up to the 17th, 455 cases, and 239 deaths.



The adjoining Majorna, 316 sick, and 128 dead. In Stockholm, on the 15th, there were 148 new cases of cholera, and 84 deaths; total, 3016 cases, of which 1698 have ended fatally. In Norkoping, on the 14th, the number of total cases was 1077, and of deaths 353. While the epidemic is thus raging in Sweden, it would seem to have nearly disappeared in Finland.

HAMBURG.—The cholera has been raging here now for eight weeks, but the epidemic appears sensibly to decrease. In the last three weeks the proportion was 80, 72, 36 cases.

ODESSA.—The cholera is prevalent and fatal at Odessa. Ten vessels from that port had, at the date of last advice, arrived off Constantinople, where they were put into quarantine.

CHOLERA IN CHRISTIANA AND PARISH OF AKER.—The following account of the cholera in Sweden has been furnished us by a correspondent:—From July 25, to September 8, 1853, there have been 1165 attacks, and 735 deaths.

Christiana, 10th Sept., 1853.

Dear Sir,—I have written to my daughter, to the effect that I should enclose a return for you, of how the cholera has progressed since its commencement here. It is of a very malignant nature, carrying off those attacked in a very few hours, if relief is not obtained. From the first moment I came, I always thought it would be very fatal, should we be visited with it, from a variety of causes, a few of which I will endeavour to give my opinion on. Christiana itself lies very low; in fact, a perfect basin, viewed from any distance from the town; and as a natural consequence, has a very defective drainage. Next to that, the people live in masses, if I may so speak—I mean the poorer classes—in very low apartments, from 7 to 8 feet high, and the majority of their dwellings are all of wood, therefore the atmosphere they breathe must be very impure. I have been informed on good authority, that, in some instances, there are as many as 100 to 150 children in one house. The whole of their slops, &c., are thrown into the court or front yards of the dwellings, and the stench proceeding from them sometimes is intolerable. Again, the people are in their habits very dirty, which, after all, is not much to be wondered at, when the immense amount of labour to obtain water is considered. The town is supplied with large tanks, from which a stream of water, about the size of a lead pencil, is constantly running; and it is a common occurrence to see as many as 10 or 12 waiting with their pails which they may have to carry a quarter of a mile, and then place it in their foul rooms, for they are so, I assure you. I must again observe, that I am now speaking of the poor class of people. I will give you a more detailed account, should I ever reach Norwich.—*The Norwich Mercury.*

## Obituary.

Sept. 16.—M. ANTONIO KRAMER, the distinguished chemist, at Milan.

Lately.—GEORGE ROBERT IRONS, Esq., M.R.C.S. Eng. 1841; at his residence Northumberland-street, Newcastle-on-Tyne. Mr. Irons, who at the time of his decease, was only 37 years of age, was educated at Edinburgh, and passed his examination at London in 1841. Himself the son of a surgeon at North-Shields, he had a sincere love of his profession, and pursued it with much assiduity and devotion. In manner he was singularly unobtrusive, kind, patient, and obliging. No labour was too hard for him, and nothing could daunt his courage, or check his indomitable industry. To whatever duty he was called, he went cheerfully and promptly, and though but young in the profession, he had attained a respectable position, and shown undoubted talent in various departments. Since cholera set in he had been particularly active,

(having been called to many of the worst cases,) and worked himself into a state of debility and disease, in his extreme anxiety to serve the community. By all who knew him, he was greatly beloved and respected, and by his professional brethren the loss of Mr. Irons is much and deeply regretted, but by no one is the calamity more severely felt than his surviving partner, (Mr. Paget,) to whom he owed his early training and introduction to practice. He has fallen at his work—the work of ministering to human suffering and woe—and his memory deserves to be held in grateful remembrance by his sorrowing brethren and townsmen.

## Medical News.

ROYAL COLLEGE OF PHYSICIANS.—At the usual quarterly meeting of the committee majora, held on Friday, Sept. 30, the following gentlemen having undergone the necessary examinations for diploma, were admitted members of the College—Dr. Callaway, London; Dr. Coote, Oxford; Dr. Ballard, London.

ROYAL COLLEGE OF SURGEONS.—It will, no doubt surprise many of our readers, particularly the visitors to the Library of the College, to whom Mr. T. M. Stone is so well known, to hear that, after upwards of twenty years' faithful services in this department of the College, he has been removed to another office in the same Institution; and Mr. John Chatto, a Member of the College, has been appointed his successor as Librarian. It is due to Mr. Stone, to state, that this alteration is not owing to any want of a due estimation of the services of that gentleman; on the contrary, we have reason to know, that his conduct has always been highly approved of by the Council, who have recognised it by several pecuniary grants.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise on Thursday, Sept. 22, 1853:—Thomas Brown, Burnley, Lancashire. William Hitchin Pendlebury, Bolton-le-Moors, Lancashire.

FORGED DIPLOMA.—At the Ayr Circuit, on the 27th ult., one Bernard McLean, sometime since a medical student, was charged by the public prosecutor with having forged a document, purporting to be a diploma of the Fac. of Phys. and Surg. of Glasgow, and with having exhibited the same in the course of the present year to various parties in the town of Dalry, where he had settled, with the view to inducing the public to believe that he was a regularly qualified medical practitioner. Prisoner pleaded guilty to the second part of the charge, and the plea being accepted, the judge, after a lengthened address, sentenced him to six months' imprisonment.

PARISIAN HOSPITAL STATISTICS.—The following return has just been published by the central board of the Paris hospitals: it therein appears that in the course of the year 1852, 90,486 patients were admitted, besides 12,117 old, infirm, or insane people, supported in different establishments. This gives a total of 102,603 individuals; in 1851, there were but 98,754, making the increase for 1852-3, 849. Of foundling children, on the 1st of January, 1853, there were 14,111—viz., 282 at the Foundling Hospital, and 13,829 at nurse in the country. The number of families receiving relief from the benevolent societies were, on the 30th of November, 1852, 33,741, numbering altogether 77,999 individuals. \* The yearly income of the hospitals has been £523,000, and the expenditure £508,000. 5450 women obtained pecuniary assistance after confinement, 2543 of whom were confined in hospital: they have received about £2000, taken from the Monthyon foundation; and £1600 were distributed among those who were confined at their own houses, this sum being taken from a fund of £2400, especially dedicated to the prevention of child-murder, or child-dropping.



**MEDICAL SOCIETY OF LONDON.**—The first ordinary meeting of this Society for the session 1853-4, will be held on Saturday, October 8th, at 8 p.m., when the following paper will be read:—"On some Unrecognised Forms of Mental Disorder." By Forbes Winslow, M.D., D.C.L. (President.)

Mr. BLOUNT, Surgeon to the Birmingham Gaol, has resigned the appointment.

THE *Constitutionnel* states, that a European physician, who, in concert with Russian spies, had engaged to poison the Turkish General, Omer Pacha, was compelled to drink the medicated draught he had prescribed, and died a few hours afterwards.

## Notices to Correspondents.

**NOTICE.**—In order to facilitate the transaction of the rapidly-increasing business of the "Medical Circular," and to meet the wishes of those gentlemen desirous of a personal interview, the EDITOR has arranged to attend at the OFFICE, 128, STRAND, every WEDNESDAY, between the hours of Twelve and Two, p.m.

The "Medical Circular" may be procured by an order on any Newsvendor or Bookseller; or it will be sent direct by post from the Office, to subscribers for one year, on receipt of Sixteen shillings; half-yearly subscription, 8s.; quarterly, 4s. Cases for containing the numbers, bound in cloth, 1s. 6d., or by post, 2s.

**BETA (Dublin).**—You must be aware that we cannot publish your note in its present form, and if we were to attempt to modify the style so as to make it agreeable to ears polite, we should be obliged to remove every second word, so thickly is it strewn with offensive epithets. Our correspondent has supplied us with his name; if you will do the same, and write on the same subject more temperately, we shall not object to give publicity to your views. We think our correspondent's statement, if true, curious as matter of history, and important in a forensic point of view; if it be not true, it is competent for you to refute it; but this end cannot be attained by abusing the writer.

**MR. W. M. THOMPSON.**—The best plan is to apprentice him to a medical man in Dublin or London, stipulating for him to attend lectures during that period.

**MR. J. K. H. PATTERSON, of Errol,** writes to us thus on the subject of Cholera:—"In the summer of 1849, while the cholera was in Errol and the surrounding districts, I had many opportunities for observation while attending those affected with it in all its stages, and was very successful in my treatment, especially when I saw the patient attacked in the first stage. Since then, I have reflected that not any of the patients whom I attended or heard of was of the trade of a blacksmith or a fletcher; and this fact has led me to infer that one cause, if not the chief, why so many of the lower classes were affected, in proportion to the small number attacked amongst those in better circumstances, arose from a deficiency of iron in the blood. When, therefore, the cholera poison had got fairly into the circulation, where the above defect existed, nature was unable, even by the aid of medicine and all 'appliances and means to boot,' to throw it off by an eliminative process—the only way, I believe, the disease can be cured. In a very severe case, that of a farm servant, which came under my care not long ago, who had all the symptoms of cholera, I gave the tincture of muriate of iron, and nothing else, and the man did well; and at present I am fully persuaded that iron and saline purgatives, together or in combination with the quinine mixture and creosote, might be given in pretty full doses, with great success."

Errol, 25th Sept., 1853.

[We do not think that our correspondent is justified in drawing the conclusion he has formed. Persons residing near iron-works enjoyed no immunity in other places; on the contrary, at Bilston, Merthyr Tydvil, and Swansea, the inhabitants suffered in 1832 with great severity.]

**MR. WHITE.**—The letter has been mislaid; we shall be glad of a re-statement of the facts.

**RUSTICUS.**—We are unacquainted with any such gentleman.

**DELTA** gives us information of one fellow in his neighbourhood who advertises an "elixir for the cure of gout, gravel, stone,

&c.," and of another, a medical man, who attends patients by the month, at the rate of ten shillings, and permits them to visit him as often as they like during that period, with stipulated hours. The first worthy deserves the tread-wheel—of that there is no doubt. But how deal with the other? Perhaps his patients are poor, and he cannot get money without taking a fee as prepayment. Medical men are certainly driven to sad shifts in some neighbourhoods to secure payment for their services.

**M. J. W.**—1st, yes; 2nd, yes.

**AN OLD SUBSCRIBER.**—We are unable to make the necessary inquiries, which would occupy much of our time.

**CIVIS.**—We are obliged to you, and will make use of your hints on an early opportunity.

**MR. BIRD**—Received.

**D. R. B.**—Yes.

**A SUBSCRIBER (Norwich.)**—The debt can be recovered, the acknowledgment being quite sufficient.

**AMICUS.**—The explanation is unnecessary.

**A. B.**—The article is under consideration.

**B. G.**—Your claim would be good in Court. We have already stated that it is of no consequence whether the certificate of qualification be provincial or metropolitan, as regards the *locus standi*, in a court of law. In the case of a parochial appointment, it might be desirable to have the metropolitan certificate.

**A SUFFERER** cannot be accommodated.

*To the Editor of the "Medical Circular."*

**SIR,**—Having accidentally learned that a lecture on the History Symptoms, and Treatment of Cholera was to be delivered last night at the Marylebone Scientific Institution, by a Dr. Griffiths Jones, and having had considerable experience of the disease myself, I felt impelled by, I trust, a laudable curiosity to hear what the lecturer had to say, particularly as he promised to develop a plan of treatment hitherto unknown to the public. I sacrificed a shilling for admission, and, after waiting for about an hour, had to listen to the most wretched farrago of bad grammar and worse language that impudence ever addressed to ignorance. The lecture, I may inform you, was a "popular one;" and the audience consisted, with an exception or two, of respectable women and intelligent mechanics. After abusing, in no measured terms, all the most approved modes of treatment, and showing "popular" reasons for objecting to them, what do you suppose the lecturer recommended? Why, sundry doses of capsicum and veratrum which, by the way, he pronounced veratrum, to be given in homœopathic doses. So this was the plan "never before made known to the public!" The man had gulled his audience into attending, and then talked this nonsense. I am sorry to tell you that, instead of being hissed off, he was repeatedly applauded; and whenever he enunciated a more than ordinary virulent attack on the profession, a subdued murmur, if I may use such a term, of the feet indicated how thoroughly it was appreciated by his hearers. He modestly asked for a hospital in which to try his globules; and his ad captandum request, "give homœopathy a trial," had all the effect on the listeners as though that miserable delusion had not long since been tried and received its sentence of utter inefficiency. Who Dr. Griffiths Jones may be, is, probably, known better to the Editors of the "London and Provincial Medical Directory" than to you. Whether he have a diploma, or is merely a charlatan, is immaterial. He is equally mischievous in either case; and I do think that some steps should be taken to prevent people's minds, at a period when apprehension is only too readily felt, becoming unhinged, and their confidence in the legitimate practitioner shaken by a person who dazzles them by statements which they fancy they understand, and sends his audience away with an evident determination, on the old English principle of "fair play," to "give homœopathy a trial." I hear that this individual resides somewhere in the neighbourhood of the Hampstead-road, that he keeps his carriage, and is patronised by ladies of title (probably connexions of Lord Robert Grosvenor). At this I am not surprised, as educated people are often the most readily deceived; though the ignorance of the commonest rules of grammar, and his vile pronunciation, would have operated, one might have supposed, as a bar to his advancement among decent people. But, leaving him and his miserable lecture, let me address a word or two to those practitioners who, living in neighbourhoods infested with these empirics, may, in a measure, counteract their effects. Let each among his patients advise those precautionary measures which may seem best to him,



and let them thus know that they are cared for by those whose duty it will be to minister to them in sickness, and not feel that the homœopaths are the first to assist them, for, I must tell you, that with the precautionary measures of Dr. Jones I can find no fault whatever. I think the Polytechnic Institution might do good service here, as a lecturer, showing chemically and physiologically the effects of bad drainage, deficient ventilation, and so on, might be made most deeply interesting, and would be listened to by an audience capable not only of understanding its recommendations, but of putting them in force.—I am, Sir, your most obedient servant, M. R. C. S.

London, Sept. 29th, 1853.

*To the Editor of the "Medical Circular."*

MR. EDITOR.—I have just returned from a continental trip, and had time to read my back numbers of the fascinating little "Circular." In your account of the Swansea meeting no mention is made of our amusing friend, F.R.S. Toynbee. How is it that his gun did not go off as heretofore? Was the talking so incessant as to prevent the meeting hearing an imaginary report of which he could take advantage? or, had Ycarsley done nothing during the previous twelve months that our friend could pass off as the product of his own *highly original* mind? Pray explain this unheard-of silence, and oblige your constant admirer, FIZ-GIG.

FIDES AB INITIO.—1st, A practitioner can vaccinate in your district; 2nd, You cannot prevent it; 3rd, Yes.

L. M. D.—We cannot pronounce an opinion on the office in question; but if any gentleman desire to assure in a medical office, we strongly recommend the "Clerical, Medical, and General," which is conducted on sound principles, and gives the fair and orthodox fee of one guinea for an opinion. We are obliged to you for your compliment on the "Address."

DR. VEITCH.—Communication received, and shall have our best consideration.

\* \* A correspondent offers to supply us with a list of the actions at law, and the grounds thereof, in which the Editor of the "Lancet" has been engaged during his eventful life. We shall be much obliged for the same, as a document of interest, but we fear it would occupy too many pages of our journal to admit of its insertion.

DR. EDWARD YOUNG.—Your communication has been received, and shall receive early attention.

MR. ROBERT STEVENSON.—The prescription is the usual one in those cases. Chloroform has been tried, but with doubtful success.

VIGILANS.—Your note has been received, but a libel lies in its tail. More anon.

ANONYMOUS.—There is no modern work of the character you require. Ramsbotham's Midwifery, price 22s., would perhaps answer all purposes.

## ADVERTISEMENTS.

# THE BEST FOOD FOR CHILDREN, INVALIDS, AND OTHERS. ROBINSON'S PATENT BARLEY,

For making superior Barley Water in Fifteen Minutes, has not only obtained the patronage of her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light food for Infants, Children, and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

"BARLEY is a very sweet and nutritious grain, and is more readily subjected to vinous fermentations than any other grain; and therefore is the grain from which generally our beers and ales are produced. But there is another preparation from Barley, much more important to the sick man than these, and that is good Barley-water. However humble it may appear, it is one of the most valuable remedies with which the medical man is conversant, and strange to say, few patients to whom it is ordered, know how to prepare this valuable article. *Robinson's Patent Prepared Barley* offers the most ready and expeditious mode of making this preparation, and it will be found much preferable to the thick, disagreeable stuff usually made and denominated Barley-water.

"These drinks are intended to assuage thirst in fevers and inflammatory disorders, for which plenty of mild diluting liquor is one of the principal remedies; and if not suggested by the medical attendant is frequently demanded by honest instinct, in terms too plain to be misunderstood. The stomach sympathises with every fibre of the human frame, and no part of it can be distressed, without, in some degree, offending that organ, therefore it is of the utmost importance to sooth it, by rendering everything we offer it as agreeable as the nature of the case will admit.

"The improved Barley-water prepared as directed will be received with pleasure by the most delicate stomach. The Patent Barley may also be cooked in a variety of ways, and is one of the mildest and most nourishing articles of diet."

## ROBINSON'S PATENT GROATS

Form another Diet universally esteemed for making a superior Gruel in Fifteen Minutes—light for supper—and alternately with the Patent Barley, is an excellent Food for Children and Invalids, being particularly recommended by the Faculty as the purest and best Preparation of the kind extant, and far preferable to the Embden Groats.

"GROATS.—The nourishing qualities of Oats (from which Groats are made), is in this country so well known as to need but little remark. With respect to Oatmeal, which is so generally used in Scotland, the people of England seem to have fallen into an error respecting its qualities, from its producing in some a sensation of heartburn, or heat at the stomach. The most eminent French Physicians speak of Oatmeal as being of a cooling nature, and consequently prescribe it in fevers; and the inhabitants of the East and West Indies prefer it to Arrowroot, when labouring under inflammatory disorders. Oatmeal in its sound state is entirely without bitterness; but that which is generally sold, from being exposed to the impure air of the town or city, is frequently unsafe to use. Oatmeal-porridge is the best food for children; and, as an old author has justly observed, 'It is the king of spoon-meats, and the queen of soups, and gratifies nature beyond all others.' As Gruel, it forms a useful and mild diluent drink in a great variety of diseases, and in order to secure the purity of this valuable article, and as forming an excellent food for Children, we recommend *Robinson's Patent Groats*, from which pure Gruel may be quickly made, and which, from its peculiar preparation, is deprived of all the objectionable qualities pertaining to Oatmeal."

Prepared only by the Patentees, ROBINSON and BELLVILLE, Purveyors to the Queen, 64, Red Lion Street, Holborn, London.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets of 6d. and 1s., and in Family Canisters at 2s., 5s., and 10s. each.

## Hats perfectly ventilating, pliant

to the head, many ounces lighter than those in present use, yet equally durable. These Hats, as exhibited by MESSRS. GAIMES, SANDERS, & NICHOLL, at the Great Exhibition, 1851; and which are now so extensively patronised by the nobility and gentry, by the leading members of the legal and medical professions, and by many of the most eminent literary men, can be obtained in London, at 22, BIRCHIN-LANE, CORNHILL, and 111, Strand; or of their agents in most of the principal towns in England, Scotland, and the Colonies. The usual discount allowed to shippers.

## Bass's East India Pale Ale.—That

large portion of Medical Men who use and recommend this celebrated Ale, as supplied from our Stores, are informed that the October Brewings are in excellent condition, in Casks from 18 Gallons upwards. In the usual Wine-bottles and Imperial Pints, a good stock of Last Season's Ale can still be selected from. Much beer being sold for BASS'S which is not brewed by them, every Bottle sent out from our Stores is sealed and labelled, and every cask branded with our names.

BERRY BROTHERS & Co.,  
3, St. James's-street, London.



## Scarlett's Portable Invalid Soup.—

SCARLETT and SON respectfully inform the public that the SOUP made by them expressly for invalids, so strongly recommended by Dr. Marshall Hall and other medical gentlemen, will be found very beneficial. 2s. 6d. per quart, or 1s. per lb.  
26, King William-street, London-bridge.

## Arrowroot, 8d. per lb., in 14lb. Tins,

warranted genuine, imported direct from the West Indies. Finest Brazilian Isinglass, 8s. 6d. per lb. Samples per post on receipt of two stamps. Delivered free to any part of England.—H. WARREN & CO., 302, Regent-street, London.

## Genuine Wines.—Pale or Brown

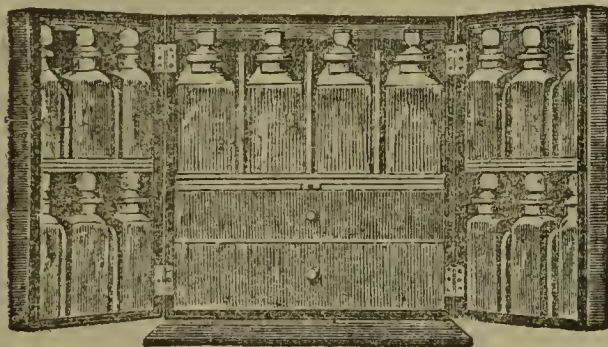
Sherry, 33s. per dozen. A very superior Amontillado Sherry 42s. per dozen. Old Crusted Port, 34s., 42s., and 48s. Hock, 36s. Moselle, 36s. Claret, 30s. Champagne, in splendid condition, 40s. per dozen. THE FINEST BLACK TEA imported, 4s. per lb.  
H. WARREN & CO., Importers of Continental and Colonial Produce, 302, Regent-street (nearly opposite the Polytechnic), London.

## Members of the Medical Profession

and the Public are respectfully requested, before furnishing, to inspect the extensive and well-selected Stock at RICHARD A. C. LOADER'S CABINET AND UPHOLSTERY WAREHOUSES, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

The Stock comprises every requisite for furnishing, at as low a price as goods of a guaranteed quality can be supplied. Catalogues gratis.

RICHARD A. C. LOADER, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.



## To Chemists and Druggists.—

FREDERICK THOMPSON, late of the firm of SPRINGWEILER and THOMPSON, begs respectfully to return his thanks to those Gentle men who have kindly given him the preference in their business since the death of his late step-father, Mr. Andrew Springweiler, and trusts, by attention to their interests, economy in charges, and superior finish in workmanship, to merit their continued patronage.

MANUFACTORY, 26 & 27, BARTLETT'S-BUILDINGS, HOLBORN, LONDON. Medicine Chests in every variety of quality and style of finish, embracing nearly one hundred different patterns, at prices from 6s. 6d. to £12. Ladies' and Gentlemen's Dressing Cases and Writing Desks, Despatch Boxes, Jewel Cases, Plate Chests, and Canteens. Wholesale and for Exportation. Ship Medicine Chests fitted according to Act of Parliament, at very reduced prices.

P.S.—Many customers of the late firm of SPRINGWEILER and THOMPSON, having forwarded their orders to the old address in error, F. T. begs that all future commands may be sent to the above address, Bartlett's-buildings, Holborn.

## BANKS OF DEPOSIT AND SAVINGS BANKS.

### INVESTMENT OF CAPITAL.

## NATIONAL ASSURANCE & INVESTMENT ASSOCIATION

TRUSTEES.  
The Right Hon. the Earl of Besborough.  
The Right Hon. Lord George Paget, M.P.  
The Right Hon. Lord Templemore.  
The Hon. Henry Fitzroy, M.P.  
The Rev. Joseph Prendergast, D.D. (Cantab.), Lewisham.  
George Stone, Esq., Lombard-street.  
Matthew Hutton Chaytor, Esq., Reigate.

## Persons desirous of investing Money

are requested to examine the Plan of this Association by which a high rate of Interest may be obtained combined with perfect security.

Prospectuses and full information may be had at the Office, or sent post free, on application. PETER MORRISON,

Managing Director  
St. Martin's place, Trafalgar-square, London.

## Jozeau's Copahine-mege, or Sac-

charated CAPSULES, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhœa, Gleet, and Leucorrhœal Discharges, on an average of six days (see "Lancet" of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by G. Jozeau, sole French Chemist, 49, Haymarket, London; and Jozeau, Pharmacien, 161, Rue Moutmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with the name of Gabriel Jozeau printed thereon.

### IMPORTANT TO THE MEDICAL PROFESSION.

## Davenport's Syrup of the Iodide of QUININE and IRON.

FROM DR. GOLDING BIRD.—"48, Russell-square.—I have now for some time employed pretty largely the triple Compound of Iodide, Quinine, and Iron, prepared by Mr. John T. Davenport, in the form of Syrup. I do not hesitate to express my opinion of its great value as a therapeutic agent. It has appeared to me, that the Quinine assisted the assimilation of the Iron, and I have found it to be of very great value in cases in which the Iodide of Iron is recognised. This triple Compound possesses many advantages over the simple Iodide, and not the least of them is, the satisfactory manner in which it is tolerated by the stomach, especially if administered (as all preparations of Iron ought to be) immediately after a meal.—"GOLDING BIRD, A.M., M.D., F.R.S., Fellow of the Royal College of Physicians, Physician and Professor of Materia Medica at Guy's."

FROM DR. GEO. P. MAY.—"Having for some time past extensively used the ternary compound of Quinine, Iodide, and Iron, prepared by Mr. J. T. Davenport, I can with confidence testify to its marked efficacy in cases of Struma and Anæmia, and, indeed, in all instances in which the exhibition of Iron and its compounds is indicated. This preparation appears to combine all the therapeutic powers of its constituents without their nauseous qualities, which renders it an admirable medicine in the treatment of some of the disorders of childhood.—GEO. P. MAY, M.D.—Maldon."

SYRUP OF THE IODIDE OF ZINC, as prepared for Dr. Barlow, of Guy's Hospital.

TARAXACUM (Davenport's) LIQUOR, or FLUID EXTRACT, Prepared by Spontaneous Inspissation, possesses every characteristic of the fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm. 6s. per lb.

CITRATE OF QUININE AND IRON. 25 per Cent. Quinine, 4s. 6d. per oz.

SYRUP OF THE IODIDE OF IRON. P. L. 3s. per lb.

BIMECONATE SOLUTION OF OPIUM. Professional testimonials acknowledge this preparation to be the most efficient sedative extant. The unpleasant effects of ordinary opiates are entirely obviated. Dose, fifteen to thirty drops. 8d. per oz.

COTYLEDON UMBILICUS. The Solid and Fluid Extracts, 1s. 3d. and 1s. per oz.; also, the Preserved Juice, 5s. 4d. per lb., as recommended by Mr. Salter, of Poole, in Epilepsy.

J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 33, Great Russell-street, Bloomsbury. A List of Preparations forwarded on application.

## Mayall's Daguerreotype Portrait

GALLERIES, 224, Regent-street, corner of Argyle-place, and 443, West Strand.—Mr. Mayall invites inspection of his newly patented process for producing crayon effects in daguerreotype miniatures, also his extensive collection of original portraits of parliamentary, scientific, literary, and theatrical celebrities. Portraits taken daily in the highest style of art. "Mr. Mayall's crayon pictures are much distinguished for the beauty of their execution, the tint being harmonious and neutral, the various textures of flesh, hair, drapery, &c., discriminated with a painter's taste, and an entire absence of a certain commonness of aspect which has tended hitherto to disparage this art."—Athenæum.

## To Authors, Publishers, etc.—Wood

ENGRAVINGS.—Illustrations for Books, Periodicals, Newspapers, and every class of Wood Engravings executed in a superior style, at reasonable prices, by GEORGE DORRINGTON, Designer and Engraver on Wood, 4, Amptou-street, Gray's Inn-road.

TESTIMONIALS.—"We are much pleased with your Engraving, and are obliged by your punctuality."—Cambridge Advertiser. "We are quite satisfied with your workmanship."—Edinburgh Evening Post. "The Engraving does you great credit."—Leicester Chronicle. "The Engraving has worked admirably, we are perfectly satisfied with it."—Cambridge Independent Press. "Your clarity, business-like tact and system are admirable."—Sheffield Times. "We are quite satisfied with the Engravings; they have our entire approval."—Derbyshire Courier. "The workmanship is very creditable to you, and worthy of the patronage of the press."—Nottingham Review. "We can fully bear out the encomiums of other newspapers on your ability and punctuality."—Sherbourne Journal. "We have much pleasure in bearing testimony to your promptitude in the execution of Engravings, and also to the general excellence of the work."—Leicester Mercury.

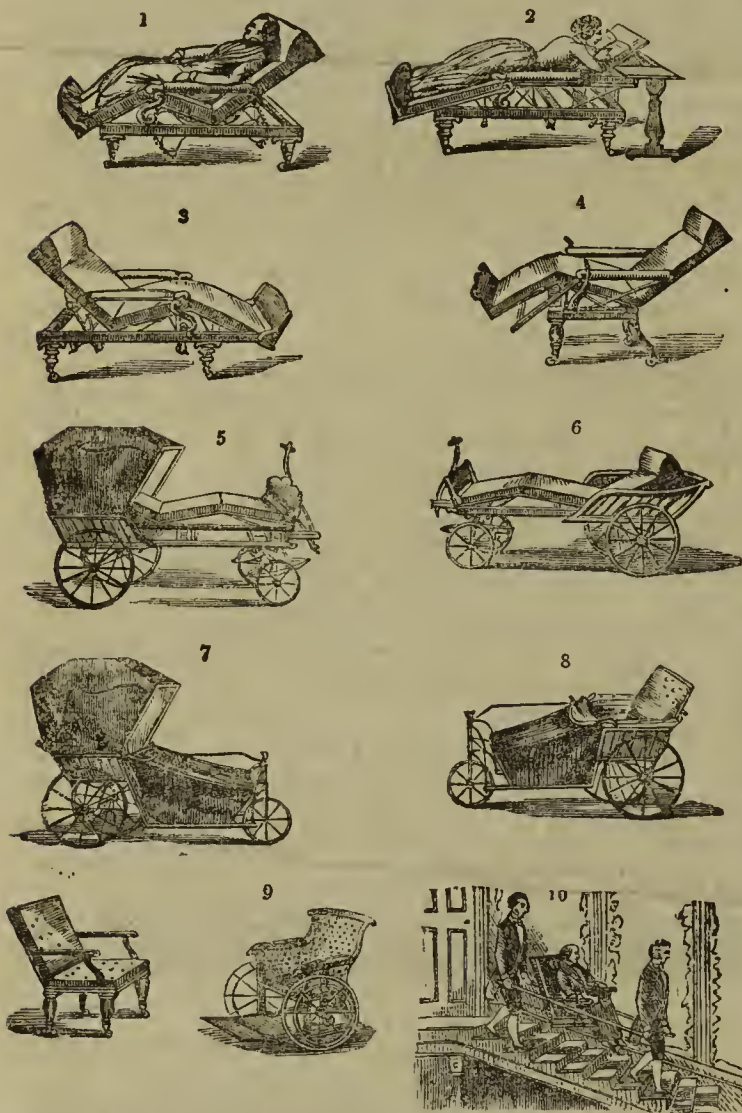
ESTIMATES AND SPECIMENS POST-FREE.



## Comforts for Invalids.—Messrs

CHAPMAN and ALDERMAN, of No. 8 Denmark street, Soho, London, beg most respectfully to inform their medical friends that they have now completed their mechanical arrangements for their Graduating Spinal, Fracture, and General Invalid Couches, Chairs, Carriages, &c. &c. The Illustrations will show that they can be made to wind into any position whatever, according to the requirements of the patient. No. 1 is the same as was supplied, by the recommendation of Sir B. Brodie, Bart., to the late Sir R. Peel, Bart., when he met with his fatal accident. Price twenty-eight guineas.—No. 2, in a Prone Position.—No. 3, as an Easy Chair, the arms being made to throw back, to enable the patient to get on and off easy.—No. 4, a Self-adjusting Spinal Chair. Price fifteen guineas.—No. 5, a Spinal Carriage, with a Shifting Couch. Price thirty guineas.—No. 6, without a Hood. Price twenty guineas.—No. 7, a Bath Chair. Price twenty-five guineas.—No. 8, without a Hood. Price fifteen guineas.—No. 9, a Self-propelling French Merlin Chair. Price fifteen guineas.—No. 10, their newly-invented Equilibrium Carrying-Chair, which answers as an Easy Chair in the room, as well as for carrying the invalid up and down stairs, the Poles being made to hook on and off. Price eight guineas.

Hospitals and Public Institutions supplied.



The above can be had on Hire.



## Pure and Healthy Leeches.—

POTTER and HAILEY beg to assure the Profession, Druggists, &c., that the Leeches they offer are such as can be recommended for Purity, Health, and Readiness of Biting.

Importers of Leeches and Turkey Sponge, Herbalists, &c., 66, Far ringdon-market, London.

Established upwards of Forty Years.

## Medical Agency, 50, Lincoln's-inn-fields, Conducted by

MR. BOWMER, M.R.C.S.L.

All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.

(OFFICE HOURS, 11 TILL 4.)

## Rumble's Improved Elastic Bodice,

recommended by eminent Physicians.—This superior and much improved Elastic Bodice can with confidence be offered to ladies, as surpassing any yet made; it fastens easily in front, retains its firmness and elasticity, and by a peculiar system, adopted by Mrs. Rumble, a perfect fit is ensured. To be obtained only of the manufacturer, M. Rumble, 2, Welbeck-street, Cavendish-square, opposite the Savings Bank.

STAYS SUPERSEDED.

## Great Exhibition Elastic Bodice.

—Stiff Stays destroy natural grace, produce deformity, and implant disease. Curvature of the spine, consumption, and a host of evils arise from their use. MARTIN'S ELASTIC BODICE is without whalebone or lacing, at the same time furnishing a sufficient support, and imparting to the figure that natural elegance, which is quite impossible under the pressure which is the great aim, as mischievous as the certain end, of all kinds of stays. The time and patience of the wearer are also spared, by a simple fastening in front, to obviate the trouble of lacing. As there are several imitations of these celebrated Bodice, it is necessary to inform the Public that they can be obtained only of the Inventors and Manufacturers, E. AND E. H. MARTIN, 501, New Oxford-street.

A Prospectus, &c., on receipt of a stamp, can be sent by post.

## Prize Medal, Great Exhibition,

1851.—The only one granted for CORSETS in the United Kingdom, was awarded by the MEDICAL JURY to MADAME CAPLIN, 58, Berners-street, Oxford-street, for her HYGIENIC CORPORA-FORM CORSETS, Elastic Bodice, Belts, &c. For a description of the merits of the above, see Dr. Tilt's great work, "Elements of Female Hygiene."

## The Respirator.—The extensive

use of Mr. JEFFREYS'S Respirator by sufferers from irritation in the air passages and lungs, renders it desirable that the attention of the profession should be invited to the different forms of the instrument. These are—for the mouth, THE FIXED ORAL RESPIRATOR, and the HAND ORAL—the latter so convenient in form as to supersede in many cases a necessity for the former. The NASAL for the nostrils, and the Orinal to cover both orifices, are instruments used chiefly at night, to promote rest by allaying cough and irritation. The earlier and more steadily the Respirator is employed in the forms needed, the sooner does the patient cease to require it. There can be no greater mistake in therapeutics than to defer the employment from a fear of inducing a dependence on it, the very contrary being true in theory and in all experience. A pamphlet, entitled "Answers to Objections, &c.," and procurable at all the Depots, may be worth the attention of medical men, as containing philosophical replies to mistaken views. West-end Depot, 25, Holles-street, Oxford-street.—S. Griffiths. Wholesale Office, City, 25, Bucklersbury. The leading Chemists and Instrument Makers are Agents for Mr. Jeffreys's Respirators.

## For Varicose Veins & Weakness.—

SURGICAL ELASTIC STOCKINGS, AND KNEE-CAPS on a New Principle, pervious, light in texture, and *inexpensive*, yielding a permanent, efficient, and unvarying support under any temperature, without the trouble of Lacing and Bandaging; likewise, a Strong, Low-priced Article for Hospitals and the Working Classes: ELASTIC NET CORSETS of the same beautiful fabric, ABDOMINAL SUPPORTING BELTS, for both sexes, those for ladies' use before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instructions for measurement, and prices on application, and the articles sent by post, from the Manufacturers,

POPE and PLANTE, 4, WATERLOO-PLACE, PALL-MALL, LONDON.

The Profession, Trade, and Hospitals supplied.

The Publisher of the "MEDICAL CIRCULAR," in answer to several enquiries from the country, begs to state that the following are the terms for inserting Advertisements:—

Four lines and under . . . . .	£0 2 6
Every additional line . . . . .	0 0 6
Whole Column . . . . .	2 15 0
Whole Page . . . . .	5 5 0

London: Printed by WILLIAM TROUNCER, at his Office, No. 9, Cursitor-street, Chancery-lane, in the Parish of St. Andrew, Holborn, in the County of Middlesex; and published by CHARLES JAMES HARRIS, at No. 128, Strand in the City of Westminster.—October 5th, 1853.



THE  
MEDICAL CIRCULAR  
AND  
General Medical Advertiser.

No. 41, New Series. } WEDNESDAY, OCTOBER 12, 1853. {THREEPENCE.  
No. 67. } STAMPED, 4d.

TABLE OF CONTENTS.

	Page		Page
Leading Articles:		The Hémospasic Method of Treatment ... ..	235
Cholera and Local Boards of Health ... ..	273	Original Communications ... ..	236
The Vaccination Act ... ..	274	Correspondence ... ..	236
Mirror of Periodical Literature ... ..	274	Medical Notes and Queries ... ..	237
Contents of the Medical Journals ... ..	276	Hospital Reports ... ..	237
Books received for review ... ..	277	Cholera ... ..	239
Bibliography ... ..	277	Obituary... ..	239
Opening of the Medical Session ... ..	277	Medical News ... ..	290
Anatomy of Quackery, No. XXX. ... ..	283	Notices to Correspondents ... ..	291

This Day, price 6d., by post 8d.,  
CHOLERA: its Nature, Treatment, and Sanitary Requirements. By S. SCOTT ALISON, M.D.  
London: Richards, 37, Great Queen-street.

Cholera.—In demy 8vo., price 7s. 6d.  
cloth. REPORTS ON THE ORIGIN AND PROGRESS OF PESTILENTIAL CHOLERA IN THE WEST YORKSHIRE LUNATIC ASYLUM, During the Autumn of 1849, and on the Previous State of the Institution: A Contribution to the Statistics of Insanity and of Cholera. By T. G. WRIGHT, M.D., Visiting Physician to the Asylum.  
London: Longman, Brown, Green, and Longmans.

On True and False Spermatorrhœa :  
With a view to the Correction of wide-spread Errors in relation to the Treatment and Cure of the Impuissant and Sexual Hypochondriacs, in general. Translated from the German of Dr. PICKFORD. Baillié, 219, Regent-street, & 290, Broadway, New York

Nos. 5, 9, 13, (New Series) of the  
"MEDICAL CIRCULAR."—Any gentleman possessing these Numbers, and who may be willing to dispose of the same, will greatly oblige by forwarding them to the Publisher, who will immediately return the full price in Postage Stamps, or exchange them for any other Number, if desired.  
Office, 123, Strand.

The Synoptical Chart of the "Medical Circular" is now ready, with considerable additions, marginal notes, and explanations, giving at a coup d'œil a complete Synopsis of the Classes, Lecturers, Hours, Fees, &c., of every recognised Medical School in Great Britain and Ireland. To be had at the Office of this Journal, price 6d.

TO GENTLEMEN SEEKING APPOINTMENTS.  
The Civil Service Gazette (Weekly Family Journal, Price Sixpence) contains each week a List of all Vacancies and Appointments in the Treasury, Post Office, Admiralty, Audit Office, Royal Dockyards, War Office, Home and Colonial Departments, Foreign Office, Customs, Coast Guard, and all other Departments of the State, both in England and the Colonies. The information is official and authentic. The CIVIL SERVICE GAZETTE is also a complete Newspaper, with the usual Parliamentary, Legal, Home and Foreign News, Literary Notices, and Theatrical Critiques. Its Ecclesiastical Intelligence supplies a List of Clerical Vacancies, with the name of the Patron and Value of each Living. It contains the usual Naval and Military Gazettes; and in the General News will be found an account of Vacancies in Railways and Dockyards, and all the great Incorporated Companies. Office—5, Catherine-street, Strand.

Royal College of Physicians, Degree  
OF M.D., APOTHECARIES' HALL, &c.—DR. COOKE continues to assist (personally or by correspondence) Gentlemen desirous of Graduating in Medicine or Surgery, or of Matriculating at British or Continental Examining Boards.—For terms, &c., apply to DR. COOKE, East Temple Chambers, 2, Whitefriars-street, Fleet-street.

Taraxacum (Davenport's) Liquor,  
or FLUID EXTRACT, Prepared by Spontaneous Inspissation, possesses every characteristic of the fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm. 6s. per lb.  
COTYLEDON UMBILICUS.—The Solid and Fluid Extracts, 1s. 3d. and 1s. per oz.; also, the Preserved Juice, 5s. 4d. per lb., as recommended by Mr. Salter, of Poole, in Epilepsy.—J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 33, Great Russell-street, Bloomsbury.—A List of Preparations forwarded on application.

Mayall's Daguerreotype Portrait  
GALLERIES, 224, Regent-street, corner of Argyle-place, and 443, West Strand.—Mr. Mayall invites inspection of his newly patented process for producing crayon effects in daguerreotype miniatures, also his extensive collection of original portraits of parliamentary, scientific, literary, and theatrical celebrities. Portraits taken daily in the highest style of art. "Mr. Mayall's crayon pictures are much distinguished for the beauty of their execution, the tint being harmonious and neutral, the various textures of flesh, hair, drapery, &c., discriminated with a painter's taste, and an entire absence of a certain commonness of aspect which has tended hitherto to disparage this art."—Athenæum.

To Authors, Publishers, etc.—Wood  
ENGRAVINGS.—Illustrations for Books, Periodicals, Newspapers, and every class of Wood Engravings executed in a superior style, at reasonable prices, by GEORGE DORRINGTON, Designer and Engraver on Wood, 4, Ampton-street. Gray's Inn-road.  
TESTIMONIALS.—"We are much pleased with your Engraving, and are obliged by your punctuality."—Cambridge Advertiser. "We are quite satisfied with your workmanship."—Edinburgh Evening Post. "The Engraving does you great credit."—Leicester Chronicle. "The Engraving has worked admirably, we are perfectly satisfied with it."—Cambridge Independent Press. "Your alacrity, business-like tact and system are admirable."—Sheffield Times. "We are quite satisfied with the Engravings; they have our entire approval."—Derbyshire Courier. "The workmanship is very creditable to you, and worthy of the patronage of the press."—Nottingham Review. "We can fully bear out the encomiums of other newspapers on your ability and punctuality."—Sherbourne Journal. "We have much pleasure in bearing testimony to your promptitude in the execution of Engravings, and also to the general excellence of the work."—Leicester Mercury.  
ESTIMATES AND SPECIMENS POST-FREE.



## Members of the Medical Profession

and the Public are respectfully requested, before furnishing, to inspect the extensive and well-selected Stock at RICHARD A. C. LOADER'S CABINET AND UPHOLSTERY WAREHOUSES, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

The Stock comprises every requisite for furnishing, at as low a price as goods of a guaranteed quality can be supplied. Catalogues gratis.

RICHARD A. C. LOADER, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

## Jozeau's Copahine-mege, or Sac-

charated CAPSULES, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhœa, Gleet, and Leucorrhœal Discharges, on an average of six days (see "Lancet" of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by G. Jozeau, sole French Chemist, 49, Haymarket, London; and Jozeau, Pharmacien, 161, Rue Montmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with the name of Gabriel Jozeau printed thereon.

## Scarlett's Portable Invalid Soup.—

SCARLETT and SON respectfully inform the public that the SOUP made by them expressly for invalids, so strongly recommended by Dr. Marshall Hall and other medical gentlemen, will be found very beneficial. 2s. 6d. per quart, or 1s. per lb. 26, King William-street, London-bridge.

## Genuine Wines.—Pale or Brown

Sherry, 33s. per dozen. A very superior Amontillado Sherry 42s. per dozen. Old Crusted Port, 34s., 42s., and 48s. Hock, 36s. Moselle, 36s. Claret, 30s. Champagne, in splendid condition, 40s. per dozen. THE FINEST BLACK TEA imported, 4s. per lb.

H. WARREN & CO., Importers of Continental and Colonial Produce, 302, Regent-street (nearly opposite the Polytechnic), London.

## Arrowroot, 8d. per lb., in 14lb. Tins,

warranted genuine, imported direct from the West Indies. Finest Brazilian Isinglass, 8s. 6d. per lb. Samples per post on receipt of two stamps. Delivered free to any part of England.—H. WARREN & CO., 302, Regent-street, London.

NO ACT OF PARLIAMENT REQUIRED TO SETTLE  
THE BOTTLED-BEER QUESTION.

## Earle Brothers & Co. beg to inform

the Public that they have made arrangements to sell Bass's or Allsopp's Pale Ale and other Pale Ales of the first quality, genuine Dublin Stout, in Bottles manufactured expressly for them, containing the full IMPERIAL QUART and PINT MEASURE, at the following prices:—



	s.	d.
Bass's or Allsopp's best Pale Ales, at per Dozen Imperial Quarts	8	0
Ditto ditto Pints	4	6
Genuine Dublin Stout, warranted of the first quality—per Dozen Imperial Quarts	7	0
Ditto ditto Pints	4	0



EARLE BROTHERS & Co., guarantee their Ales and Stout to be of the finest quality, and earnestly invite the Public to avail themselves of the great saving they will make by honouring this firm with their patronage.

EARLE BROTHERS & Co. call the attention of the Public to the important fact, that they are offering

Three Gallons—that is One Dozen and a Half of the present mis-called Quarts and Pints—for a Lower Price than the public is now paying for Two Gallons, or One Dozen of precisely the same article, identical in quality, and brewed by the same eminent firms.

The advantage to the Public is one-third more for the same price.

The Public has loudly complained of the short measure it has been the practice of the dealers in Bottled Beer to give.

EARLE BROTHERS and Co. offer the Public a complete remedy, and respectfully beg the Public to avail themselves of it.

TERMS, CASH.	s.	d.
Bottles charged per dozen Quarts	2	0
Ditto ditto Pints	2	6
Full credit given for the Bottles when returned.		

EARLE BROTHERS AND Co.,  
Wine and Beer Merchants,

4, DUNCANNON STREET, TRAFALGAR SQUARE, LONDON.

## Dr. Pereira.—This late Eminent

Physician's opinion of HARDS' FARINACEOUS FOOD for Infants and Invalids:—

"I have carefully examined, and repeatedly prescribed 'Hards' Farinaceous Food' (See Pereira's 'Treatise on Food and Diet,' pp. 309 and 473, &c.), which is prepared from the most nutritious of the cereal grains. It combines both nitrogenised and non-nitrogenised alimentary principles, and forms a very valuable food for children and invalids.

"JOHN PEREIRA, M.D., F.R.S.,

"Assistant-Physician to the London Hospital.

"47, Finsbury-square, July 1, 1843."

Sold by Chemists and Druggists, Patent Medicine Vendors, Tea Dealers, and Italian Warehousemen, in 1s. and 2s. packets, and tin cases, 7s. 6d. each. Observe—all genuine packets and cases are signed "Jes. Hards," and manufactured at the Royal Victoria Mill Dartford, Kent.

## Hats perfectly ventilating, pliant

to the head, many ounces lighter than those in present use, yet equally durable. These Hats, as exhibited by MESSRS. GAIMES, SANDERS, & NICHOLL, at the Great Exhibition, 1851; and which are now so extensively patronised by the nobility and gentry, by the leading members of the legal and medical professions, and by many of the most eminent literary men, can be obtained in London, at 22, BIRCHIN-LANE, CORNHILL, and 111, Strand; or of their agents in most of the principal towns in England, Scotland, and the Colonies. The usual discount allowed to shippers.

NEMO SIBI VIVAT.

## Medical, Legal, and General Mutual

LIFE ASSURANCE SOCIETY.

126, Strand, London.

FOR HEALTHY AND DISEASED LIVES.

Established A.D. 1846.

TRUSTEES.

JAMES COPLAND, M.D., F.R.S., 5, Old Burlington-street.

VERE FANE, Esq., 189, Fleet-street.

JOHN B. PARRY, Esq., Q.C., Lincoln's-inn.

THE RIGHT HON. THE MASTER OF THE ROLLS, Hyde-park-terrace.

JAMES RUSSELL, Esq., Q.C., Lincoln's-inn.

DIRECTORS.

John B. Parry, Esq., Q.C., Chairman.

\*George H. Barlow, M.D., Guy's Hospital.

Daniel Cornthwaite, Esq., 14, Old Jewry Chambers.

\*F. J. Farre, M.D., St. Bartholomew's Hospital.

T. W. Greene, Esq., 2, New-square, Lincoln's-inn.

Richard Jebb, Esq., Greek-street, Soho.

\*J. C. W. Lever, M.D., Guy's Hospital.

\*William J. Little, M.D., London Hospital.

John Parrott, Esq., Clapham-common.

\*R. Partridge, Esq., F.R.S., King's College Hospital.

\*R. Quain, Esq., F.R.S., University College Hospital.

R. Smith, Esq., Endsleigh-street, Tavistock-square.

F. T. White, Esq., Stone-buildings, Lincoln's-inn.

J. H. Whiteway, Esq., Lincoln's-inn-fields.

Policies never disputed in the absence of wilful fraud; they are a sure and safe provision for settlements, renewal of leases, security of debts, &c.

The Medical Attendant consulted as the Medical Adviser and Examiner of the Society, and awarded a fee of £2 2s. when the sum assured amounts to £250, and £1 1s. when under that sum. The Medical Practitioner also receives for business introduced by him, the usual commission of ten per cent. on the first payment, and five per cent. on the payments of subsequent years.

The Society also claims the support of the Medical Profession on the following grounds:—

1. For several years the "Medical Legal and General" was the only MUTUAL Life Assurance Society connected with the Medical Profession.

2. The Rates are lower than those of any other Medical Life Office.

3. This is the only MUTUAL Life Assurance Society now actually declaring its bonuses once every year.

4. Persons desirous of assuring Diseased or Rejected Lives will find that from the experience acquired by this Society it is enabled to accept such lives at rates both equitable and safe.

5. From the outset the expenses of management have been kept within the narrowest limit consistent with the efficient working of the establishment.

Annuities, endowments, and every form of assurance contingent upon Life transacted at moderate rates.

Annual Premium for assuring £100 at death, with profits.

Age.	Premium.	Age.	Premium.	Age.	Premium.	Age.	Premium.
15	£1 10 10	30	£2 6 2	45	£3 12 3	60	£6 19 0
20	1 15 0	35	2 13 0	50	4 7 8	65	8 17 6
25	2 0 1	40	3 1 2	55	5 9 11	70	11 10 6

Prospectuses, forms, and any further information may be obtained of  
FREDERICK JAMES BIGG, Actuary and Secretary.

\* The Directors marked with an asterisk are the Medical Examiners of the Society, one of whom is always in attendance on Mondays at 3 o'clock, and on Fridays at 4 o'clock.



## The Medical Circular.

WEDNESDAY, OCTOBER 12, 1853.

### CHOLERA AND LOCAL BOARDS OF HEALTH.

THE steady progress and periodical development of the cholera excited, at one period, much astonishment, but, since the laws of epidemics have been more carefully investigated, it has been found that these characteristics are not peculiar to cholera, but have distinguished all great epidemics. Although, therefore, our wonder may diminish, the spirit of inquiry will be only the more stimulated by a larger experience. A wider field of investigation offers ampler opportunities to the searcher for the discovery of truth.

On each visitation to this country the cholera has marched across the north of Europe to reach our shores, and, having arrived at Hamburg, has immediately passed over the German Ocean to alight on one or other of our northern ports. Not from Bremen, Amsterdam, Rotterdam, or Calais—ports more westerly and nearer to our coast—has this epidemic set out on its fatal expedition to our island, but from Hamburg, a town distant many hundreds of miles from the scene of its descent. Hamburg enjoys one peculiarity,—it is in the same latitude with the river Humber, and only a little more than a degree south of Newcastle, between which geographical lines this epidemic has always entered our territories. We forbear to inquire what currents of air or of electricity may flow down the basin of the Baltic, and continuing their course in a direct parallel of latitude to our shores, afflict us with this fearful plague; or what terrene agencies may operate to produce the same result, because everything connected with meteorology, in relation to epidemics, is yet uncertain and obscure.

The first epidemic of cholera reached England by Sunderland, on the 2nd of November, 1831; the second epidemic appeared in Hull, during the first week of October, 1848; and the third epidemic, under which this country is now suffering, burst forth at Newcastle just one month earlier; so that we see the epidemic anticipates the period of its coming by one month in each successive visitation. These facts appear to indicate a certain atmospheric constitution or physical predisposition in our people that invites the epidemic. May it not also be an omen of the ultimate localization of the epidemic among us, and of its becoming a familiar agent of destruction like typhus or small-pox?

In proportion to the peril by which we are surrounded, is the necessity for making strenuous efforts to rob the epidemic of its violence. If, as it appears, cholera is to be an abiding scourge, let us do our best to deprive it of a lodging, and to despoil it of those advantages which add to its strength. However inscrutable the essential

nature of the epidemic, however mysterious its operation in the animal economy, we can, at any rate, do much to mitigate its severity.

Sanitary science is embodied in one word—CLEANLINESS. A clean city, a clean house, clean clothes, and a clean skin, are the alpha and omega of preventive medicine. This word is a text for a long chapter of instructions, dealing with all the ramifications and incidents of social life. Let our Local Boards look to their duty, for a heavy responsibility lies with their counsels.

In our last number, we gave the outline of a plan for the formation of Local Boards of Health composed entirely of medical men, and pointed out the immense advantages both to society and to science that would arise out of their institution. We observe that the practitioners in East Surrey are about to form a Board of this nature, and we wish every success to their exertions. Their attempt should be supported by similar efforts throughout the country, so that the most complete organization may be effected.

Our readers may rely that they will never attain that leading position in society to which they are by their science and usefulness entitled, unless they take a more public action when events of the calamitous nature of those now in the ascendant invoke their services. We must not be content merely with curing disease, we must lead the public mind on all questions coming within our province. The clergy now do our work, without our knowledge, our authority, or our opportunities of usefulness. They respond readily to a public want, and command consideration, simply because there is no more legitimate authority set up to which the public can look with respect.

One important advantage that would arise from the more decided public action of our brethren in great social crises like the present, would be the support it would give to the attempt made to procure a just and honourable recognition of our importance from the State. If the profession would take the initiative in all local affairs relating to sanitary subjects, a powerful public opinion would be created, which would not tolerate the formation of General Boards of Health, upon any other basis than that of medical science. In such an event, Dr. Southwood Smith would not be at the tail, but at the head, of his department.

As an important part of the scheme we have delineated, the authorities of our Hospitals, Dispensaries, and other Public Institutions should be engaged in the great work, so that information might be derived from every source, and the most complete history of any disease that has ever been made, procured. There are several bodies already constituted that might appropriately undertake this task, but those whose action in the matter the profession would chiefly respect, are the Board of Health and the Royal College of Physicians. We conjure one or other



of these bodies to exert themselves in this work, in accomplishing which they may be assured that they would gain the admiration and gratitude of all thoughtful men.

### THE VACCINATION ACT.

THE arrangements are nearly completed for carrying out this measure, and we understand that the Registrar-General is disposed to nominate as Public Vaccinators the medical officers of Unions exclusively. We have the highest regard for this order of our brethren; we know well the important and responsible duties they perform, and the miserable requital they obtain for their services, and have laboured much to ease their grievances, and improve their position.

We believe, however, that under the existing order of things, the medical officers of Unions are not *in all cases* the most suitable persons upon whom the duty of public vaccination should devolve. Although in many rural districts they might be appointed to perform this duty with advantage, and in some might be the only persons who *could* be so appointed, yet in many Unions they are already, according to their own statements, at least, so overwhelmed with the multiplicity and oppressiveness of their duties, that they cannot be expected to carry out the system much more efficiently than they have hitherto done. They will also become subject to so many masters that, on their own account, we do not think that the acceptance by them of the new duties would be desirable. The only clauses in the new Act upon which any reliance can be placed for the more perfect enforcement of a system of vaccination, are the "compulsory clauses," which we have already declared will, in our opinion, prove to be an entire failure.

What greater advantage, then, shall we derive from the new system than from the old one? The same means will be used, under conditions so similar, that the same results must be expected. We fear, too—and we have already sufficient ground for our fears—that jealousies will spring up in every village, in consequence of the intrusion of the public vaccinators into private families; and that at length a cry will be raised in the profession for the prohibition of public practitioners from engaging in private practice. We do not say that such a consequence would not, in a few years, prove to be beneficial to all parties; but whether so or not, we can foresee that a movement in this direction will necessarily ensue from the accumulation of a large amount of public business in the hands of a few practitioners.

To avoid this, it is desirable that the Registrar-General should carry out the new law on a separate basis, not excluding Union Surgeons when their services may be desirable, nor private practitioners, when either their experience or position may qualify them for the duties, and in this way he would not only effectually secure the

good-will and co-operation of the profession, but also succeed in applying the new law with more thoroughness and universality than are at present likely to attend his efforts.

### Mirror OF PERIODICAL LITERATURE.

(From the "Lancet," Oct. 8, 1853.)

#### SIMPLE VENTRICULAR MENINGITIS.

We quote the following from a paper by Dr. Willshire, entitled "Memoranda relative to some Cerebral Affections of Children:"—

"1. *Simple Ventricular Meningitis*.—Simple acute meningitis is, under any of its forms, an unfrequent disease in childhood. At this period, the meningeal inflammation is usually of the granular or tuberculous character, or, at any rate, is subservient to the sway of the important diathetic disorder, scrofula. But if simple acute meningitis of the periphery alone, or combined with that of the base or of the ventricles is uncommon, that limited to the lining membrane of the latter is excessively rare. So rare indeed is it, that MM. Rilliet and Barthez have been unable to meet with a single case on record. The former, however, has been witness to one, terminating in ventricular effusion, loss of intelligence, idiocy, and death. The fatal event did not occur till the end of the fourth month, the disease assuming somewhat of a chronic character. The case seems more particularly interesting, as tending to support the views of those who believe chronic internal hydrocephalus to be due to inflammation of the ventricular lining membrane. The following instance, occurring to ourselves, differs in some important points from M. Rilliet's, and appears more fully to demand the qualification of *acute* to the terms ventricular meningitis:

"C. W., a boy five years old, was brought to the Infirmary in the month of January. His parents live near the Institution. The child was said to have been ill for more than a week, and to have been an out patient at the Charing-cross Hospital. The prescription paper of the latter showed that antimonials and salines had been given. The patient was very thin, pale, and weak, lying in his mother's lap, scarcely able to speak, though complaining somewhat of his head. There was thirst, loss of appetite, coated and rather dry tongue, but no costiveness. On a review of the whole symptoms, and being impressed by the recollection of an epidemic then prevalent in the locality, I came to the conclusion that the child was suffering from chronic remittent fever of a low type. Still, I was not quite satisfied with the diagnosis, as there appeared something not easily to be described in the case, different to the patients I was then attending. The epidemic then prevalent absolutely demanded bark and ammonia for its satisfactory treatment, and these agents were here given. Under their employment, a great change for the better appeared to ensue, and progressed for an entire week. I watched the case with much interest, being suspicious about my diagnosis, but at the end of the week I entered in my note-book, that I thought my patient would do well, and that 'my diagnosis is right.' The next day a change appeared. The patient became worse, and complained bitterly of his head. There was no costiveness, rather the reverse, but there was some vomiting. The ammonia and bark were stopped, leeches applied to the temples, and blisters behind the ears, antimonials, salines, &c., given. No relief from any treatment was obtained, the child became still worse, semi-conscious, the pupils were dilated, the head thrown back, and the limbs became slightly stiffened. With slight alterations, these symptoms continued for four days,



when the limbs became more relaxed, and every now and then affected with a sort of slow shaking, or trembling movement. The remission called the 'lightning before death' appeared; then, as was expected, the symptoms became worse, the limbs stiffer, the head thrown back, the hands clenched, and the patient died at the end of the second week since he was first seen at the Infirmary.

"The case had been very obscure to us: there had been no definite convulsions, no screaming, no 'cerebral respiration,' though the latter was frequent, no constipation, and but little vomiting. The constant dorsal decubitus, the peculiar opisthotonic symptoms, and the pyrexial prodromi were the more marked positive phenomena—of course the lesion was cerebral, but that was saying little; there was probably effusion, that was not saying much more. It might be the base, or the hemispheres, or the ventricles which were more particularly involved, or it might be the meninges alone which were affected, or they might be intact, and true tubercle exist of the cerebellum medulla, or brain proper. Further, the inflammatory element, if present, might be either of the simple or granular character, the fever might be symptomatic of the cerebral mischief, or reactional, or be the primary disorder, and the affection of the nervous centre be secondary to it.

"P.M.—Skull well ossified, convolutions of brain compressed, the membranes intensely congested. No milky effusion along the course of the vessels, no exudation of any kind beneath the arachnoid or upon the hemispheres. No granules along the edges of the latter. Cerebral matter showing numerous red points, and striæ on section, but no continuous blush. Ventricles greatly dilated, extending the whole length of the hemispheres, and full of serum. In each posterior cornu floated a thick continuous flock or flake of green-coloured purulent matter. The ventricular lining membrane was thickened and vascular in parts, and rough and broken down elsewhere. No central softening existed. A small quantity of green purulent matter was found at the base. The cerebellum was rather softer than natural. No tubercular deposit existed within the cranium, nor within the thorax.

"The absence of the ordinary characters of simple hemispheric acute meningitis, of those of the tuberculous meningeal affection, the slight evidence, comparatively, of lesion at the base, and the very positive signs of the ventricular changes, together with the peculiar symptoms, authorise me, I believe, in considering the above case as one of simple acute ventricular meningitis."

(From the "Medical Times and Gazette," Oct. 8, 1853.)

#### ON THE TREATMENT OF CHOLERAIC DIARRHŒA.

The following quotation is an extract from the Annual Report made by Dr. Cameron of the health of the troops serving in Ceylon from April 1, 1850, to March 31, 1851:

"Under the head of diarrhœa, are included several cases which should, perhaps, have been returned as cholera; one was entirely so, and others were at least highly choleraic in character. I allude to the subject for the purpose of bringing especially to notice the admirable effects of bicarbonate of soda and opium administered in the form which has given it the name of "Maxwell's remedy," being first introduced by Dr. Maxwell, of the Madras Cavalry, about two years ago I think. I happened to read his letter in the Indian papers at Galle, while a case was under treatment in hospital, and finding the following morning that the man had vomited all night in spite of every remedy tried, that the dejections were rice-watery, the nails blue, and the body very cold, I at once gave him 'Maxwell's dose,' which stopped the whole train of symptoms directly. The proportions are as follow:—A scruple of sesquicarbonate of soda, with three grains of opium, given in the form of a bolus, and washed down with a second scruple of soda in a wineglassful of water, as hot as the patient can bear to

swallow it. This to be repeated in the evening, with two grains of opium if necessary, and afterwards in diminished doses if required. I have never found it necessary to give a second bolus when the first was retained, and sometimes have succeeded in stopping the vomiting by the hot draught with laudanum when the patient could not keep down any bolus. This was the case in the cholera patient alluded to, who was admitted at Colombo, on the 15th of July, with blue skin, shrivelled hands, and weak voice, after vomiting and purging all night.

"On our arrival here, and during the hot weather with cold nights in March, we had about a dozen cases of men brought into hospital, many of them off guard in a state of great exhaustion from vomiting and purging, having generally had diarrhœa for twenty-four hours or more previously. None of them were exactly cases of cholera, but they very closely approximated to it, having cramps and great coldness of skin. In every instance, 'Maxwell's dose' was immediately given, and acted like a charm."

#### ON THE TREATMENT OF DYSENTERY.

"Dysentery is generally seen as colonitis in Ceylon, and very rarely attended with that hepatic complication so much talked of elsewhere. The treatment pursued has been local depletion by leeches to the abdomen and anus, the internal use of Dover's powder and ipecacuanha, in doses of three grains each, every third hour during the early stage, and afterwards, combinations of opium with kino, chalk, tannin, acetate of lead, etc., according to circumstances.

"In all severe cases, I have for many years past conjoined quinine in moderate doses with the other remedies, giving to the extent of twelve or sixteen grains in the twenty-four hours, and, I am persuaded, with the best results as regards the patient's strength and the prevention of sloughing of the mucous membrane. I attach much importance, also, to the support of the patient from the commencement. Sick men often die of *starvation* as much as anything else. I generally give a cup of arrow-root twice a day for the first three days, and after that continue it, with chicken broth, for dinner and drink. Opiate injections are constantly used. I have occasionally derived benefit from strong solutions of nitrate of silver thrown into the colon; but with the ordinary apparatus it is nearly impossible to use the remedy effectively, owing to decomposition.

"I have for many years past abandoned the use of calomel in this disease, after considerable experience of its results. The loss of two cases in seventeen appears high; but in one of them the disease had reached a sloughing stage before it was known to exist. The other was lost after he had become quite convalescent and left his bed, solely, I think, from being deceived by him in his anxiety to get discharged."

#### ON A NATIVE REMEDY FOR DIARRHŒA.

"In the treatment of some very obstinate cases of diarrhœa, much benefit was derived from the use, in chronic cases, of the fruit of the *Ægle marmelos*, or bele, a favourite Cingalese remedy. From one to three of these apples, as they are called, slightly roasted in the ashes, and eaten with sugar, generally agreed well with the stomach, and proved powerfully astringent. Among others, this remedy cured a man who had laboured under diarrhœa for a year nearly, and who was sent to head-quarters to be invalided. It is also highly useful in the sequel of dysentery cases, and in the chronic form of that disease, even when the discharges are bloody."

(From the "Dublin Medical Press," Oct. 5, 1853.)

#### CASE OF SECONDARY VENEREAL OCCURRING WITHOUT PRIMARY SORES.

Mr. Pratt, of Woodlawn, county Galway, reports the following:—

"Mrs. Kelly, ætat 25, was married in April, 1853.



Her husband had an attack of syphilis about three months previous. He has had Hunterian chancres, followed by bubo, ulcerated tonsils, and copper-coloured scaly eruption; had been treated by mercury and iodide of potassium, which cured him of all the symptoms; continued well up to the time of joining the conjugal state—a period of three months; had no sores on the penis, or any other symptom whatsoever. When wedded, a dubious eruption, about two months after, appeared on his leg. In about a month after marriage I was requested to visit his wife, whom he stated had an attack of quinsy. On my arrival, I found her labouring under ulcerated venereal throat and a bubo; the left tonsil was red, swollen, and in its centre an ulcer with everted margin. It appeared as if a piece had been 'dug out' of it; the right not so much inflamed; had a small ulcer on its inside; her voice was hoarse and somewhat nasal; she complained of pain and swelling in her left groin. On examination, detected a bubo about the size of a hen's egg, which was very red and painful to the touch, but not fluctuating. She stated she never had the least sore on the genitals; even an abrasion, she said, could not escape her attention. I could not discover any sore or excoriation by most minute ocular examination; there could not be the smallest chancre without my detecting it. I treated her with the iodide of potassium and extract. sarsæ., cold lotion to the bubo, and touched the ulcers with the argenti nitratis. In a fortnight the bubo disappeared; in another week the throat was healed, and voice natural. She continued well for three weeks, when she complained of most excruciating pains in the tibia and frontal bones, evidently venereal periostitis. Ordered the iodide of potassium as before, with warm bath, which did not succeed in relieving the pains. I then directed small doses of pil. hydrarg. e. pulv. opii until the gums were affected, when she experienced relief. Kept up the mercurial action for a fortnight, at which period she was completely cured. Tonics and generous diet restored her usual health in a short time.

"The above case I think worthy of investigation, as it presents some novelties not every day met with—1st, by what means can a man, apparently well for upwards of three months, communicate the disease, when he has no chancre or any other visible symptom? 2nd, how can the venereal poison be received into the system, producing the secondary symptoms above narrated, without first causing chancres on the genitals? Such a case had not before come under my observation, though I have seen almost every form of syphilis when a pupil at the Glasgow Lock Hospital, and since in my public and private practice, but never before saw the disease communicated by coition, except there were sores on the genitals of either sex. I am well aware that nurses often take it from diseased children by suckling them, but it invariably appears as a local disease on the nipple, and am aware that contaminated nurses give the disease to healthy children, and am also aware that the fetus in utero is sometimes diseased. Can it be that the entire constitution is saturated by the virus, the poison extending to all the secretions, even to the semen? I may here mention that Mrs. K. has not as yet conceived, though she is a fine healthy woman, menstruating regularly. This might be adduced as an argument that the semen has suffered, and, admitting that it has, I cannot conceive how the venereal virus should stimulate the inguinal glands to absorption without first producing chancres; but such is the fact as recorded above.

"I treated this case, in the first instance, solely by the iodide of potassium and ext. sarsæ., because I did not wish to put my patient under the influence of mercury, as I wanted to get her well without raising suspicions against her husband; but you may perceive, though the iodide of potass cured the bubo and throat, it did not the pains, which mercury afterwards did. I am not an advocate for treating venereal solely without mercury; but on the contrary, I think a judicious course of mercury not only

useful but absolutely necessary. I am aware that iodide of potass is perhaps more successful in relieving periostitic pains than any other form of disease; still in this case the pains appeared in defiance of it, and required mercury for their removal. It often happens when mercury is given you will have these pains, and the iodide of potass will cure them. Can it be that where mercury is not beneficial the iodide of potass is, and *vice versa*; just as quinine and arsenic act in intermittents."

## CONTENTS OF THE MEDICAL JOURNALS.

**Lancet.**—(No. XV. Vol. II. October 8. 1853).—The Introductory Lectures at the various Medical Schools in London, at the opening of the Session, 1853. The Royal Free Hospital Medical College; Westminster Hospital; St. Thomas's Hospital; London Hospital; Guy's Hospital; St. George's Hospital School; King's College; St. Mary's Hospital; School of Anatomy adjoining St. George's Hospital; University College; Leeds School of Medicine; Sydenham College Medical School (Birmingham).—HOSPITAL REPORTS.—German Hospital, Dalton: Asiatic Cholera; Partial Recovery; Cerebral Congestion; Death; Autopsy. Asiatic Cholera; Recovery. St. Thomas's Hospital: Phthisis; Sudden Occurrence of Pneumothorax; Death; Autopsy. Memoranda Relative to some Cerebral Affections of Children. By W. H. Willshire, M.D., Edin. On a case of extensive effusion into the ventricles of the brain, unaccompanied with any Premonitory Symptoms. By John H. Broxholm, M.D. Gratuitous Advice.—LEADING ARTICLES.—The Cholera in Newcastle. The Charlatans who Infest the Medical Profession.

**Medical Times and Gazette.**—(No. CLXXI. October 8, 1853).—ORIGINAL LECTURES.—A Course of Lectures on Organic Chemistry. Delivered in the Laboratory of the Royal Institution of Great Britain. By Dr. A. W. Hofmann, F.R.S. Lecture XIII.—ORIGINAL COMMUNICATIONS.—Army Medical Reports. No. VII.—Extracts from the Annual Report on the Health of the Troops serving in Ceylon, from April 1, 1850, to March 31, 1851. By Dr. Cameron, Surg. 57th Regt. On the Prevention of Cholera. By J. Snow, M.D. History of the Recent Epidemic of Infantile Leucorrhœa; with an Account of Five Cases of Alleged Felonious Assaults recently tried in Dublin. By W. R. Wilde, F.R.C.S. Observations on the Spread of Cholera in Barnsley, during the year 1849. By Michael Thomas Sadler, M.R.C.S.—HOSPITAL REPORTS.—King's College Hospital: Caries of the Orbit; Abscess in the Brain Opening into the Arachnoid Sac; Acute Suppurative Arachnitis; Death; Autopsy. Guy's Hospital: Large Abscess in the Brain Opening Externally through a Fissure in the Frontal Bone; Death; Autopsy. Charing-cross Hospital: Injury to the Head followed by Persistent Pain; Death Two Months afterwards; Autopsy; Abscess in the Brain. St. Bartholomew's Hospital: Cases of Epidemic Cholera.—EDITORIAL ARTICLES.—The Treatment of Cholera. Assurance Offices. Official Registration of Medical Practitioners. The Cholera in the Metropolis, the Provinces, and at Berlin.—REVIEWS.—Sketch of the Operation and of some of the most Striking Results of Quarantine in British Ports, since the beginning of the Present Century. By Gavin Milroy, M.D. Homœopathy Fairly Represented; in Reply to Dr. Simpson's "Homœopathy Misrepresented." By William Henderson, M.D.—PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals: Colour of the Urine—Nicotine Injections in Paralysis of the Bladder—Disease of the Articulations, etc. ending in Death—The Teeth in Infants.—REPORTS OF SOCIETIES.—Newcastle and Gateshead Pathological Society: Fistula in Perineo. Opening of the Medical Session, 1853-54.

**Association Medical Journal.**—(No. XL. October 7, 1853).—LEADING ARTICLES.—The Medical Meteorology of the Association Journal. Private Practitioners and the New Vaccination Act. The East Surrey Cholera Society. The March of Cholera.—ORIGINAL COMMUNICATIONS.—Clinical Illustrations of some Diseases of the Oesophagus. By C. E. Reeves, B.A., M.D. On Degeneration of the Glandular Structure of the Stomach. By C. Handfield Jones, M.D. Brain and Heart Disease with Extraordinary and long continued Reduction in the Frequency of the Pulse. By Alexander Henry Paterson, Esq. Fatal Poisoning from Arsenic taken to Induce Abortion. By Thomas Brown, Esq.—PE-



**RISCOPIE REVIEW.**—Practice of Medicine and Pathology. Degeneration of Muscles: Microscopic Examination—Hooping Cough and Asthma—Fusel-Oil in Tuberculosis. Ophthalmology: Prismatic Spectacles in Strabismus—Epicanthus—Is Melanosis Cancerous?—Epiphora—Ossification of the Vitreous Body—Presbyopic Amblyopia. Obstruction of the Nasal Duct—The Sparkling Eye—New Ophthalmoscope—Scrofulous Ophthalmia treated by Iodine Fumigations. Midwifery and Diseases of Women: Diagnosis by Auscultation during Labour of a Hydrocephalic Fœtus—Hollow Apparatus of Vulcanized India Rubber as a means of arresting Hæmorrhage in Placenta Prævia—Retroversion of the Uterus: Modes of Reduction: Relation to Retention of Urine—Fracture of the Thigh during Pregnancy: Union Retarded until Delivery. Leucorrhœa of the Vaginal portion of the Uterus a cause of Sterility.—Variola in the Fœtus—Rupture of the Uterus in a Cat—Twisting of the Uterus in the Cow. Surgery: Nickels' Elastic Plaster.—**REPORTS OF SOCIETIES.**—British Association: Sectional Meetings—Section A. Mathematical and Physical Science—Section B. Chemical Science—Section C. Geology and Physical Geography—Section D. Zoology and Botany, including Physiology—Section E. Geography and Ethnology—Section F. Statistics—Section G. Mechanical Science.—**ASSOCIATION INTELLIGENCE.**—Suffolk Branch: First Soiree Medicale. Decision of the Central Council regarding the Transactions. Medical Benevolent Fund.

**Dublin Medical Press**—(No. DCCLXX. Vol. XXX. October 5, 1853).—**ORIGINAL COMMUNICATIONS**—Case of Secondary Venereal occurring without Primary Sores. By Joseph Pratt, L.K. and Q.'s C.P. and R.C.S.I. &c., &c., Woodlawn, county Galway.—**PROCEEDINGS OF SOCIETIES.**—Edinburgh Physiological Society: On the Intestinal Canal of the Infusoria. By Dr. Sibbald. Waxy Diseases of the Liver. By Mr. Kirk. On the Distinctions between True and False Corpora Lutea. By Mr. Hutchison. On Malformation of the Semilunar Valves. By Mr. Struthers.—**SELECTIONS FROM MEDICAL JOURNALS.**—Discharge of Hydatids in the Urine. On the Action of Ozone in Miasmata. Treatment of Aene and Boils. On the Treatment of Cancer.—**LEADING ARTICLES.**—Leading Article. Medical Life in London. Medical Education. Portrait of an Enraged Musician. Ballyvaughan Union.

#### BOOKS RECEIVED FOR REVIEW.

On the Pathological Uses of the Ganglionic Nervous System. By James George Davey, M.D., &c. London: John Churchill.

Cholera: its Nature, Treatment, and Sanitary Requirements. By S. Scott Alison, M.D., &c.

Causes of Cholera; its Treatment and Cure. By Wm. Grove Grady, M.D. London: Samuel Highley.

#### BIBLIOGRAPHY.

NEW WORKS IN MEDICINE AND THE COLLATERAL SCIENCES, PUBLISHED FROM THE 14TH TO THE 30TH OF SEPTEMBER.

Memoirs of John Abernethy, F.R.S.; with a View of his Lectures, Writings, and Character. By George Macilwain. 2 vols. post 8vo. pp. 600, cloth, 21s.

Colds and Cholera; their Cause, Prevention, and Cure. By a Non-Medical Man. (Woolwich) 1d.

Hæmœopathy; its Globules (Bubbles) Analysed. By W. J. Cox. 2d edit. enlarged, 12mo. pp. 86, sewed, 1s.

Native Races of the Indian Archipelago: Papuans. By George Windsor Earl. 8vo. pp. 168, cl. 10s. 6d.

Sandgate as a Residence for Invalids. By Geo. Moseley. Post 8vo. pp. 140, 6s.

Elements of Psychological Medicine, an Introduction to the Practical Study of Insanity; adapted for Students and Junior Practitioners. By Daniel Noble. Post 8vo. pp. 360, cloth, 7s. 6d.

Observations on Piles and Fistula. By A. Paul. New edition, 8vo. cloth, 3s. 6d.

The Successful Treatment of Asiatic and English Cholera; with Brief Remarks on the various Forms of Diarrhœa. By Felix W. Richardson. 8vo. pp. 16, sewed, 6d.

## OPENING OF THE MEDICAL SESSION.

### WESTMINSTER HOSPITAL.

MR. GUTHRIE'S INTRODUCTORY ADDRESS.

The Session commenced at this Hospital on Monday, Oct. 3rd, with an able address by Mr. GUTHRIE, before a large audience of governors, students, and their friends. During the recess the alterations commenced last session have been completed, and the school premises now present every feature necessary for the instruction and comfort of the students. The students' reading-room is a large commodious room on the ground-floor, and the museum has been transferred from the basement story, and has been placed in a complete state of efficiency.

Mr. Guthrie commenced his address punctually at four. After some general preliminary observations, he said: In the session 1850-51, 1,044 students were registered at the College of Surgeons as studying in London; 370 obtained the diploma in that year. In 1851-52, 1,141 registered; 404 received the diploma. In the last year, 1852-53, 105 were registered; 476 obtained the diploma—which number of diplomas granted in each year includes gentlemen who studied out of London; so that it appears that, of all the students educating in the different schools recognised by the College, very many go forth to the world at large without a certificate of competency in the profession of surgery, of which they take the title, and thus impose upon the public; for it may not for a moment be understood that all these gentlemen would not obtain such certificate of competency or diploma, if they had the information required to give in exchange for it. This is a lamentable state of things, demanding the attention of the Legislature. It may be desirable to inquire what may be the causes of so many persons being unable to obtain the ordinary qualification—of their being less able to do so than formerly. It has been said that the examinations at the College of Surgeons are more severe of late, but this is a great error, for if any change has taken place, they are less, rather than more severe; or, perhaps, it should be said, that whilst the examinations are the same, the judgments are more lenient. The real fact is, that the students are worse prepared. Whether they do not apply themselves with the same assiduity as formerly, or the teachers do not teach with the same application, is to be ascertained. It is desirable that some amendment should take place, and I should be very glad this school should set an example. When I had the honour of being President of the College in 1831-2, one in fourteen only was referred or rejected. When again President in 1843, one in eight; and now that I am again the senior Vice-President, the rejections were in the last session, one in six. It may be, and indeed is said, that the study of anatomy in London has failed for the want of means, but I am afraid that this is not entirely the case. I know that few students dissect as they ought to do, and that the average in some schools is not more than one-sixth—in some, one-third of a subject; in none is the average greater, although individually it may be greater or less. Measures are, however, in progress, to obtain, if possible, a larger supply. There are at present in London eleven recognised hospitals, and twelve schools, one hospital having two schools, and two more are forming. It is possible that the number of schools may possibly account for the decadence in teaching to which I allude, inasmuch as some small schools have not paid the teachers, who, in consequence, may have been negligent of their duties, and the students have not acquired that information which one party agreed to give and the other expected to obtain. A lecturer or teacher can always be obtained, even on the certainty of not being paid. It is sufficient that his name shall be announced in the public papers as a teacher in the branch of science he has selected; but after a time he finds that this is not enough: he wants money as well as notoriety, and must be paid, or becomes care-



less. I lately heard it said, that an official person, desirous of seeing how matters were conducted in a provincial school, went at the hour of lecture to hear it, and found three or four pupils, but no lecturer. In the course of time it was announced that there would be no lecture that day, and the would-be hearer thought he would, at least, call on and pay his respects to the lecturer. On asking for him at his home, and being mistaken for a patient, he was told he was not at home, but might be found perhaps in the news-room, and there, report says, he was found, reading the newspaper.

There is a rule, that I should wish substituted for the custom in all hospitals—it is, that after a surgeon has completed his 65th year he should be relieved from the active and laborious duties of his office, and be appointed consulting surgeon. The only good reason that can be advanced against this is, that he may not have saved money, and that abstraction of his income arising from the hospital student fees may leave him in advancing years in an uncomfortable situation. This may easily be obviated by dividing the fees in a different manner, and granting to those who may hereafter retire from the more laborious duties at 65, a share with those who succeed to them. Surgeons of hospitals would not then remain until they die, or are totally unfit for their duties; and their successors, instead of being fifty years of age, or almost past their work, when appointed, would be more early placed in situations in which they might render important services to the public, and obtain for themselves a remuneration for their services through their better opportunities, as to render the sum awarded to the consultant a matter of no consequence. The retention of elderly gentlemen as surgeons to this hospital, long after they were able to do the duty as it ought to be done, was one cause of its decadence from that high and palmy reputation it enjoyed 30 or 40 years ago, and which we hope now to restore to the state it then enjoyed. The governors of hospitals in general have begun to learn that hospitals are supported for the benefit of the sick poor, and not for that of physicians and surgeons. They, some years ago, in this hospital, adopted the resolution I proposed to them—of making their physicians and surgeons consultants at 65; they have lately again determined to do so; and they will in future act upon it, I trust, without favour or affection to any one. The Council of the College of Surgeons have declared four years to be the shortest period of study they will acknowledge as sufficient for instruction—one to be passed in the study principally of pharmacy, and three, including vacations, by attendance on an hospital and school of physic and surgery. Formerly, two sessions only were required, and I have to regret the share I took in insisting on three, for students have not come up better prepared for their final examinations than they did twenty years ago, while the expenses to their parents have been greatly augmented, and their morals have not certainly been benefited by a third winter's residence in London.

After speaking of the present regulations of the Council of the College of Surgeons respecting the attendance on lectures, Mr. Guthrie proceeded to say: No man can be taught any practical branch of learning by lectures. They can only point out to him what he ought to learn, and, by giving him a general knowledge of the subject, enable him afterwards to work out practically. I was once told by a student that he could describe any part in the human body, or in anatomy, he had not seen, just as well as one he had seen; nevertheless he did not know the very parts he had described to me when they were placed before him. He could state accurately enough the difference between a hernia, a hydrocele, and a varicocele. He was eloquent on the subject of the latter feeling like a bag of earth-worms, albeit he had never felt a bag of earth-worms, and did not know practically what sort of feeling it conveyed; and when I brought him here, and showed him these diseases, he could not tell one from the other, for he had never seen them. Lectures on all subjects

should certainly be delivered annually. A student should attend one course of each, or make up in a second course for such parts as may have been accidentally omitted in the first. More is, in my opinion, unnecessary, as taking up time which may be more usefully employed. The certificates usually given of such attendances are sometimes fraudulent; little dependence can be placed on the accuracy of any of them, and the sooner they are abolished the better, being, in many instances, as great a discredit to those who give as to those who receive them. It ought not to be difficult to say what might be substituted for them; but it can only be done, I fear, with advantage when the College of Surgeons and the Society of Apothecaries shall cease to act on antagonistic principles—when the curricula, as they are termed, for the education of a surgeon and apothecary, or general practitioner, shall be alike. Anatomy is the flambeau which lights the student in his way to the acquirement of professional knowledge; it is the most important study for the surgeon, yet it is one to which less attention is paid than it deserves, and this occurs, perhaps, as much from the manner of teaching as from any defect in the attention of the student. Formerly, the largest and best-paying schools had only one, or, at most, two teachers of anatomy, physiology, and pathology, and one demonstrator in the dissecting-room; and it frequently happened that when the teachers taught in turns, the unemployed one demonstrated. When one person devoted himself to the teaching of anatomy, of which there is no example in the present day, he was constantly with his students; he knew them well, how much knowledge each possessed, and how much instruction each required to have beat into him. At present there are professors of anatomy, of general anatomy, of descriptive anatomy, of surgical anatomy, of morbid anatomy, of microscopic anatomy. There are demonstrators of anatomy, prosecutors and superintendents of dissection, professors of physiology and pathology, all for one science, most of whom, or as many of them as exist together, teach for an hour a day, that a return, in some degree, to the old method would be very advantageous to the student. I would suggest that the teacher of anatomy should begin his course on the 1st of October, and continue it daily, six days in each week, until the middle of the following January, when it should be completed. When he is aided by a professor of physiology and histology, or microscopic anatomy, this gentleman should relieve him, after the description of each system on part, and give their physiology. For example: after the lecturer on anatomy has fully described the bones, the physiologist should follow: after the demonstration of the muscles, the other should succeed; and a lecture of an hour-and-a-half's duration each day would embrace the whole of the subjects in the time specified. The demonstrator of anatomy should give a demonstration each morning for one hour in the dissecting-room of such parts as had been duly prepared by one of the students under his superintendence the previous day, so that by a frequent repetition of the anatomy and relative situation of the most important parts concerned in the practice of surgery, they might be thoroughly fixed in the mind of the student. It should, however, be borne in mind that a thorough knowledge of anatomy is the great point to be acquired during the four years of study ordained by the Council of the College of Surgeons. The second course, beginning in January, might be a repetition of the first, with such omissions or additions as the teacher may think advisable, and might be ended on the last day of April, thus completing the session of seven months' teaching, formerly ordained by the College of Surgeons; but which, for no good reason that I am aware of, now terminates at six months, or the end of March, thus depriving the student of one month's opportunity for dissecting. The means or manner of instruction at present pursued, renders another party, in many instances, absolutely necessary to enable students who have been inattentive to undergo their ultimate examination with success.



This gentleman is called a 'grinder,' and it is said that some so employed make from £1,000 to £3,000 a-year. They work hard, and, I believe, deserve the money. They beat into the heads of negligent students that information which they had failed to acquire during the proper period of their studies, and when thus ground, polished, or wound up to the proper point, they select their day for examination, and very often succeed. Information thus acquired is evanescent; it is soon forgotten. In a few minutes it is remembered no longer. It cannot be otherwise; and the necessity for such instruction is much to be deplored. It ought to be superseded in anatomy and surgery by the demonstrator in each school. He should be the grinder and polisher of the students under the professors of each of these branches, and the knowledge which is now very evanescent, if thus acquired, would be long, if not permanently, remembered. I am desirous, in conclusion, to relieve your minds from some false impressions which are generally promulgated with regard to the Court of Examiners of the College of Surgeons. The members divide into four parts, or tables, two of which examine in anatomy, two in surgery, and each table reports that the student is good, bad, or indifferent. If on the aggregate of the four there is one indifferent, it is considered as nothing. Two indifferents causes the person to undergo a written examination on the subsequent week; one bad does the same; but it requires the four tables to report against a man to cause his immediate rejection. The president, at the written examination, gives the questions, and three hours are allowed for answering them, more if desired; they are then read, and the decision is that of the whole court. It is obvious that no one examiner can, then, reject an individual, as students are very apt to suppose; and they may be assured a rejection is always a matter of regret to the examiners, which they would willingly avoid if consistent with their duty—although I have often had the gratification of hearing men, when they have come up for the second time after six months' further study, acknowledge the service the rejection had done them, in making them, through shame and a proper sense of honour, labour more diligently. I may also add, in order to remove another error, that it is of no pecuniary consequence to the examiners whether a student obtains his diploma or not. Their remuneration is the same for rejections as for admissions; but those examiners only are paid who attend. You will observe there are several branches of science taught in your school I have not alluded to, as being unnecessary. Lest, however, you should think I have regarded with too little respect the great advances which have of late years been made in physiological and histological teaching, I may say I have done so because you can receive every instruction, and the greatest possible assistance in your leisure moments after your ordinary education has been gone through, from Mr. Quekett, the resident conservator at the College of Surgeons, where demonstrations are open to you without expense during ten months in the year; and it would be highly satisfactory to me to see the appointment, in a similar manner, of a professor of chemical pathology, or of animal chemistry, whose demonstrations would, I am satisfied, be of the utmost advantage to the profession at large, and most acceptable to those who had leisure in the commencement of practice to attend to them.

#### ST. BARTHOLOMEW'S HOSPITAL.

The lecture inaugurating the opening of the Medical Session at this Hospital, was delivered, on Monday, by Mr. Stanley, surgeon, to a very crowded audience.

He commenced his address by adverting to the great benefit which the modern practice of associating medical schools with hospitals had conferred on the Profession, and, through the Profession, on society at large. From these general observations he passed to that portion of his address which he meant to direct more especially to the young men then entering on their medical studies. If

any of his audience should be embarrassed how to employ his time, he would advise him to consider the scheme of Benjamin Franklin for occupying each twenty-four hours. That scheme would show how much might be made of a single day when the principle of order was observed, by giving to all things their right place, and to every part of business its right time. Franklin rose at five with an address to his Maker, and then proposed for his thoughts the question, what good he could do that day. Having resolved on his work, he proceeded with it until seven, when he breakfasted. After breakfast, he had four hours' work until twelve. From twelve to one he dined, and then again he had four hours' work. After that, he had four hours of music, conversation, or some other diversion, and then he concluded with the question—what good had he done that day? That was the mode of employing time adopted by Benjamin Franklin, then a journeyman printer in Bartholomew-close; and the student at St. Bartholomew's Hospital would do well to imitate that example at the present day. He would state a single fact, for the purpose of illustrating the important influence which members of their Profession might exercise in the progress of human events. An Englishman had opened a species of hospital in China. A native who had obtained admission to it had there acquired a slight knowledge of the art of medicine, as well as of the truths of Christianity; he had then determined on offering to his fellow-countrymen religion and health; and that had been the germ of a revolution, the mightiest, perhaps, which the world had yet seen. Mr. Stanley, after having referred to the careers of Harvey, Haller, and other distinguished masters of the Medical art, concluded by reminding his young audience that they might well feel proud of a Profession which had been illustrated by men who had in their time taken high rank in intellect and virtue. He was much applauded. An interesting *conversazione* took place after the lecture.

#### ST. THOMAS'S HOSPITAL.

##### DR. RISON BENNETT'S INTRODUCTORY LECTURE.

After an exordium, having reference to the ancient prestige of St. Thomas's Hospital, as a medical school, and the interest naturally excited by the commencement of a new medical session, Dr. Bennett proceeded to address himself directly to the students. He began by calling on them to reflect on the nature and responsibilities of the profession on which they were entering, and to consider the words of Lord Bacon in reference to the greatest error in the pursuit of knowledge—"the mistaking or misplacing of the last or furthest *end* of knowledge." He then proceeded to explain the nature of the peculiar difficulties of medical science, and the necessity for thorough intellectual training, preparatory to entering on the study and practice of the profession. He showed that not merely in theoretical studies, but also in the practice of their art, the exercise of well-trained intellectual faculties was required, and that the cultivation of the observing powers was not, as some had imagined, sufficient. It was then shown how a well-trained mind would save them from mere routinism on the one hand, and from the varying follies and delusions of the day on the other. It was in vain, he said, till public education was much further advanced, to expect a cessation of such senseless absurdities as table-moving, spirit-rappings, and homœopathy; but that it was a disgrace to those who professed to have been educated for a scientific profession to be led away by such fool's sport. He observed, the most distinguished students will, generally speaking, prove the most distinguished practitioners. The character which a man acquires in after life he will usually be found to have laid the foundations for whilst a student. But the character *you* are to acquire is that of good practitioners. If, then, you ask me what is the first requisite for this, I answer, clinical education; what the second, I reply, clinical education; what the third, again I say,



clinical education. Neither scientific acquirements nor genius will answer instead of patient observations at the bed-side. *On* the former your medical reputation must be founded; but it is on the latter that the superstructure must be raised. This, however, at first, is tedious and irksome, and the fruit thereof not immediately apparent. It yields no present brilliant results, but rather disappointment and discouragement. You will need, therefore, all the stimulus arising from a deeply-grounded conviction of its paramount importance; and that however scant the first-fruits may be, the ultimate harvest will amply repay all your toil. If you devote yourselves to these studies during your hospital-life, you will find that, in various ways, first difficulties will be materially smoothed. On the other hand, if you encounter them unaided, you will find them far greater and more varied than you at all anticipated. There need be no hesitation in affirming that most men, however well-informed in the theoretical parts of their profession, if they have acquired their knowledge unaided by clinical observations, will find themselves, when first called practically to apply their knowledge, completely at sea, whether as regards diagnosis or treatment. However graphic the oral or written description of a disease may be, it is only a practised eye that will recognise the original. However clear and definite and sound may be the principles of treatment laid down by your instructors, unless you have seen these principles carried into effect, and practised them yourselves, they never can be anything more than uncertain and hazardous guides for ever.

After some other interesting observations, Dr. Bennett concluded his address, which was listened to throughout by a large and crowded audience with marked attention, and its close elicited enthusiastic cheering.

#### GUY'S HOSPITAL.

##### DR. OLDHAM'S INTRODUCTORY LECTURE.

The subject of this lecture was Self-culture in connection with the pursuit of medical science. This was illustrated by discussing two great elemental powers of the mind, namely, the power to search and interrogate itself; and that of controlling and commanding its thoughts. From this the lecturer proceeded to notice that the profession of medicine affords the most abundant means, and awakens the highest motives, for the exercise of self-culture.

He noticed, as another feature in medical studies, the way in which they engage the personal attention of the student, so as to make him work them out. "Lectures and books," he said, "are helps, but if they so absorb attention as to divert it from personal observation and experience, they turn you away from the only source of knowledge, and practically you are lost. There is no man so hopelessly bewildered, as he who, when he confronts disease, has to turn from the patient to a description at page so and so of a book. Do not suppose, however, that because you are called upon to work indefatigably, that you are to be devoted to a rigid, austere, unrelenting toil. It needs no profuse illustration to prove to you that active employment is genial to the mind, and that both body and mind suffer from its absence. Nay, I hold that recreative pursuits are part of your duty, and, when properly subordinated and well-selected, form an important element in self-culture. You are to furnish your minds with medical knowledge, but you ought also to embellish them with other knowledge. You are students of medicine, but you are not to starve out those sympathies and sensibilities which link you to others. You have faculties which derive a kind of enchantment from the beautiful in nature, and from the beautiful in art; you may have tastes for general literature; you may delight in the pastime of active and athletic exercise; you may have a keen relish for the fun, frolics, and fancy which are the inspirations of children, and give a charm to social life; and, provided you have firmness of purpose to keep these

sources of enjoyment in their proper places, they may be advantageously indulged." He then referred to the attendance upon the sick at the hospital, and noticed the importance of reporting cases, and the new and confidential relation which the pupil then sustained to his teacher. He remarked, too, on the effect of disease in unmasking character, and in this way spoke of the hospital as a large and spontaneous confessional, inviting a penetration into the deepest recesses of the heart. A pointed reference was then made to the large legacy which William Hunt had left to the hospital, and to the absence of any memento of this benefactor. The hospital was then spoken of as a means within the range of the duties of the student, to know something of the character and lot of the poor.

In connection with the hospital, he referred to the loss it had sustained in the death of its senior surgeon, Mr. Bransby Cooper, and he passed a warm eulogium upon his character.

In conclusion he referred to the higher motives to self-culture which the profession supplies, and alluded to the expectations of friends, the penalties of ignorance, and the value of the pursuit of knowledge for its own sake.

"But there is yet another motive," he said, "which we, of all men, ought not obscurely to see, or coldly to recognise. It cannot be for us, who pry with such intense curiosity into the whole nature of man, to omit that part which indicates his capacity for the highest spiritual communion, and proclaims his exalted destiny. Nor for us, who walk in the midst of so many wondrous works, and have learned something of their beauty, their adaptation, and their harmony, to fail to trace the wondrous hand which arranged and made them all. Nor, surely, for us, who converse so much with living beings, not to bear witness that that teeming multitude presents their sacrifice of praise to their great Creator. And shall we alone, whose higher faculties, as has well been said—ordain us to give thanks for them—be the only beings in that host to strike a discord in the chorus of celestial harmony? No, gentlemen, our highest motive is written as with a sunbeam, it is, to adore and magnify the Giver in the cultivation of His best gifts, and then will our self-culture attain its greatest force and most sacred purpose, for it will be strong in His strength, luminous from His ineffable light, and quick with the vitality of His life-giving truth."

#### ST. GEORGE'S HOSPITAL.—DISTRIBUTION OF SCHOLARSHIPS AND PRIZES.

On Monday afternoon the annual distribution of scholarships and prizes to the most distinguished students of this hospital took place in the board-room, which was filled long before the time appointed for the commencement of the proceedings, a large number of the auditors being men celebrated in the Medical Profession.

The President of the Royal College of Physicians (Dr. Paris) was called to the chair, and having briefly introduced the business,

Dr. Nairne, the senior physician of the hospital, said he was happy to inform the meeting, that during the past year the students of St. George's had greatly distinguished themselves. The curator of the hospital had gained Sir Astley Cooper's celebrated prize on the spine; the house-surgeon, at the examination for the Medical Degree at the University of London, had gained the prize for anatomy and physiology, while another student had obtained the studentship in anatomy in the Royal College of Surgeons. Another circumstance connected with the hospital which he might mention was, that since the last session a lectureship in midwifery had been established, and an obstetric physician appointed. It was gratifying to him to state, that the scholarships had been well contested—one in particular having been gained by a gentleman who was not a native of this country. That scholarship was one founded by Sir Charles Clarke, for good conduct and general proficiency; and it had been carried off by Mr.



Theodore Duka. Mr. Duka was a Hungarian by birth, and had fought nobly for his country's honour and freedom; but having failed in accomplishing the object he had at heart, he became a refugee in this country, and directed his energies to the prosecution of the study of medicine. He had by his conduct gained the good-will of all the medical teachers of that Institution, both physicians and surgeons, as well as the respect of his fellow-students and all others connected with their medical school. (Cheers.)

Dr. Paris then presented the scholarships and prizes to the gentlemen to whom they had been adjudged by the examiners, accompanying each presentation with some friendly and encouraging remarks.

#### LONDON HOSPITAL.

The introductory lecture to the winter session of the present year was given at this Institution, on Monday afternoon, by Dr. Parker. He asserted the high dignity of our calling, and vindicated what seemed to him the indisputable right which members of our Profession have to the respect and gratitude of mankind. Notwithstanding that their just claims on the State had been too often passed over by Government and corporate bodies, and their manifold useful labours ignored and unappreciated by the mass of mankind, still, actuated by no selfish or sordid spirit, they had done good service in the cause of humanity, had braved proscription, and danger, and death, in battling for its interests, and in all ages had distinguished themselves as promoters of what was useful, pursuers of what was true, and doers of what was right and good. Let us, then, remember, (said the lecturer,) that pestilence still rages in our densely-populated cities; that the deadly emanations from those plague-spots, the burial-grounds, still saturate the air of this Metropolis with their pestiferous gases; that animal, and even human putrescence, still contaminates our water; that fever still decimates our over-crowded emigrant ships; that our poor still lodge in wretched hovels which are a disgrace to a civilised community; that lunatics are in many instances still treated as criminals; and that a comprehensive and efficient scheme of national education is still to be framed. Let us remember all these wants of the age, and not rest until the final victory be achieved. Alluding to Dr. Pereira, the learned lecturer paid an eloquent testimony to his merits.

At the conclusion of the lecture Dr. Parker was loudly cheered by the pupils.

#### UNIVERSITY COLLEGE.

The session opened on Monday, October 3rd, with an address by Dr. Garrod.

In the introductory remarks he alluded to the nature of the profession that many of his audience were then about to commence. That it was one having its difficulties and high responsibilities, and also its pleasures and rewards; and in which success could only be hoped for, by the exercise of long and continued exertions; that a thorough knowledge of its various departments would entail no small labour and mental exertion upon the student; and that in its after-practice, the lives of their fellow-creatures being entrusted to their charge, it behoved them, while the opportunity presented itself, to improve to the utmost the abilities and talents with which Providence had endowed them. The Doctor at the conclusion of his address was cheered by his numerous auditory.

#### KING'S COLLEGE.

##### DR. GUY'S INTRODUCTORY LECTURE

The Introductory Lecture was given at this College, on Monday, Oct. 3, by Professor Guy, the Dean of the Medical Department; who began by stating that this was the third occasion on which he had been called upon to perform

the duty of opening the Medical Session, by the usual introductory address.

The lecturer then entered at some length into the course of study prescribed by the examining bodies, and pointed out some recent changes in the arrangements of the College, which had been suggested by a regard to the comfort and convenience of the student. He then drew attention to the more practical character which was being constantly given to the education of the medical man, and to the efforts now making by the College to supply one of its admitted defects—the want of a commodious Clinical Hospital. That want was now being supplied in the new hospital, the first part of which, containing, in addition to accommodation for nearly 100 beds, and a distinct out-patient department, every arrangement necessary for teaching, would be ready for occupation early in the spring. After pointing out the favourable position which the medical man who set out with a good classical and mathematical education, and then became an accomplished physician would occupy, being able to sympathise with learned men by his scholarship, and with men of science by his scientific acquirements, the lecturer concluded with some remarks on the cultivation of medicine as a science, and as an art; in the course of which he pointed out the analogy that existed between the science and art of medicine and the sciences and arts of agriculture and political economy.

#### MIDDLESEX HOSPITAL.

The opening of the medical school of this hospital for the session took place on Monday night, at eight o'clock, before a numerous audience.

Dr. Frere commenced by alluding to the advantages and disadvantages of the study of medicine. He said, with all the trials besetting the study of their Profession, was there ought in the practice of it that could compensate for the uncertainty in which it must be entered, and the difficulties that lay in its pursuit? Was there anything that could make up to them for thus devoting themselves to an arduous and never-ending task? It, however, had its charms, and its peculiar charms. It was not, perhaps, in many respects, a Profession so attractive in its external garb as others. Be their well-earned success what it might, no public honours, no popular rewards, would recognise their merits. A grateful country would swell the applause of the victorious soldier,—upon the close reasoning and the clear denunciation of the forum attentive and applauding numbers hang,—upon the eloquence of the tribune might depend the fate of nations, and nations might recognise and reward the merits of the orator and statesman,—in a holier sphere, the words of truth might flow from the persuasive lips of the divine, and bursting eyes and bended knees might bear testimony to his power; but from all that they were excluded. Their work, if not less important in its results, was far less obtrusive in its progress, and their praise must not be external, but inward. If their craving appetite demanded public recognition, they might turn again to the starting-point. There was no place for them in the ranks of their competitors; but, if they could be content with the still small voice of an approving conscience, with the love of friends, the respect of acquaintances, then let them follow the course they pointed out, and as much as that they would assure them. The habits and nature of the subjects of their study might place them in the first rank of science. They would have attained a useful—practically useful knowledge, and a sense of responsibility that would be their best and surest stimulus to a conscientious performance of their duty.

At the conclusion of the lecture Dr. Frere retired amidst general and protracted cheering.

#### ST. MARY'S HOSPITAL.

The Introductory Lecture to Clinical Surgery was delivered by Mr. Ure. He observed, that it was by the



knowledge obtained at the bedside of the patient, and also in the operating theatre, that a man could be duly fitted for the discharge of his professional duties. While much information may be gained from general lectures and the attentive perusal of works of acknowledged merit, it is only within the wards of an hospital that the student can become familiar with the features of disease, can trace its progress through its various phases, and ascertain with precision the influence of remedial agents in checking or controlling its symptoms. He regarded clinical surgery, that is to say, the surgery of the bedside, as the complement of surgical science,—the application of established principles to practice; comprising the investigation and treatment of every form of external malady, infirmity, and injury, all branches of practical medicine became subservient to it. After showing that other departments of Medical learning were also subsidiary, he pointed out the manner of conducting clinical research, and illustrated it by a case in one of the wards. He concluded by stating, that this metropolis, with its population of two millions of souls, affords unparalleled advantages for Medical education. Nowhere in the world is such a vast variety of disease to be seen as within the walls of its hospitals. Hence it is, that students come hither from all parts of the country, because in none of the provincial hospitals can they obtain the opportunity of studying the different "ills that flesh is heir to" on the same extensive scale. Paris, with a population far inferior to our own, has been long and justly renowned as a school of clinical instruction, and he trusted that, at no distant period, London, whose "hospitals are as palaces," will stand pre-eminent in the same field.

#### SCHOOL OF ANATOMY ADJOINING ST. GEORGE'S HOSPITAL.

The session was opened here by the distribution of the prizes of the past session. Dr. Copland took the chair. The secretary, Mr. J. R. Lane, read a report, which is usual on these occasions, from which it appears the school is in a flourishing condition. Several of the students had obtained public posts of honour. One had died who promised to distinguish himself greatly. The report then went on to state that rumours had been circulated, to the great injury of the school, that after this session it would close. This report had probably arisen from the circumstance that some of the lecturers in this school were connected with St. Mary's Hospital, at which institution it is in contemplation to form a regular medical school as soon as funds can be raised for that purpose. This will, however, in no way interfere with the permanence of the old St. George's school, arrangements having been made to secure its integrity. The report alluded to its contiguity to St. George's Hospital, and its perfect success as a school of medicine, as the strongest possible reason for its continuance.

Dr. Copland then called the attention of the students to the proceedings of the day. The prizes they were about to receive were given as encouragements for them to go on as they begun. If any one thought that they ought now to cease to work, they were wrong. Better never to get a prize, than to accept it as a permission to be idle.

#### ROYAL FREE HOSPITAL.

The inauguration of the new College took place on Wednesday evening, in the theatre of the Institution, and in the presence of a large number of the friends and supporters of the hospital. Dr. Tyler Smith delivered the inaugural address. It has been stated that members of the council and others eminent in the profession, were present. We are assured, on the best authority, that such was not the case. Mr. Coulson, we believe, was present, and we hope he will forgive us for publishing the fact.

#### QUEEN'S COLLEGE, BIRMINGHAM.

The session was opened on Tuesday last, by the Right Hon. Lord Lyttleton. Letters, expressive of regret at

unavoidable absence, were received from the Earl Howe; Lords Redesdale and Leigh; C. N. Newdegate, Esq., M.P.; R. Spooner, Esq., M.P.; William Scholfield, Esq., M.P., and other influential Governors. The Rector of the parish, a large number of the parochial clergy, members of the Town Council, guardians of the poor, members of the Profession, Professors Dr. Johnstone, Davies, Heslop, Fife, and Professors Richards, Hunt, Espin, Sands, Cox, Berry, Knowles, and Shaw were present.

#### LEEDS SCHOOL OF MEDICINE.

The twenty-third session of this School was opened on the third of October, by an introductory lecture by Mr. Samuel Smith. He commenced by directing the attention of his auditors to anatomy, the proper foundation of all medical knowledge, recommending above all things the endeavour to become proficient in it, not by lectures, books, and pictures only, but by the diligent, long continued, and frequent use of the knife in the dissecting room. Dissection (although much more expensive) was much more practised in the lecturer's younger days than it is at present; and, if entered upon with diligence, no pursuit can be followed with greater pleasure and enthusiasm.

The practice of putting up specimens in anatomy was strongly recommended, as much might be learned thereby, and lasting memorials of assiduity and diligence obtained. —(Here specimens were handed round of preparation made by the lecturer forty and forty-five years ago.)

After further observations on the duty of regular attendance and clinical observation, the lecturer, in conclusion, had three recommendations to give his class. Be diligent; be sober; be chaste. By observing these three they would also be religious, and at the termination of their studies be enabled to gain testimonials and honours, which would materially advance their progress in life.

Be sober.—Intemperance is the rock on which many medical men are wrecked; they are often led into great temptations. In their forenoon visits the glass is often produced. Let your rule be this: never partake of vinous refreshment at a patient's house before dinner, and endeavour to see all your patients before dinner.

Be chaste.—A sense of duty impels allusion to this delicate subject, having known several young men whose prospects were the brightest, and whose abilities were the best, who through this blot have lost character, friends, health, and have sunk into an early grave. He alluded to this subject in his concluding lecture last summer, and at that very time a letter was in the hands of the Leeds postman to inform him of the death of a foreign surgeon, who last year he thought it an honour to consider a friend. He died in prison by his own hand, to escape trial and punishment for an attempt at rape on a patient placed with that intention by him under the influence of chloroform.

Be diligent,—be sober,—be chaste.—Do not fall short in the practice of any of these three recommendations; then may you live to be the pride and pleasure of your parents, an honour to the profession you have chosen, and in a good old age, after a life of honourable distinction, you may be able to say with one of Shakspeare's characters—

"Though I look old, yet I am strong and lusty:  
For in my youth I never did apply  
Hot and rebellious liquors in my blood:  
Nor did not with unbashful forehead woo  
The means of weakness and debility;  
Therefore my age is as a lusty winter,  
Frosty but kindly."

#### SYDENHAM COLLEGE.

The Winter Session of Sydenham College Medical School was opened on Monday, with an introductory lecture by Doctor Russell. The subject chosen by the lecturer was chiefly the grounds upon which medicine bases its claims to take a high place among the sciences, and consequently to receive respect and confidence from those to whom it addresses itself. The argu-



ments were taken from the origin of the science in a want natural to man, and rendered more urgent by the part he plays in the theatre of the world; from the close relation which has subsisted throughout its history, between medicine and science in general; from the abundant evidence afforded in the lives of the great men by whom it has been fostered and matured, that their labours have been conducted by the aid of careful observation and sound induction; and from the large assistance it derives from the most exact sciences, in conducting its investigation, and in applying its doctrines. The present condition of medical knowledge was then considered, and an attempt was made to show wherein the power of medicine consisted, and where the present limits to that power lies; and, in conclusion, reference was made to the great improvement in medical practice effected by the cultivation of Hygienic measures, the development of which is the peculiar boast of medicine in the present day. The lecturer especially dwelt upon the fact, that remedial measures of this class require as much acquired knowledge, and as great an amount of judgment and sagacity, as the employment of a more direct kind of treatment. At the conclusion of the lecture, a request was made for its publication. The prizes were then distributed by the principal, Dr. Bell Fletcher, to the meritorious students in the various classes. At a meeting of the Council of the Institution, consisting of medical men from the town and the midland counties, a report of the proceedings of the College during the past year was read by the Secretary; and Dr. Bell Fletcher having resigned the office of Principal, Mr. W. H. Partridge was unanimously elected to that office. An offer was made by certain members of the Council to found a Council Prize, to be awarded to the best student for the year; and the offer having been gratefully accepted, it was referred to a Committee of the Council. At the conclusion of the proceedings, the lecturers, with some members of the Council and friends, dined together at Dee's Hotel.

NOTICE.—Owing to the space occupied by our Report of the INTRODUCTORY LECTURES delivered at the opening of the WINTER SESSION, we regret that we are unable to present our readers with a Portrait and Biographical Sketch in this number.

BETHLEHEM HOSPITAL.—On and after the first of November, Bethlehem Hospital will be open to visitors appointed by Government, and subject to the regulations and visits of the commissioners like other lunatic asylums. It has been an exception to the rule hitherto, and hence the flagrant abuses which were so lately exposed to the horror and disgust of the public.

ROYAL COLLEGE OF SURGEONS, IRELAND.—The museums, libraries, &c., were visited by one hundred and twenty-four persons of distinction during the week.

SMALL-POX.—A charge of wilfully propagating small-pox has been preferred, under the New Vaccination Act, in Devonshire, against a woman, who desired that her children should have the disease Devonshire fashion, by contagion, caused them to wear a neckerchief which had been worn by a woman sick of that malady. One female was convicted and sentenced to a week's imprisonment; but the mother escaped, through, it is said, the perjury of her nephew, who was also to have been tried on that charge, but was too ill to be put to the bar. The Chairman of the magistrates said, that they were unwilling to proceed against him in the present state of his health, but wished it to be understood, that in all cases where persons were found to endanger the lives of their children by exposing them to small-pox, the utmost penalty would be inflicted. If death had ensued, the parties concerned would be tried for their lives.

## The Anatomy of Quackery.

### QUACK MEDICINES,

THEIR HISTORY, COMPOSITION, AND QUALITIES.

NO. XXX.

MESSRS. R. AND L. PERRY AND CO.'S "SILENT FRIEND;" "CORDIAL BALM OF SYRIACUM;" "CONCENTRATED DETERSIVE ESSENCE;" "PURIFYING SPECIFIC PILLS;" AND "PREVENTATIVE LOTION."

(Continued from page 240.)

Yet a few words more, and we shall have done with those stupendous impersonations of audacity and humbug—the nostrum-mongers of Berner's-street. Descending with the Messrs. Perry from their lofty dreams of golden fees, pouring in by thousands, and all the luxurious ideas that follow the possession of ill-gotten wealth, let us view them in the company of a poor clerk, whose folly first, and worldly inexperience afterwards, leads him to consult them. The anecdote was related to us by a friend a short time since, on whose word we may place the most implicit reliance.

Mr. —, a young man in humble circumstances, having contracted disease during a luckless night-adventure, and led by the advertisements in the newspapers, repaired to the Messrs. Perry, with the intention of obtaining advice and medicine. The tale is soon told. The usual interrogatories and examinations were gone through. He was told that he should have "some med'cin," and an immediate demand was made for consultation-fees and the sum which such medicines were said to come to. The patient, alarmed at the amount, stated that he had merely come prepared to pay a few shillings for medicine then, as he thought that would have been all that would have been required; as, during the winter, he had only paid 3s. 6d. per bottle for mixtures, and 2s. 6d. per box for pills, to his family surgeon, during an attack of bronchitis. The quack was inexorable. Hard words followed. The patient was a "knave," a "scamp," to come to consult "them" without being able to pay the "fees." Thus awkwardly placed, and to deprecate the anger of these "lights of the nineteenth century," the young man offered to purchase a box of pills, or anything else reasonable or within his means. It "would not do." The word "police" was repeated, and the patient became alarmed. "How much money" had he? "Six shillings and sixpence." "Six shillings and sixpence!"—that was "no goot." By this time the hall had been reached. A lucky "rat—tat—tat" came to the door. It was no sooner opened, than the young man "beat a sudden and unexpected retreat," nearly upsetting one of the unfortunate "Jeameses" in his progress, and never stopped until he had reached the \* \* \* tavern, in Oxford-street, when it required a strong tumbler of fuming cognac to sufficiently restore his nerves to enable him to proceed home. In the sequel, this young man got cured by a regular practitioner, in the course of a fortnight or three weeks, without injury to his health, and at a comparatively trifling expense.

"THE SILENT FRIEND;"

"A practical work, treating on the anatomy and physiology of the organs of generation, and their diseases, &c., &c. 50th edition."

The censures we passed on Dr. Solomon's "Guide to Health" apply with tenfold force to this work, than which *one more thoroughly disgusting, demoralizing, or deceptive, never issued from the press.* The larger number of the engravings exhibit exaggerated representations of diseases, which, from the progress of legitimate medical science during the last three-quarters of a century, have, happily for the human race, been deprived of those horrible sequelæ which once followed them, but which in Messrs. Perry's book are made the instruments of terror and alarm to the ignorant and weak-minded. As if



humbug and hypocrisy had *no* limits, at page 110, Messrs. Perry "take the liberty [such are their words] of adducing a few passages from Holy Writ itself, in corroboration of the few sentiments we have expressed. The validity of our appeal to such an authority is irrefragible and undeniable, inasmuch as its truth is above impeachment, and its purity above suspicion. Nor shall we be allowed to be deterred appealing to such a tribunal by the sneers of the infidel." Here follow texts of Scripture from St. Paul's Epistle to the Ephesians, to Timothy, to the Thessalonians, Romans, Corinthians, &c., &c., all, of course, from the New Testament. At page 112 we are told that "when our *blessed Saviour* pardoned the woman taken in adultery, he said—" &c. *Excellent logic this for Israelites.*

#### CORDIAL BALM OF SYRIACUM.

We have already alluded to this nostrum. One of our correspondents has formed a shrewd guess at its composition. (See page 204.) It essentially consists of weak spirits, sweetened with moist sugar, and flavoured with aniseed, spearmint, benzoin, and tolu, with the addition, probably, of some tincture of cantharidis. It has been stated that it contains either the sesquichloride or wine of iron, but there is no iron in the bottle of the balm now before us, and which we received direct from the hands of Mr. Robert Perry. (1)

The Cordial Balm of Syriacum is sold in bottles at 11s. each, or "four quantities in one bottle for 33s., whereby one 11s. bottle is saved," and in £5 cases. "With each bottle is given a copious Bill of Directions, containing *select illustrations* of the efficacy of the Medicine under the following heads:—Advice to Nervous Patients—Asthmas—Barenness—Deficiency of Natural Strength—Female Complaints—Gouty Spasms in the Stomach—Hypochondriac Complaints—Internal Sinking—Loss or Defect of Memory—Turn of Life—Weakness—Youth, &c."

#### PERRY'S CONCENTRATED DETERGENT ESSENCE.

This for the most part resembles Dr. Solomon's "ANTI-IMPETIGINES" before noticed. It is advertised as "An Anti Syphilitic and Scorbutic Remedy, for searching out and purifying the diseased humours of the blood; conveying its active principles throughout the body, even penetrating the *minutest* vessels, removing all corruptions, contamination, and impurities from the vital stream,—eradicating the morbid virus; and radically expelling it through the skin." To cure everything. "Price (only) 11s., or four bottles in one for 33s., by which 11s. is saved; also in £5 cases, which saves £1 12s." (!) Dose—"Three teaspoonfuls three times a-day. If it should operate much by stool, the dose must be lessened."

The medical reader will recognise the active ingredient of this nostrum, from the following extract from the "Silent Friend,"—"During the use of this medicine, a tenderness of the mouth will sometimes happen; this may be removed by taking a teaspoonful of flour of brimstone, mixed with treacle, night and morning, till the mouth is cured; or else a dose of salts, or 20 grains of jalap, night and morning, whilst the tenderness of the mouth continues. When the mouth and gums are again well, the *Concentrated Detergent Essence* may be again taken, and the brimstone, &c., abandoned."—"Silent Friend," p. 151.)

#### PERRY'S PURIFYING SPECIFIC PILLS.

"With *implicit* directions, rendered perfectly intelligible to every capacity, the most certain and effectual remedy ever discovered for Gonorrhœa, both in its mild and aggravated forms, by immediately allaying inflammation and arresting further progress. Gleet, strictures, irritation of the bladder, pains of the loins and

kidneys, gravel, and other disorders of the urinary passages, in either sex, are permanently cured in a short space of time, without confinement or the least exposure. Price only 2s. 9d., 4s. 6d., and 11s. per box."

The active constituent of the above pills is said to be capivi. They appear almost inert.

#### PERRY'S PREVENTIVE LOTION.

Listen! gentle reader!—"The deplorable consequences and the many horrible diseases which result from gonorrhœa, syphilis, &c., have no doubt a very great influence on men, and drive them to the commission of offences which are contrary to law, morals, and the well-being of society. A certain preventive has long been a desideratum, and this the Messrs. Perry are now enabled to offer in their Lotion: used in accordance with the printed directions, it affords a safeguard against the approach of disease. Its action is simple, but sure; it combines with the virus chemically, and destroys its power on the system, so that there cannot be any chance of disease, when it has been once employed."—"How can a young man indulge his natural feelings and desires, without danger, &c.?" "The *Preventive Lotion* will enable him to have connexion with the fair but frail Cyprians who perambulate our streets, without any fear or reason to dread the consequences in the shape of the venereal disease, in any of its forms, such as gonorrhœa, clap, or syphilis." "It will effectually prevent all danger from *indiscriminate sexual intercourse.*"—"Silent Friend," pages 167-8.

Moral, philanthropic, considerate Messrs. Perry! how deeply indebted to you must be each rōu and libertine that treads the streets of this enlightened metropolis, when you pander to his vices and urge him to his midnight orgies. Out, out upon ye! Is there no public prosecutor? Is there no society for the suppression of vice and the punishment of its promoters? This vast city abounds with churches, with institutions for educational purposes and moral development,—its streets are inundated with policemen to preserve order,—its gaols are filled with the victims of poverty, ignorance, and crime, who have each committed an offence against *only a single citizen*;—our progress in trade, commerce, engineering, enterprise, intellect, has become a cosmopolitan proverb;—not so with our consistency, and in many cases the effectiveness of our laws. On the contrary; whilst we punish the petty rogue who steals a loaf or a shilling, with the treadmill, we allow the scamp, the hypocrite, and the charlatan, to stand publicly forward, in broad daylight, and pollute our population,—our very youth and school-boys, with his vice-engendering bills and publications,—with such debasing, dirty, delusive trash, as that we have just quoted from the "Silent Friend." We have said *delusive*, because the claims set up by the Messrs. Perry for their lotion do not exist. We say *debasing*, because pandering to vice, and urging on our young men to debauchery, under the assurance that they may indulge therein with impunity, is opposing all that education, the printing-press, and the moralist has been long attempting to effect. We can assure the reader that the "PREVENTIVE LOTION" of Messrs. Perry is *utterly incapable of effecting what its authors claim for it*. We know many instances wherein parties relying on it have been bitterly punished for their folly and credulity. We could mention several cases in support of our assertions, of the most conclusive description. We shall, however, content ourselves with the following extract:—

"A gentleman called upon me a few days since, in consequence of suffering from an affection of the eye. A copper-coloured eruption on the face led me at once to enquire if he had suffered from syphilis. He assured me that this was *impossible*, as he had always used the "*disinfecting lotion*" invented by Mr. Perry for the prevention of disease. But the character of the eruptions, the ulceration in the throat, and the appearance in the eye, left no doubt in my mind that he was suffering from *syphilitic-iritis*. I took the trouble to analyse this lotion, which

(1) The following is nearly the composition:—English gin, 1 pint; moist sugar,  $\frac{1}{2}$  lb.; dissolved in water, 4 oz.; mix, and add paregoric (Tinct. Camph. Co. P. L. 1836) 1 oz.; Tinct. Tolu,  $\frac{1}{2}$  oz.; Tinct. Lyttæ. q. s.; and a few drops each of oil of aniseed and spearmint. Agitate, and filter.



professes to do so much, and found it to consist of solution of zine, coloured with a vegetable dye." (1)

So much for a nostrum vended at 33s. a bottle. It merely requires that *one fool only out of ten* should purchase a bottle, to make the Messrs. Perry millionaires.

In reference to the cures advertised by the Messrs. Perry, as attested on oath before the Lord Mayor and certain Aldermen, (sometime after the year One, but when it saith not,) we can only refer the reader to what we have already said on the subject in the case of Mr. Holloway. (2) Even the quack of Temple-bar was silenced when the *illegality*, nay, *impossibility* of such being the case, was thundered forth by the "Dispatch" some years since.

The enormous extent to which modern quackery has reached, may be estimated from the *boast* made by the Messrs. Perry, that their *advertisements* ALONE cost them "no less than £20,000 annually, independently of £6000 a year paid for Government Stamps to affix to their medicines." (3) £6000 a year paid for Government patronage and protection!

(1) Essay on Spermatorrhœa. Dawson, pp. 89, 90.

(2) See Med. Circ., Vol. II.

(3) "Silent Friend," p. 119.

### THE HEMOSPASIC METHOD OF TREATMENT.

An apparatus has been invented by DR. JUNOD for the purpose of doing away with the inconveniences and dangers of general and local blood-lettings, by the employment of derivation. This apparatus works on the principle of a large cupping-glass, attracting blood to the part where it is applied by the exhaustion of the contained air,—an object which is effected in direct proportion to the amount of force employed, and as the latter can be graduated at pleasure, the amount of blood drawn to the surface may be less or greater according to the requirements of the case. We give below a drawing of the mode in which this instrument is applied.



In a little work now before us, Dr. Junod recites several experiments with this instrument in various forms of disease, among others, six cases of Cholera, which appear to have been greatly benefited by its use. We, therefore, have much pleasure in calling the attention of our brethren to this mode of treatment at the present time. Dr. Junod informs us that his instrument is more efficient in abating the perils attending the stage of reaction, than in affording relief during collapse—a result that might be expected. As, however, one half the cases dying of cholera succumb during the collapse, the benefit to be derived from this instrument may be considerable.

From six cases reported by Dr. Junod, we extract the two following:—

1st Case. A young woman, aged 22, was received into the "Hôpital de la Charité," on the 22nd June, 1848.

During the reaction that followed the state of collapse, she was affected with various cerebral symptoms, which led to a state of coma, despite all the means which were employed during two days for their removal. The hemospasie apparatus having been applied by M. Junod, during the space of thirty-five minutes, the cerebral congestion was dissipated. 2nd Case. A woman, aged 28, having been struck by the epidemic, was received into the "Hôtel Dieu," on the 2nd of July, 1842. As in the preceding case, grave cerebral disorder attended the reaction, but it yielded with the same facility, by the employment of the apparatus, except that it was necessary to resort to its use several times during the four following days, in order to remove the cephalalgia and coma.

The value of the apparatus has been tested in this country by some of our army surgeons, whose report we subjoin:—

"We, the undersigned Medical officers of the army, have made and witnessed several trials of Dr. Junod's apparatus in the General Military Hospital, Fort Pitt, and in the Garrison Hospital, Chatham, as well as on some private patients; and, although most of the cases in which it was used were cases of a chronic nature, and not fairly suited to test the merit of the instrument as a therapeutic agent, we have been well satisfied with the general result, and feel convinced that it is calculated, when properly persevered in, and used with discretion and judgment, to aid powerfully the surgeon, as well as the physician materially, in the cure of diseases, especially of those of an acute and inflammatory character, and attended with local congestion, such as cerebral affections, pneumonia, hepatitis, rheumatism, amaurosis, ophthalmia, &c.

"Among others, in which we have seen the apparatus tried with advantage, we may mention a severe and obstinate case of intermittent neuralgic headache of several months' standing, in a gentleman above sixty years of age, attended with great congestion of the conjunctiva of one eye. Here the affection (in which all the usual remedies were used without benefit, and under the first medical opinion in England) was relieved in half an hour, and entirely removed by a second application; also the pain and inflammation of the stump, and general febrile symptoms in a case of amputation of the fore-arm twenty-four hours after operation; as well as a case of iritis, and one of chronic conjunctivitis, &c., &c.

"We may also state, that the apparatus is now being tried in a case of amaurosis of nearly two years' standing, after an attack of fever, in a young soldier of the 15th Hussars. On admission to the general hospital, this patient was suffering from continued headache, tenderness of the scalp, flushed face, &c., the pupils widely dilated and quite immovable; now, after fifteen applications of the instrument, the headache, scalp tenderness, and flushed face are entirely removed, and the iris of each eye has become ordinarily sensitive to the stimulus of light, the pupils contracting to their natural dimensions. No improvement of vision, however, is yet apparent.

(Signed) D. SCOTT, M.D.

Deputy Inspector-General of Army Hospital.

GEORGE R. DARTNELL, Staff Surgeon.

JOHN FORREST, M.D., Staff Surgeon."

THE LATE BRANSBY B. COOPER.—The personal effects of this lamented gentleman have been sworn under £6000.

THE LORD LIEUTENANT'S VISIT TO LIMERICK.—Among the distinguished guests invited to meet his Excellency, the Earl St. Germain, at the Limerick banquet, were Drs. Thomas Kane, Joseph Parker, Robert R. Geltston, and S. McMahon.

SOCIETY FOR PURIFYING AND CLEANSING THE DWELLINGS OF THE POOR.—At a meeting of this Society, held in George-street, Hampstead-road, Lord Southampton in the chair, Dr. Stebbing moved, and Mr. Harris seconded, that the water company be requested to afford, daily, a copious supply of water to the inhabitants, as being essentially necessary to the public health.



## Original Communications.

### A SINGULAR CASE OF SCROTAL ABSCESS.

BY FREDERICK COLLINS, M.D., WANSTEAD.

Alfred Hagger, aged six weeks, was brought to me with a fluctuating swelling in the scrotum, and the skin covering the parts oedematous, resembling very much the appearance produced by extravasated urine. The mother informed me that, three days back, swelling and hardness commenced in the scrotum, from which time up to the present, the child has cried almost incessantly. On pushing a lancet into it, about two ounces of dirty, thick pus escaped; I then ordered frequent warm bathing, drying the parts with powdered starch, relieving the bowels with oil ricini, and in five days the child was perfectly convalescent.

### ANALYSIS OF THREE HUNDRED CASES OF MIDWIFERY.

BY EDWARD YOUNG, M.D., M.R.C., PH. OF IRELAND, LICENTIATE IN MIDWIFERY DUBLIN, &C. &C.

I have much pleasure in handing you an analysis of three hundred cases of midwifery attended by myself, and of which I have for some time past kept a record. Should you deem these statistics of my practice of sufficient value, I shall esteem highly the favour of your giving them a place in the "Medical Circular."

Of the 300 labours of which I present you with a brief but somewhat carefully prepared memorial, 279 presented naturally, and the remaining 21 as will be hereafter particularised, producing, in the whole, 304 children, of which 150 were males and 154 females; of these, 16 were still-born, including 11 premature births—namely, 4 at five months, 3 at six months, and 4 at seven months; 3 were putrid at birth, and 2 were lost by craniotomy, in consequence of extreme deformity in the pelvis of the mother.

Delivery was effected by the short forceps in six cases, twice in consequence of contraction in the outlet of the pelvis, twice in consequence of puerperal convulsions, and twice by reason of extremely protracted labour, which the state of the patient rendered desirable to bring to a conclusion; in both the last-named cases the children lived, in the other four they were still-born; in *all*, the patients recovered without any bad results from the use of instruments. The presentations may be thus recorded:—279 natural, 3 with face to pubis (all born alive), 4 breech, 2 shoulder, 1 arm, 1 hand, 5 footling, 4 were twin cases, all of which were born alive. They presented thus:—*Head and foot twice, heads once, and head and arm once.* The operation of *turning* was required on 7 occasions—once for shoulder, once for hand, and once for arm presentations, and *four* times in the case of presentation of the placenta; these last-named cases all occurred between the fifth and sixth months of pregnancy; *thrice* the placenta *entirely* covered the os uteri, and *once partially*. The first had been attended by an ignorant midwife, who knew nothing of the nature of this or any other case, and the patient was almost in *articulo mortis* when I saw her first in consultation with an old and experienced friend. The utmost attention could not avail her, and she died shortly after delivery was effected; the other three cases did well by turning and artificial delivery.

Of the 300 cases which I now record, 295 recovered perfectly without any untoward symptom, and 5 died—one from the neglect I have just named, 2 from puerperal fever (both single women), within ten days, 1 from hypertrophy of the heart, with valvular disease of long-standing, and one, in the last stage of phthisis, survived her premature confinement but seven days. The placenta was retained from adhesion in 7 cases, requiring manual interference: in two of these *hour-glass* contraction was

well marked, and relieved by the administration of full doses of opium; one suffered severely from subsequent typhoid symptoms, but all ultimately did well. There are three cases to record of puerperal convulsions: in the first, the head being above the brim of the pelvis, and the os uteri well dilated, delivery was effected by turning; in the other two cases, the foetus was extracted by the *short forceps*. The patients recovered satisfactorily, though in the first the epileptic convulsions and profound coma continued for several days; in the others, depletion had been carried to a much larger extent, and the convulsions subsided after delivery. Three cases of phlegmasia dolens occurred after confinement, all of which did well, although the knotty cordiness of the veins and oedema of the limb long remained. There were ten cases of hæmorrhage after expulsion of the *placenta*; *two* so violent as to place the life of the patient in extreme danger, and requiring most prompt and energetic management; *three* were so considerable as to excite grave apprehension, and *five* were by comparison slight. Cold and pressure were the chief means resorted to, after clearing the uterus of coagula, with the careful administration of opiates and stimulants: all ultimately recovered (though one suffered from a rather severe attack of puerperal mania, requiring restraint for six weeks). In two cases which I have noted the mothers were suffering severely from *syphilis*, but *the children were healthy*. One woman was confined with her *first child* at the age of 43 years; one with her first child having been married 18 years; one having been married 39 weeks; and one was covered with variola the day subsequent to her accouchement, which the infant escaped.

Of the whole number of infants, 304, *three* only had any bodily deformity: *one* had webbed fingers on the left hand; *one* had talipes; and *one* had spina bifida and talipes, surviving 18 days.

In two cases was the foetus expelled with the membranes entire.

In *four* cases purulent ophthalmia supervened within a few days of birth, which was treated principally with injections of a solution of the nitrate of silver, of which I have seen no reason to regret the use.

It is most difficult to ascertain the exact duration of any labour; I have confined myself, therefore, to a calculation of the average duration of the last stage of the process of parturition, namely, that time during which the attendance of the accoucheur is required: this I find in the 300 cases the particulars of which I have recorded, to have, on the average, rather exceeded  $3\frac{1}{2}$  hours, while the 87, which were first labours, bear an average of 9 hours in the last stage.

Statistical returns, if faithfully recorded, must always be of some value; which, I trust, you will accept as my apology for this rather lengthened communication.

Gravesend, Sept. 30, 1853.

## Correspondence.

### THE CIRCULARS OF THE ROYAL COLLEGE OF PHYSICIANS.

To the Editor of the "Medical Circular."

SIR,—It must be within your recollection that the Cholera Committee of the Royal College of Physicians sent to all medical men who had held appointments in London during the cholera epidemic of 1849, two series of queries respecting the personal experience of each in that disease, and the treatment adopted, with its results. Answers were solicited to these queries, as well as any observations that each officer may have been led to make from such experience on the subjects of cause, contagion, treatment, prevention, &c. It was also promised that these replies should be carefully examined and collated, so as to form the basis of a report upon this outbreak of cholera of a most extensive, interesting, and useful cha-



racter, such as might go far to set at rest certain points hitherto the subject of great diversity of opinion, and prove a valuable guide to the most efficient treatment in any future attack of this dire disease. These queries were dated Sept. 6 and Oct. 13, 1849. Nearly four years have elapsed since replies to them were returned by (I should suppose) a large majority of those to whom they were sent (of whom I was one, having acted as cholera officer to the Haggerston district of the parish of Shoreditch for two months), yet no report has appeared, nor, at least as far as I am aware, has there been any notice of such being about to be published. Surely, now that cholera is again threatening this city, and judging from the example of 1831-32 and 1848-49, will probably make its attack upon us next year, no further delay in the appearance of so valuable a document ought to be allowed. Perhaps you, Mr. Editor, by directing the attention of the College to the subject in your spirited little periodical, may hasten the labours of those who have it in charge, and cause them to bring forth this long-promised report, before it be too late for any useful purpose.

I am, your obedient servant,

EDMUND E. HOOPER,  
M.R.C.S. and L.S.A.

Queen's-road, Dalston, Oct. 7, 1853.

#### THE ONLY ORIGINAL CASE (PRICE 6d.) IN THE "DUBLIN MEDICAL PRESS."

To the Editor of the "Medical Circular."

SIR,—The case of Head and Arm Presentation, by Mr. Pratt, published in "Medical Circular," Sept. 28, extracted from the "Dublin Medical Press," warrants a few observations.

I was somewhat surprised to hear of craniotomy requiring to be performed for head and arm presentation; and more so, that Mr. Pratt should not have seen any record of such complication in any obstetric author. Certainly, if he had consulted the works of Denman, Merriman, Hamilton, and Burns, he would have seen mention made of such complications, and the *modus operandi* recommended by them, which is, either to push back the arm and bring down the head, or bring down the feet and deliver by turning. Dr. Hamilton says (page 374): "I have never yet known a case to occur in which I could not either obtain access to the feet and deliver by turning, or reduce the arm and bring down the head, and have, in several cases, successfully turned where the pelvis was considerably distorted." About three years ago, a case of head and arm presentation occurred in my own practice; I succeeded in pushing back the arm, the palm of the hand only being close to the side of the head, when delivery was accomplished very easily. When it is recollected that such a complication most frequently occurs in a very wide pelvis, the obtaining access to the feet and delivering by turning seems the more practicable, and ought at least, by all means, to be tried before resorting to craniotomy.

HUGH M. ALSTON, M.D.

Dalry, Ayrshire, Scotland.

### Medical Notes and Queries.

#### NOTE.

SWALLOWING A HALFPENNY.—MR. EDITOR,—The young patient on whose behalf I asked for information in your last number, is now lying in extreme danger. Cerebral symptoms of a severe character set in about a week since, attended by convulsions, squinting, and muttering delirium; the pulse for 48 hours laboured at 66, and effusion was apprehended. It is supposed that the passage of the halfpenny is arrested in its course through the intestinal

canal, and that the cerebral irritation is the consequence. The pulse has now risen, and ranges between 90 and 110; still the delirium, with squinting, continues. The treatment may be said to be *nil*, alias, homœopathic. Perhaps it is on this account that he still lives. God only knows! Forgive my scepticism of the powers of medicine. I took an opportunity of searching the rectum for the offending body, but in vain. He appears to flinch on pressure over the right inguinal region.—Yours, A CONSTANT READER.

#### QUERIES.

PARTURITION.—May not the phenomenon of parturition be attributed to excess of venous blood existing at this crisis in the uterine capillaries, and thus causing the uterus to contract, just as its presence in the pulmonary vessels serves to excite the respiratory movements? And may not this excess of venous blood have origin in the metamorphosis of the tissues and activity of the fœtus toge her generating more than the placental apparatus can now eliminate, from having finished its office of oxygenator, the carbon collecting, and provoking the act of parturition?

FREDERICK COLLINS.

Wanstead.

### Hospital Reports.

#### GERMAN HOSPITAL, DALSTON.

*Asiatic Cholera.—Partial Recovery.—Cerebral Congestion.—Death.—Autopsy.*

[Under the care of Drs. WEBER and RANKE.]

Frederick H., aged thirty years, an agriculturist from Wirtemberg, was admitted Sept. 10, 1853, at eleven o'clock, a.m. The patient had arrived in good health from Rotterdam on the previous day, and had gone to bed in excellent condition, on the night before admission, in an overcrowded room of a lodging-house in Whitechapel. Towards five o'clock in the morning he awoke with severe cholic and purging, and was soon also seized with violent vomiting. After a few hours severe cramps set in, the skin assumed a bluish hue, the voice became hoarse, and the man was forthwith conveyed to this institution by his greatly alarmed companions.

On admission, the following appearances were observed: countenance extremely anxious; lips deep blue; and the rest of the face of a light purple; integuments of the whole frame covered with cold perspiration; tongue cold and blue; the folds of the skin, when raised by the fingers, remain several seconds before the general level is re-established.

*Organs of Locomotion.*—The patient complains of pain in the calves of the legs, thighs, and arms, the pain coming on in very severe paroxysms. During the latter, powerful spasmodic contractions of the larger muscles can be felt by the hand applied to the limb, and in the absence of the attacks, the smaller muscular fasciculi seem to be in a state of constant convulsion.

*Organs of Digestion.*—Vomiting, accompanied by great efforts, takes place about every half-hour; the matters ejected consist of a fluid closely resembling rice-water. The alvine dejections occur every hour; and are of the same nature as the liquid thrown off the stomach; no micturition; and bladder empty.

*Organs of Circulation and Respiration.*—No pulse can be felt at the wrist, and the carotids can hardly be noticed to beat; the contractions of the heart are weak and irregular, from sixty to sixty-five in a minute, and the respiration from twenty-four to twenty-eight, carried on with much anxiety and pain in the larynx; voice hoarse, and the patient complains of a feeling of constriction around the throat.

He was at once ordered to be wrapped up in warm blankets; hot jars were placed to his feet and thighs;



diligent friction was used with flannel on the chest, the back and arms, and sinapisms were applied to the scrobiculus cordis and calves. Prescription: half a grain of calomel, and a quarter of a grain of opium, to be taken every hour; a small bit of ice to be placed in the mouth every ten minutes.

Six, P.M.—The patient's state is unchanged. He has vomited, since admission, about thirteen times; and the motions have been six in number; the matters ejected retain the same character; the cramps continue; but the surface over the chest and arms is somewhat warmer.

Second day, 3 o'clock, P.M.—The patient has had some sleep, and the countenance is less anxious; the natural heat has returned on the face, and along the arms and legs: integuments still somewhat blue, but the folds, pinched up by the fingers, flatten down immediately; skin moderately moist; pain and cramps in the legs have considerably diminished; and the convulsive movements have quite disappeared. Tongue no longer blue and cold, but of the ordinary temperature, and pale. Since the morning there have been two motions; they are still watery, and not coloured; the vomiting continues, and the fluid ejected is of the same nature as on the first day. There is no appetite; the thirst is increased, but no urine has been passed: the pulse can now be felt at the wrist, but it is small, and easily compressible (seventy). The action of the heart is somewhat stronger, and the respiration less hurried; the hoarseness of the voice has diminished considerably, and the patient can now speak pretty loud. The powders were now taken every third hour.

Same day, seven in the evening.—About two ounces of urine evacuated for the first time since admission, after repeated pressure by the hand over the region of the bladder. The fluid is clear, yellowish, feebly acid, specific gravity 1022; it contains no albumen. In the space of twelve hours a cloudy sediment was thrown down, which, under the microscope, presented much tessellated epithelium.

Third day, three o'clock P.M.—The patient is much better; he has slept a good deal, and is cheerful; the heat of the skin is slightly higher than natural, and the integuments of the face, legs, and arms are still bluish; pressure of the finger produces whiteness, but the dark tint returns immediately the pressure is withdrawn. In some parts the skin is mottled, the depth of the shade being irregular, and the coloration of other portions of the body is of a dirty yellow, the conjunctivæ retaining a dark tint; perspiration moderate; tongue almost normal: thirst natural; the patient wishes for bread-and-milk; the fits of vomiting have been very few in the morning, none in the afternoon; there have been three motions since yesterday, of thin consistence, and somewhat tinged with yellow; urine has been passed several times, but in very small quantities, and the region of the bladder is not tumefied; pulse 75, almost regular, full, and somewhat slow; respiration normal; no cerebral symptoms are observed except great somnolence; the eyes are but half opened, and look heavy; the pupils are somewhat small, but obey the stimulus of light. Ordered, a quarter of a grain of calomel, and the same quantity of opium, to be taken three times a day only. Bread-and-milk.

Fourth day.—Very little change; the patient says he feels almost well; there have been a few stools of a greenish-yellow colour, emitting a disagreeable smell. Ordered, mucilage, eight ounces; tincture of opium, twenty minims: one tea-spoonful every third hour. Diet like yesterday, with the addition of arrowroot, prepared with milk.

Fifth day, three P.M.—The aspect of the patient is the same as yesterday, the face somewhat more coloured, but the hands and feet are still of a blue tint; the heat of the surface is not increased, and the skin is moist; tongue pale, and coated white; the appetite has again disappeared, but no thirst is complained of; there have been three watery motions since yesterday; the patient's person emits a most unpleasant odour; micturition quite normal; res-

piration natural when the man is awake, but very irregular during sleep; pulse 70, regular, slow, somewhat full; *somnolence increased*; the patient can be easily roused, but answers questions slowly, and wants them often repeated; the eyes are heavy and suffused, as in typhus; pupils of normal size, but sluggish; hearing and general sensation a little impaired, and the movements are very slow.

Sixth day, seven P.M.—The patient lies deep in bed; expression of eyes and face vacant; cheeks high-coloured; general heat of skin moderate; temperature of the head not raised; skin becoming dry; tongue white; no appetite or thirst, and no vomiting; there have been two fluid motions, yellowish and fetid; and the smell in the vicinity of the patient remains extremely disagreeable; pressure on the abdomen gives no pain; pulse 68, unequal, irregular, and feeble, as is also the action of the heart, without, however, any bruit; respiration from 11 to 14, sometimes deep, and at other times more superficial.—Cerebral symptoms: The patient does not complain of headache; he lies almost constantly in a half-unconscious state of somnolence, with his eyes almost closed; when roused, he looks like a man awaking from a deep sleep—he opens his eyes wide, looks vacant, and answers only after the questions are several times repeated; the replies are short and incoherent. There has been some delirium, and the patient rose several times from his bed in the course of the morning, and attempted to dress himself, but he was easily persuaded to lie down again, and soon fell into the former state of sopor. The organs of sense are as on the previous day. One table-spoonful of port wine every hour, and blistering plaster of the size of the palm of the hand to be applied to the nape of the neck.

Seventh day, four A.M.—The patient is dying, but was half an hour ago quite conscious; he spoke much of his dissolution, and died at half-past four A.M.

*Post-mortem Examination twelve hours after death.*—The body emits already a very strong smell. The muscular development is very large, and presents much symmetry. Rigor mortis well marked; a blue tint is observable all over the body, but especially over the face and hands.—Brain: Section of hemispheres white and somewhat resisting, with a great many dark, bloody points; dura mater very vascular, as also the surface of the brain. Between the arachnoid membrane and pia mater serum is effused, and the Pacchionian bodies are remarkably developed; the choroid plexuses are pale, and there is but little fluid in the ventricles. The cerebellum looks more vascular than the cerebrum, and considerable hyperæmia is observed in the cerebellar region.—Chest: The muscles covering the ribs look of a dark reddish-brown when cut into, and appear dry. The pericardium contained a small quantity of serum, but the rest of the heart presented normal characters.—Lungs: Slight adhesions on the left side posteriorly; on cutting through the root of the organs the blood is found in both lungs feebly coagulated, of a deep colour, adhering to the finger like syrup, and washed away with difficulty. Substance of the lungs quite normal.—Abdomen: On opening this cavity a very fetid smell is emitted. The liver is of the ordinary size, and the gall-bladder distended with a thin, dark greenish-blue fluid. Some congestion of the organ. The spleen is small, shrunken, and anæmic. The left kidney is much congested, but the right very pale. The bladder is distended up to the umbilicus, and filled with dark, flaky, albuminous urine.—Stomach and intestines: The stomach is distended with gas, in the composition of which hydro-sulphuric acid enters largely; some effusion and congestion of mucous membrane, both of stomach and intestine, with loss of epithelium, especially towards the lower end of the ilium and the ilio-colic valve; the solitary glands are hypertrophied; the intestines filled with a thin fluid, in which epithelial scales are floating; and the congestion of the mucous membrane increases from the colon towards the rectum; mesenteric glands somewhat enlarged, and mesentery very vascular. The peritonæum is covered



with a fibrinous exudation, of a rather deeper colour than is generally observed.

Two other cases have also occurred at this hospital; one is still doubtful, the other convalescent.

### ST. BARTHOLOMEW'S HOSPITAL.

#### *Cases of Epidemic Cholera.*

[Under the care of Dr. BURROWS.]

Within the last week, two well-marked cases of the epidemic form of cholera have been admitted into this hospital. The first was that of a young man who, when attacked, was engaged in loading a Greek vessel at the West India Docks. He was admitted, in a state of extreme collapse, on Oct. 1. rallied very much on the 2nd, and, on the 3rd, had good reaction; subsequently, however, he again sank into the stage of collapse, and death took place on the night of the 4th. The second case was that of a man who had been living in a very miserable manner, and having walked a great distance, on the same morning was found in a public water-closet at Greenhithe, about noon, on the 5th, in a state of extreme collapse. He has made good improvement under the treatment pursued, and has, at the present time (Oct. 6,) warm extremities and a good pulse. Dr. Burrows's plan of treatment has consisted in the exhibition of an emetic of sulphate of zinc, and afterwards of full doses of calomel and opium, the application of external warmth being meanwhile assiduously attended to.

In St. George's Hospital a case has terminated fatally, after a short illness, attended with most of the symptoms of epidemic cholera.

In Guy's Hospital, some very severe cases, approaching closely to the epidemic form, have recovered.

In King's College, St. Thomas's, the Middlesex, and St. Mary's Hospitals, no cases have occurred during the last week.

## THE CHOLERA.

(From the General Board of Health.)

NEWCASTLE-UPON-TYNE, Oct. 8.

#### DEATHS.

Oct. 7, Cholera .....	8
" Diarrhoea .....	3

The total deaths from cholera and diarrhoea in Newcastle during the present attack, has been 1,460. In the same period (viz., the first 37 days) during the prevalence of epidemic cholera there in 1831-2, the number of deaths was 258.

WALKER.—The total deaths in this small locality, attacked on Monday night, the 3rd, amounted on the 4th to 9; on the 5th, to 4; on the 6th, at 3 p.m., to 2.

SOUTH SHIELDS.—Reports have been received of the occurrence of 9 fatal cases of cholera in South Shields from the 26th ult. to the 6th inst., making a total of 44 deaths.

GLASGOW.—The case of cholera in this city, reported in our last number, terminated fatally. On the 4th inst. there was another case, in the person of a labourer, residing in one of the suburbs. He had been complaining of diarrhoea for about twenty-four hours previous to the accession of the symptoms characteristic of Asiatic cholera. The disease, as manifested in this case, was but mild in degree, and readily yielded to treatment.

### THE METROPOLIS.

47 deaths are registered for the week ending October 1. Of these, 21 were under the age of 15, 25 aged from 15 to 60, and 2 were over 60 years of age. 31 were males, and 16 females. 3 of these deaths occurred in the West District, 6 in the North, 2 in the Central, 4 in the East, and 32 on the South side of the river. A fatal case

occurred on the 6th, in Poland-street, St. James's—15 hours.

#### MARYLEBONE.

At the last meeting of the Health Committee, Mr. Fullerton reported that 4 cases of cholera had occurred, and that 3 proved fatal.

All the Metropolitan Hospitals are making extensive preparations for the admission of patients labouring under cholera.

At BERLIN the cholera has carried off the whole of one family within 48 hours, in the persons of a highly scientific officer, Lieut.-Gen. Teichert, of the artillery, his wife, and 4 children.

## Obituary.

July 4.—DAVID KEITH, M.D., of the 3rd Regiment, Sikh Local Infantry, at Hazarah, in India.

July 17.—S. LYEL, Esq., Surgeon to the 3rd Light Cavalry, at Bellary, Madras.

July 25.—THOMAS CLENKIN, Esq., Assistant-Surgeon to the 25th Regiment, Native Infantry, at Madras.

August 1.—W. HARVEY, Esq., Surgeon to the 70th Regiment, at Cawnpore.

August 1.— —. THOMPSON, M.D., Surgeon, at Hong-Kong. The deceased was formerly Surgeon of the "Lady Mary Wood," and, at the time of his death, to the "Arragon Ascar," of Calcutta. A mutiny broke out on board the ship, which resulted in the cruel murder of Dr. Thompson, with the captain, and others.

Sept. 17.—AUGUSTUS OCTAVIUS CURRIE, Esq., Assistant-Surgeon on the Honourable East-India Company's Staff, on board the "Indiana," on his passage to England. The deceased was the fifth son of Claud Currie, Esq., late Physician-General, Madras.

Sept. 18.—WILLIAM TOMS, Esq., M.R.C.S. Eng. 1820, L.S.A. 1819, at Kingsbridge, Devon, of hydrothorax, after a protracted and painful illness of many months' duration. This loss is deeply regretted by the inhabitants of the town and neighbourhood of Kingsbridge, where he had practised most successfully for upwards of 33 years.

Sept. 27.—THOMAS MARSH, M.R.C.P. 1844, M.R.C.S. Eng. and M.S.A. 1827, at Brentwood, Essex, aged 47. Dr. Marsh formerly practised at Coleford, and was the author of "Remarks on the Cholera, 1831," and contributed to the *Medical Gazette*, in 1830, a paper entitled "Cases of Hydrocephalus."

Sept. 28.—STEPHEN JENNINGS SWAYNE, M.D. 1840, at Rochester, aged 71. Dr. Swayne had for some time held the offices of Deputy-Inspector of Hospitals and Fleets, and Justice of the Peace for the county of Kent. He was the only medical officer on board the "Volga," in the action off Lissa, in 1811; of the "Active," at the capture of the French frigate "Pomone;" of the "Seahorse," at the capture of Alexandria; and was also present at the subsequent operations on the American coast, including the capture of the American flotilla on the Lake Borgue, when the boats severely suffered.

Sept. 30.—ANDREW FERGUSSON, M.D., Surgeon of the Second Class of the Army Medical Department, at New Orleans. He arrived on the 6th, and died on the 30th, leaving a widow and three children to deplore his loss.

October 2.—M. ARRAGO, at Paris. The funeral took place on the 5th. A brigade of infantry marched with the procession, and the Emperor was represented at the ceremony by Marshal Vaillant, Grand Marshal of the Palace. Though it rained incessantly, 3,000 persons followed the procession to Père la Chaise.

October 3.—JAMES GOODALL ELKINGTON, Esq., late Surgeon to the 17th Lancers, at the Hibernia School, Phoenix-park, Dublin, aged 70. The deceased had faithfully discharged his duties in the army during a long period of 47 years, having served through the Peninsula and at Waterloo.



Lately.—JOHN FAIRBRIDGE, Esq., Surgeon, at Hexham, Newcastle.

Lately.—GIDEON J. GRIFFITHS, Esq., Assistant-Surgeon, 3rd West-India Regiment, shortly after his arrival.

Lately.—WILTON W. HARRIS, Esq., Surgeon to the 1st West-India Regiment, at Ilp-park Camp.

Lately.—JOHN LEARY, M.D., formerly of Dundalk, at Whiterath, County Louth, Ireland.

Lately.—MATTHEWS, Esq., Staff-Assistant Surgeon Royal Engineers, at Auckland, New Zealand. Mr. Matthews accompanied a party on a pleasure-boat excursion in the direction of the North Shore. The boat, by some accident, was upset, and Mr. Matthews, with several others, perished.

Lately.—JOHN MACDONALD, Esq., M.R.C.S. Eng. 1831, L.S.A. 1827, at Maldon, after a protracted illness, aged 46. Mr. Macdonald formerly resided at Woolwich, and was Surgeon to the Woolwich District of the Greenwich Union.

### Medical News.

ROYAL COLLEGE OF PHYSICIANS.—At the usual quarterly meeting, held on Friday, Sept. 30, the following gentlemen, having undergone the necessary examinations for diploma, were admitted members of the College:—Dr. Callaway, London; Dr. Coote, Oxford; Dr. Ballard, London.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise on Thursday, Sept. 29, 1853:—Edward Vaughan, Keynsham; William Steventon, Cheadle; John Bishop King, Brighton; Stephen John Bunt, London.

VACCINATION IN THE SUNDERLAND UNION.—The guardians of the Sunderland Union have resolved, "that the whole of the resident duly qualified medical practitioners be appointed public vaccinators to that union, on signifying their consent, in writing, to the Board of Guardians, on or before the 6th day of October next, of their acceptance of such appointment, and naming the place, days, and hours at which they will vaccinate, and inspect the progress of such vaccination in persons so vaccinated." They have further agreed "that the fees payable to such medical practitioners for every person successfully vaccinated at the residence of such medical practitioners, or within two miles therefrom by the nearest public road, be 1s. 6d.; and for every person successfully vaccinated at any place more than two miles distant from such residence, the sum of 2s. 6d., save and except when such medical practitioners have been, or expect to be, paid by the parents or guardians of the child or children for such vaccination."

MEDICAL SOCIETY OF LONDON.—The first Special Physiological meeting for the Session, just commenced, will be held on Monday, October 10, at 8 p.m., when a paper will be read on "The Means by which the Syphilitic Poison Enters the Constitution." By Henry Lee, Esq. At the next Ordinary meeting, which will take place on Saturday, October 15, a paper will be read by Mr. W. Coulson, on "Suppuration of the Joints from Infection of the Blood."

IMPUDENCE OF A FILTHY QUACK.—A case was last week brought before Sheriff Henderson of a somewhat novel nature. The pursuer was Mr. Patrick O'Neil, designating himself "surgeon, Dundee," and the defender Mr. William Norrie, clerk in the Dundee and Arbroath Railway Company's office. The account charged on was "To damage and loss sustained by me on account of your having destroyed, dilapidated, and defaced my bills, on the 9th day of August, 1853, which were posted on Broughty Castle and otherwise on several other occasions, and also for attempting to destroy my reputation as a medical adviser; moderately estimated at £5." Copies of the "bills defaced" were produced in Court, the nature and contents

of which may well be guessed. Mr. William Kerr, writer, who appeared for Mr. Norrie, submitted to his Lordship if the productions exhibited were of a nature to be put on the walls of such a public place as Broughty Castle, the constant resort of respectable people at this season. In addition, Mr. Kerr produced a mandate from the manager of the railway, to whom the castle belongs in property, authorising Mr. Norrie to prevent any person putting up bills on the walls: and he said that he was prepared to adduce evidence that the bills were not taken down by Mr. Norrie, but by the regular servants of the company. Mr. Kerr also proceeded to put some questions to the pursuer, with the view of establishing that he had no claim to the title he assumed. In answer to these questions, the pursuer admitted that a few years back he earned his living by manufacturing shoe blacking, which he vended through the country along with lucifer matches, and that in the course of his peregrinations he on one occasion encountered a strange adventure at the Castle of the Laws with a coloured servant of the then proprietor, and which afterwards formed the subject of judicial proceedings. The charge against Mr. Norrie was dismissed.—*Dundee Warder.*

HOMŒOPATHY.—The following extract is taken from a clever letter in the *Leicester Journal*, signed "Chirurgicus."—"Homœopathy has had its day. Excepting in Vienna, it is now comparatively little heard of in Germany, and notwithstanding Leipsic is the head quarters of the doctrine, the homœopathic hospital of that city, a small house in the suburbs, contains only eight beds, of which Mr. Lee, who lately visited it, found only two or three occupied. In Paris, M. Andral put it to the test of experience in one of the general hospitals, and the result was a total failure. It was therefore discontinued. He treated 130 to 140 patients in the presence of the homœopaths themselves, adopting every requisite care and precaution, yet in not one instance was he successful. In Russia, a German homœopathist was invested by the Grand Duke Michael with full powers to prove, if possible, its advantages over ordinary treatment on a certain number of patients in the wards of a military hospital. In two months however, he was not allowed to proceed further. The Russian Government tried likewise the comparative treatment in two hospitals of a number of patients with homœopathic globules, and a number of other patients with no drugs of any kind; and the results were found very similar in both instances. A trial was given at Naples by Royal order. The results of the observations were:—1st. That the homœopathic treatment produced no effect; 2nd. That it had the serious inconvenience, in several of the patients, of preventing the employment of remedies by which they might be cured. In London, there are two homœopathic hospitals, both of which are in a declining state, and one I hear is now about closing, if not closed, for want of funds. A celebrated physician speaks of it thus:—'Everything in it, and out of it, fully confirms the view, that, as to practice, homœopathy is truly a nonentity; it is literally, as your author Huc says (see p. 86), the swallowing of names only.' To swallow the name of a remedy, or the remedy itself, comes (says the Tartars) to precisely the same thing. Homœopathists cannot point out a single medical authority now authorising homœopathy. So much for its decline. The gradual progress of medical science sufficiently shows that we do not let our patients die, as homœopaths do. Witness such facts as the following:—

#### IN LONDON.

	Died under 5 years.
From 1730 to 1749, out of every 100 children born	73
„ 1750 to 1769, „ „	63
„ 1770 to 1789, „ „	51
„ 1790 to 1810, „ „	41
„ 1810 to 1829, „ „	31

Regarding the capability of the public to judge the value



of medical remedies in curing disease, I quote Archbishop Whately:—Nothing is more common than to hear a person state confidently, as from his own experience, that such and such a patient was cured by this or that remedy; whereas, all that he knows is, that he took the medicine and recovered. A termination and a cure are two vastly different things."

## Notices to Correspondents.

**NOTICE.**—In order to facilitate the transaction of the rapidly-increasing business of the "Medical Circular," and to meet the wishes of those gentlemen desirous of a personal interview, the EDITOR has arranged to attend at the OFFICE, 128, STRAND, every WEDNESDAY, between the hours of Twelve and Two, p.m.

The "Medical Circular" may be procured by an order on any Newsvendor or Bookseller; or it will be sent direct by post from the Office, to subscribers for one year, on receipt of Sixteen shillings; half-yearly subscription, 8s.; quarterly, 4s. Cases for containing the numbers, bound in cloth, 1s. 6d., or by post, 2s. Post-office Orders to be drawn in favour of Thomas Rolfe, Post-office, Charing-cross.

**PATERFAMILIAS.**—The government appointments are not prized so much as formerly, and we think, moreover, that the applicants are so numerous, that you would have little chance—with a family nouc. You should apply to some of the great ship-agents, who, alone, can give you the satisfactory information you require.

**CIVIS.**—There is no law to prevent a licentiate of the Hall calling himself a "surgeon" either in a Court of Justice or elsewhere, but he must not say that he is a "Member of the Royal College of Surgeons." A "surgeon" is a general designation, and does not exclusively belong to the membership of the College of Surgeons. An instance, nearly parallel, obtains in the case of the druggists. Suppose the Pharmaceutical Society had been called the Society of Druggists, those druggists not belonging to the society, either now or in future, would not be deprived of their title. It is certain, however, that if a new Medical Reform Bill be obtained, provisions will be made to do away with this anomaly.

**M.R.C.S.**—Not as an apothecary, but for work and labour done. **H. H.**—No.

**D. B.—T.**—We are much obliged to you for the paper forwarded to us, but we regret that owing to its length we are unable to insert it. If you will send it to the "Lancet," or the "Medical Times and Gazette," we shall be happy to give an abstract of it from their columns. As a general rule, we cannot accept *very long* articles.

**A SUBSCRIBER.**—We thank you for the interest taken in our doings. We had been informed of the quotations from the "address" in one of the papers named.

**MR. R. T.**—The insoluble salts of arsenic are absorbed if they remain a long time in the stomach. The hydrate of the sesquioxide of iron is the best antidote, as it resists this action the longest.

**STUDENS.**—It is a good school; you need have no fear. Avoid the "Refuge for the Destitute."

**MR. JAMES B.**—Declined with thanks.

**AN OLD PRACTITIONER.**—The dose is from one-eighth to a single grain. We have often administered the latter.

**MEDICUS (Burlington Quay).**—We have not the pamphlet in hand, but we will inquire.

**NUX.**—It is untrue.

**M.D.**—Our Dublin contemporary has mistaken his vocation. He certainly makes a "shocking bad" journalist, and we hardly know what else he is fit for. If he have wit enough, we will endeavour to procure for him an engagement as editor of "Joe Miller." That work being like his own, merely a compilation, will not require an editor of very extraordinary facetiousness.

**MEDICUS (Edinburgh).**—We shall be happy to read the papers, and, if suitable, to insert them.

**CHIRURGUS.**—There is no such office. The phrase is vernacular.

**AMICUS.**—We are much obliged to you for an abstract of the address, but our report was in type before yours arrived.

**UNUS QUORUM.**—We are unable to give you any satisfactory information on the subject. No one can satisfy you but the parties to whom you have already applied; if they have not done so, it is because their course is undecided.

**M.D. (Trinity College, Dublin).**—Wait awhile: their time has not yet come. We should be glad of the information you offer.

**MR. GOULD.**—No.

**GAZETTE HEBDOMADAIRE DE MEDICINE ET DE CHIRURGIE** received.

**M.D. (Cheltenham).**—We do not know.

*To the Editor of the "Medical Circular."*

**SIR,**—Your two correspondents from Gravesend, whose letters appeared in the past week's number of the "Medical Circular," although treating the subject in a fair and gentlemanly spirit, have, in my humble opinion, erred in their method of reasoning on the particular case in point. The first is fearful lest "an erroneous impression should go forth" that the individual of whom I complain is a "legitimate druggist." They wash their hands from the guilt of participating in all such practices, declaring that "legitimate druggists" are "all honourable men," and that he does not belong to their body. If he be not a druggist, what is he? Alas! poor man, has he not a name as well as a local habitation? He certainly is not a legitimate surgeon or apothecary; and to call him an "excrecence" or "unhealthy fungus," according to the classification of your correspondent, may serve as a humorous appellation, but I cannot understand them as any argument for his removal from the order in which I have placed him, viz., "prescribing druggist." Your second correspondent attempts a parallel between the case of our *soi-disant* general practitioner and Mr. Smith, but he certainly fails. There can be no parity between them, inasmuch as it is impossible to show that a person qualified and legally authorised to follow a vocation, yet selling articles which have no connection with it, offends in the same way as he who, dealing in goods the sale of which is as unrestricted as our daily food, commits acts against which there are positive legal enactments. They are as distinct as a pirate and a Queen's officer—one is a law breaker, the other is not. Indeed, your correspondent admits this important truth, for he says, "the two cases are parallel; every feature identical; the one a daguerreotype of the other, *except* that in one instance the qualification *exists*, in the other it is *pretended* to." Precisely—that is *all* the difference. It was that which made all the difference in the Smythe case tried lately. The false claimant *pretended* to have a title to the baronetage and estates which another really possessed; and had it appeared that the legitimate owner did not maintain his position in society in the dignity which became his rank, this would not have identified him with the impostor. Your correspondent may call Mr. Smith a trading surgeon, if he thinks proper, but certainly our prescribing druggist has no title to the name. I beg, Sir, that you will not for one moment think that I am advocating the system of shop-keeping by medical men, far from it. I think it decidedly lowering to the status of the profession; but we must not lose sight of the fact that the very authority by which we practice, and by which alone we can recover in a court of law, provides for the keep and sale of drugs, and compels us, under a penalty, to dispense the prescription of any English physician. I cannot but think your correspondent wrong in imagining that the profession can defend themselves as he suggests. We can only hope to gain the power of arresting the growth of "excrecences" and "unhealthy fungi," or, speaking literally, of those "il-legitimate" dabblers in medicine, surgery, and midwifery, who "assume" a title "though they have it not."—Your obedient servant, GRAVESEND.

October 3, 1853.

*To the Editor of the "Medical Circular."*

**SIR,**—In your remarks appended to my communication in last number of "Medical Circular," regarding the cure of cholera, it is stated, in contra-distinction to the fact mentioned, that those "residing near iron-works enjoyed no immunity in other places." Be that as it may, I never for a moment meant it to be understood that such persons were exempted from cholera; on the contrary, the fact communicated refers entirely, as you will find, to a class of men who work regularly at the anvil, and are called or named in Scotland blacksmiths. I hope you will give the above a place in your present number, to prevent any misunderstanding. Yours, &c., GEO. K. H. PATERSON.

Errat, 7th October, 1853.

**ERRATA.**—In the Biographical Sketch of Dr. Day, p. 244, 1st col., 17th line from top, for "Hanoverian" read "Harveian;" in 2nd col. same page, 2nd line of 3rd paragraph, for "Botanical" read "Practical."



## ADVERTISEMENTS.

On the 1st of January, 1854, will be Published, handsomely bound in cloth, and gold lettered, Imperial Octavo, at a price not exceeding 10s.,

THE FIRST VOLUME OF

# THE MEDICAL MEN OF THE DAY,

(Illustrated by numerous Portraits, on India Paper, finished in the best style of Wood Engraving.)

REPRINTED FROM THE "MEDICAL CIRCULAR."

WITH EMENDATIONS AND ADDITIONS.

Sketches of Thos. Abraham, W. Acton, John Adams, Wm. Adams, Thos. Addison, M.D., W. F. Ainsworth, Jas. Alderson, M.D., Sir Charles Aldis, Dr. Aldis, Scott Alison, M.D., Jos. Amesbury, H. Ansell, J. M. Arnott, Neil Arnott, M.D., John Ashburner, M.D., S. Ashwell, M.D., John Avery, B. G. Babington, M.D., J. Bacot, J. N. Bainbridge, M.D., E. Ballard, M.D., W. Baly, M.D., G. H. Barlow, M.D., R. Barnes, M.D., E. E. Barron, M.D., J. H. Bennet, M.D., G. Beaman, W. Beattie, M.D., T. S. Beck, M.D., T. Bell, W. Bell, M.D., J. R. Bennett, M.D., G. Bermingham, J. Berncastle, F. Bird, M.D., Golding Bird, M.D., A. Billing, M.D., Jas. Bird, M.D., J. B. Brown, W. Chowne, M.D., Jas. Bird, J. Birkett, J. Bishop, Ed. Blagden, P. Black, M.D., J. Blomfield, J. Blundell, M.D., T. Bodkin, Sir B. C. Brodie, A. Borland, M.D., J. Bowling, B. E. Brodhurst, B. Brooks, W. H. Brown, M.D., W. J. Bryant, T. H. Burgess, M.D., Joshua Burgess, M.D., W. Burnie, M.D., Sir W. Barnett, M.D., Geo. Burrows, M.D., W. H. Burslem, M.D., J. S. Bushuan, M.D., W. Camps, M.D., W. B. Carpenter, M.D., E. Canton, T. K. Chambers, M.D., S. Cartwright, W. O. Chalk, Dawson Cape, M.D., E. J. Chance, H. T. Chapman, W. F. Chatterley, J. Chippendale, J. C. Christophers, Charles Clark, F. Le Gros Clark, G. B. Childs, Sir Jas. Clark, M.D., F. Clarke, J. F. Clarke, W. Coulson, O. Hawkins, W. Clifton, E. Cock, H. Campbell, G. F. Collier, M.D., J. Conolly, M.D., H. Clutterbuck, M.D., B. B. Cooper, H. Cootie, Thos. Copeland, J. T. Conquest, M.D., F. B. Courtenay, R. P. Cotton, M.D., J. R. Cormack, M.D., W. J. Cox, A. Crawford, M.D., M. A. N. Crawford, M.D., Edwards Crisp, M.D., John Probert, Esq., Thos. Martin, Esq., Dr. Jas. Adey Ogle, Sir Jas. Eyre, M.D., W. Fergusson, W. Tyler Smith, M.D., J. Brady, Esq., M.P., W. F. Chambers, M.D., W. E. Erichsen, Jas. Yearsley, Geo. Ross, Thos. Wakley, W. H. Walton, F. Winslow, M.D., John Gay, W. H. Ranking, M.D., Charles Clay, M.D., (Manchester); F. A. Bulley, (Reading); Jos. Moore, M.D., G. G. Bird, M.D., (Swansea); J. T. France, R. G. Hill, (Lincoln); with many others which will appear in the "Medical Circular" during the present year.

THE great interest which has been excited in the Profession and among a large section of the community by the publication of the Portraits and Biographical Sketches of Members of the Medical Profession in the "Medical Circular," leaves no doubt that their *re-publication*, in a separate form, will receive considerable support, not only from those who are individually interested, but from their numerous connexions, who naturally take pride in seeing a faithful record of the attainments, the status, and the good deeds of those for whom they feel affection or friendship. This laudable feeling is associated with a higher pleasure when such Biographies tend to the advancement and instruction of mankind, which must be especially the case with those which relate to persons engaged in a noble and eminently useful profession.

Orders for this Work will be received at the Office of the "Medical Circular," 128, Strand.  
**EVERY WEDNESDAY.**

Price **THREEPENNY**, of any Bookseller, or sent from the Office, 128, Strand, by post, for Fourpence; Annual Subscription, 17s. 4d.; if Paid in Advance, 16s.;

The Trade supplied by GILBERT & CO., Paternoster Row;

## THE MEDICAL CIRCULAR.

HALF THE PRICE OF ANY EXISTING MEDICAL JOURNAL

Nevertheless the Mirror of all and of every passing Medical Event.

CONTAINS:—

**LEADERS**, in which the principal Professional Topics of the day are freely discussed.

**MIRROR** of Periodical Medical Literature, in which is carefully collated all that is worthy of being held in remembrance from the Weekly Journals.

**INDICES** of the Journals, giving at a glance all that is published therein.

**BIBLIOGRAPHY**, or List of Works published during the previous week or fortnight, connected with Medicine or the Collateral Sciences.

**BIOGRAPHICAL SKETCHES** of the more prominent Members of the Profession, and fortnightly a Portrait of the gentleman selected for the week's Memoir.

**CORRESPONDENCE**, controversial, practical, and anti-empirical.

**DEAF-DUMBNESS**, Introduction to the Medical and Philosophical Study of, translated from the French of Hubert-Valleroux, with practical remarks, by James Yearsley. This most interesting Work was commenced and will be concluded in the current volume of the "Circular."

**ANATOMY OF QUACKERY**—Quack Medicines, their history, composition, and qualities.

**TOXICOLOGY**, designed for the busy practitioner and analytical chemist.

**MEDICAL NEWS**, including changes, new appointments, who have come into the Profession, who have died, &c.

**MEDICAL NOTES AND QUERIES**, under which head many points in Medical Science and Practice are elucidated, which otherwise might remain unexplained. Lastly,

**NOTICES TO CORRESPONDENTS** who desire information on any points relating to the economy of the Profession.

### TO ADVERTISERS.

From the peculiar nature of its contents, no Medical Journal is so generally read as the "MEDICAL CIRCULAR." It therefore presents a most desirable channel for advertisements addressed to the Medical Profession.

#### New Scale of Charges.

Space of Four Lines and under ... .. 2s. 6d.  
Every Additional Line ... .. 6d.

128, Strand.—Office hours from 9 till 6.



## ADVERTISEMENTS.

### MR. HOOPER'S IMPROVED INVALID WATER OR AIR CUSHIONS, AND MATTRESSES OR BEDS.

Being made of prepared India-rubber, without the admixture of cloth materials, Leakage is avoided.  
See the "LANCET," Jan. 25, 1851.



**CUSHIONS FOR BED-SORES.**—Whether threatened with Sloughing, or in which Sloughing has taken place, Fractures, Diseased Joints, Ulcerated Cartilages, Coldness of the Stomach, Pain in the Bowels, Spasms, Lassitude, Typhoid and other Fevers, Gouty and Rheumatic Affections, Cancer, Ovarian Dropsy, Coldness of the Stomach and Feet, Consumptive and all Bed-ridden Patients. They are simply placed on an ordinary mattress, and covered with two or three blankets and a sheet as an ordinary bed.

For further reports of their utility, see Mr. Cæsar Hawkins's Letter in the "Lancet," Oct. 27, 1849; Dr. Hake's Letter in the "Provincial Medical and Surgical Journal," Nov. 1, 1850; Dr. Thorn's Letter, "Medical Times," March 20, 1851; also the "Institute," February 8th, and the "Lancet," Jan. 25th, and Feb. 15th, 1851. 7, Pall Mall East, and 55, Grosvenor Street.

### Argyll Baths, 10, Argyll-place, REGENT-STREET, AND AT 5, NEW BROAD-STREET, CITY.

TERMS:

WARM BATHS—ONE SHILLING EACH.

Reserved Rooms, including the Ladies' Department, One-and-Six-pence each; Twenty-one Transferable Tickets, One Guinea.

Vapour, Sulphur, and Harrowgate Baths, 3s. 6d. each—8 for 21s.  
Hot Air, Mercurial, and other dry Fumigating Baths, 5s. each—6 for 21s.

Portable Warm Baths sent out within ten miles of London. Single Bath (with hot linen, &c.), within one mile of Argyll-place, 5s.; every additional mile, 1s. extra.

An idea may be formed of the capacity of these Establishments when it is stated that upon their erection and completion upwards of £30,000 has been expended, and that at each place one hundred Baths can be given in an hour.

### BROWN'S CANTHARIDINE BLISTERING TISSUE, Prepared from pure Cantharidine.

**An Elegant Preparation, Vesicating**  
in much less time than the Emp. Lytta. P.L., easily applied and removed, and will not produce stranguary or troublesome after-sores. It has received the sanction and commendation of the most eminent practitioners in the Kingdom.—In Tin Cases, containing twelve square feet, 6s. 6d.; and small Cases of six feet, 3s. 6d. each.

### BROWN'S TISSUE DRESSING,

An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the "New York Journal of Medicine," March 1st, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharidis are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the medical profession.

"Accompanying this article is a very simple and neat dressing."  
From the "Medical Examiner and Record of Medical Science," for May, 1850, published in Philadelphia.

"We have received from Mr. George D. Phelps of New York, specimens of Brown's Cantharidine Blistering Plaster and Dressing, with which our readers are doubtless familiar as a new and exceedingly neat preparation, easy of application and certain in their effects. We have given them a fair trial, and find they fully answer our expectations."

"Army Medical Department, January 16th, 1847.

"The Principal Medical Officer of the General Hospital, Port Pitt, Chatham, reports that Mr. Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of stranguary.

ANDREW SMITH, M.D.

"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist."

Prepared by THOMAS B. BROWN, PHARMACEUTICAL CHEMIST, 42, ADMIRAL-TERRACE, VAUXHALL-BRIDGE-ROAD, LONDON; and sold by the Sole Consignee, Mr. William Bailey, Wolverhampton, and all Wholesale and Retail Druggists and Medicine Agents throughout the British Empire.

### Important to the Medical Profession.

—NEW BOOKS supplied as soon as published, at a reduction of 15 per cent., on direct application, with remittance, to JOHN HOLDING WOODLEY, 30, Fore-street, City, London. Purified Cotton Wool, 2s. per lb.

### Drug Price Currents forwarded, free

of Postage, on application, by Messrs. HEWLETT and GODDARD, Wholesale Druggists, 6, Arthur-street West, Upper Thames-street, near London-bridge, containing the ready-cash prices for Drugs and Pharmaceutical Preparations of the purest quality. Messrs. H. and G. solicit the attention of the Medical Profession resident in the Provinces, Infirmary Committees, Dispensaries, &c., &c., to the advantages attendant upon the above Price Current.

### Indian Bael.—"As to the Bael Fruit,"

says a professional friend in Calcutta, "I consider it the most certain remedy we possess for Dysentery and Diarrhoea. I have frequently seen it arrest the progress of these diseases in twenty-four hours, after all other medical treatment had failed.—See "Practical Observations," by J. R. Martin, Esq. F.R.S., "Lancet," July 16.

The Bael is imported and sold Wholesale, both in the ripe and unripe state, and in the form of Concentrated Decoction, by M. POUND, Chemist, 198, Oxford-street.

TO SURGEONS, CHEMISTS, &c.

### Sulphate of Quinine (without

Alcohol). Patented 28th of July, 1853, by EDWARD HERRING, Chemical Works, Trinity-street, Southwark, London.

These Sulphates of Quinine are prepared by extracting the coloring of the bark by means of a caustic solution of Soda or Potash; thus avoiding the necessity of the usual bleaching Agent, impure Animal Charcoal—and dispensing with the use of Alcohol. The result is a Quality very superior to that produced by the ordinary Spirit process.

The WHITE (Bleached) SULPHATE is the usual article of commerce, but being manufactured by the patent Canstie Alkali process, requires the agency only of pure Animal Charcoal, for the perfect bleaching of the Salt, producing a whiteness which is scarcely possible to be attained by the hitherto known processes. Put up in the usual 1oz. bottles; also in 4oz. bottles (free).

THE UNBLEACHED SULPHATE, although of such recent introduction, has not only been chemically attested and approved, but already put into extensive application by the large London and Provincial Hospitals and Dispensaries.

The Crystalline form is the same, and is, in every respect, identical with the usual white article, with the exception of the one being bleached and the other unbleached.

Independently, therefore, of its commercial points, the vast saving of about 20 per cent. in price, is not the least of its recommendations. Put up in bottles (free) of 3 oz. each, also 1 oz. sample bottles.

The PATENTED SULPHATES to be had of the leading Drug gists in London and the United Kingdom, and in quantities of not less than 100 ounces, from the Manufactory, Chemical Works, Trinity-street, Southwark, London. ;

July 28, 1853.



## Medical Agency, 50, Lincoln's-inn-fields, Conducted by

**MR. BOWMER, M.R.C.S.L.**

All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.

(OFFICE HOURS, 11 TILL 4.)

## Prize Medal, Great Exhibition,

1851.—The only one granted for CORSETS in the United Kingdom, was awarded by the MEDICAL JURY to MADAME CAPLIN, 58, Berners-street, Oxford-street, for her HYGIENIC CORPIFORM CORSETS, Elastic Bodice, Belts, &c. For a description of the merits of the above, see Dr. Tilt's great work, "Elements of Female Hygiene."

## Rumble's Improved Elastic Bodice,

recommended by eminent Physicians.—This superior and much improved Elastic Bodice can with convenience be offered to ladies, as surpassing any yet made; it fastens easily in front, retains its firmness and elasticity, and by a peculiar system, adopted by Mrs. Rumble, a perfect fit is ensured. To be obtained only of the manufacturer, M. Rumble, 2, Welbeck-street, Cavendish-square, opposite the Savings Bank.

STAYS SUPERSEDED.

## Great Exhibition Elastic Bodice.

—Stiff Stays destroy natural grace, produce deformity, and implant disease. Curvature of the spine, consumption, and a host of evils arise from their use. MARTIN'S ELASTIC BODICE is without whalebone or lacing, at the same time furnishing a sufficient support, and imparting to the figure that natural elegance, which is quite impossible under the pressure which is the great aim, as mischief is the certain end, of all kinds of stays. The time and patience of the wearer are also spared, by a simple fastening in front, to obviate the trouble of lacing. As there are several imitations of these celebrated Bodice, it is necessary to inform the Public that they can be obtained only of the Inventors and Manufacturers, E. AND E. H. MARTIN, 504, New Oxford-street.

A Prospectus, &c., on receipt of a stamp, can be sent by post.

## Piggott's Galvanic Belt, without

acids, or any saturation, without shock, or unpleasant sensation, for the cure of nervous diseases, and those arising from cold, an inactive liver, or sluggish circulation, and has been found highly beneficial in cases of rheumatism, sciatica, dyspepsia, neuralgia, in all its forms, and general debility of the system. Treatise on the above, free on receipt of a postage stamp. Mr. W. P. Piggott, medical galvanist, 523e, Oxford-street, Bloomsbury. At home daily, from 10 till 4.

## For Varicose Veins & Weakness.—

SURGICAL ELASTIC STOCKINGS, AND KNEE-CAPS on a New Principle, pervious, light in texture, and *inexpensive*, yielding a permanent, efficient, and unvarying support under any temperature, without the trouble of Lacing and Bandaging; likewise, a Strong, Low-priced Article for Hospitals and the Working Classes: ELASTIC NET CORSETS of the same beautiful fabric, ABDOMINAL SUPPORTING BELTS, for both sexes, those for ladies' use before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instructions for measurement, and prices on application, and the articles sent by post, from the Manufacturers,

POPE and PLANTE, 4, WATERLOO-PLACE, PALL-MALL,

LONDON.  
The Profession, Trade, and Advantages supplied.

## The Respirator.—The extensive

use of Mr. JEFFREYS'S Respirator by sufferers from irritation in the air passages and lungs, renders it desirable that the attention of the profession should be invited to the different forms of the instrument. These are—for the mouth, THE FIXED ORAL RESPIRATOR, and the HAND ORAL—the latter so convenient in form as to supersede in many cases a necessity for the former. The NASAL for the nostrils, and the ORINASAL to cover both orifices, are instruments used chiefly at night, to promote rest by allaying cough and irritation. The earlier and more steadily the Respirator is employed in the forms needed, the sooner does the patient cease to require it. There can be no greater mistake in therapeutics than to defer the employment from a fear of inducing a dependence on it, the very contrary being true in theory and in all experience. A pamphlet, entitled "Answers to Objections, &c.," and procurable at all the Depots, may be worth the attention of medical men, as containing philosophical replies to mistaken views. West-end Depot, 25, Holles-street, Oxford-street.—S. Griffiths. Wholesale Office, City, 25, Bucklersbury. The leading Chemists and Instrument Makers are Agents for Mr. Jeffreys's Respirators.

## Medical.—A Practice to be disposed

of in a populous neighbourhood in the County of Worcester. The situation possesses many advantages, and to a married gentleman (duly qualified) would be invaluable. An excellent House with Coach-house. The Stabling and Out-houses are not to be excelled. A good Garden, well stocked with choice fruit, Orchard, &c. May be purchased or taken at fair rental. Good and respectable Lodgings may also be obtained in the vicinity. The Advertiser has resided in the locality for nearly 13 years, and only leaves it to reside in another County. Address for terms, to Mr. Robinson, Chemist, at Fouracres, Gloucester.

## To all Bad Writers.—Mr. T. H.

CARSTAIRS continues to give LESSONS to Ladies and Gentlemen in his highly improved METHOD OF WRITING, enabling all those who require it to obtain a command and freedom seldom (if ever) equalled. Prospectuses of terms, &c., may be had at the Establishment, 81, Lombard-street, City.

## The Electric Rubber for the Skin.—

The valuable properties of this Rubber are still but little known. It has received the valuable testimony of many of the first Members of the Medical Profession, and also Private Gentlemen. The utility of a daily application, particularly after the cold bath, or sponging, both in restoring the heat of the blood and skin, without in any way injuring the skin, will be self-evident upon the inspection, or one trial, of the Elastic Rubber, made solely for LUDLAM'S, 159 and 160, Oxford-street.

## New Truss for Hernia.—F. Walters

begs to call attention to his NEW TRUSS, with improved *water-pad*. The advantage of water is, extreme softness and the certainty of the pressure being always in the proper place. This truss has received the approbation of the most eminent surgeons, many of whom pronounce it the most perfect ever yet produced. F. W. can, therefore, confidently recommend it to all those requiring such assistance. Manufactured only by F. Walters, of whom can be had the new double-action Cycloidal Enema Syringe; also Walters's celebrated Railway Convenience for Ladies and Gentlemen.—F. Walters, 16, Moorgate, City.

## Dissecting and all other Surgical

Instruments, best quality, and lowest price. ELASTIC STOCKINGS from 5s.; URINALS, for Railway or Night use, from 12s.; ENEMAS at all prices, at

**PRATT & CO'S**

420, OXFORD-STREET, LONDON.

## Horne, Thornthwaite, and Wood,

PHILOSOPHICAL and CHEMICAL INSTRUMENT MAKERS, 122, and 123, NEWGATE-STREET, LONDON.

Medical Achromatic Microscopes, in Case, for Anatomical Urinary Deposits, &c., £2 2s., £5 5s., and upwards.

Electro-Galvanic Machines, giving a uniform Current of Galvanism of great quantity, in one direction only, and of the only form and construction suitable for medical application, in portable case, £3 3s., £5 5s., and £8 8s.

Urinometers, gilt metal, 14s.; glass, 4s. 6d.; in case for pocket with Thermometer, Acid, &c., 21s. and 35s.

Apparatus and Tests for Analyses of Urine, and Toxicology. In Cases, £3 3s., £5 5s., and £10 10s.

## Students' Achromatic Microscopes

at £4 15s.—C. BAKER, 244, High Holborn, begs to call the attention of the Profession to his Student's highly-finished ACHROMATIC MICROSCOPE, with Sliding Stage, Slow Motion, Adjusting Apparatus, and beautifully defining Achromatic Object Glasses; suitable for the highest medical investigation; in neat mahogany case with apparatus complete at £4 15s.

## To Surgeons Emigrating, & Others.

—SURGICAL INSTRUMENTS.—The friends of a Surgeon, lately deceased, are desirous of disposing of his surgical instruments, consisting of—Amputating, Trephining, Lithotomy, Ophthalmic, and other instruments, all of which will be sold at a very moderate price. Also an Anatomical figure adapted for Lectures. To be seen at the Office of this Journal, between the hours of 10 and 5 o'clock.

The Publisher of the "MEDICAL CIRCULAR," in answer to several enquiries from the country, begs to state that the following are the terms for inserting Advertisements:—

Four lines and under . . . . .	£0 2 6
Every additional line . . . . .	0 0 6
Whole Column . . . . .	2 15 0
Whole Page . . . . .	5 5 0

London: Printed by WILLIAM TROUNCE, at his Office, No. 9, Chancery-street, in the Parish of St. Andrew, Holborn, in the County of Middlesex; and published by CHARLES JAMES HARRIS, at No. 123, Strand in the City of Westminster.—October 12th, 1853.



THE  
MEDICAL CIRCULAR  
AND  
General Medical Advertiser.

No. 42, NEW SERIES. }  
No. 68. }

WEDNESDAY, OCTOBER 19, 1853.

{THREEPENCE.  
STAMPED, 4d.

TABLE OF CONTENTS.

	Page		Page
Leading Articles:		Biographical Notices ...	303
Hospital Reform ...	293	Medical Societies ...	306
The New Vaccination Act ...	294	The Cholera ...	308
Mirror of Periodical Literature ...	295	Queen's College, Birmingham ...	309
Contents of the Medical Journals ...	296	Medical Journalism ...	310
Books received for review ...	298	Obituary ...	310
Deaf-Dumbness ...	298	Medical News ...	311
Toxicology ...	301	Notices to Correspondents ...	311

Just published, Third Edition, with 120 Illustrations on Steel and Wood, 8vo, cloth, 22s.,

The Principles and Practice of

OBSTETRIC MEDICINE and SURGERY. By F. H. RAMSBOTHAM, M.D., Physician to the Royal Maternity Charity.

"This new Edition of Dr. Ramsbotham's work forms one of the most complete and thoroughly useful treatises on midwifery with which we are acquainted. The entire work has undergone a careful revision, with additions. We have already given specimens of the work sufficient to justify our hearty recommendation of it as one of the best guides that the student or practitioner can follow."—British and Foreign Medical Review.

"It is the book of Midwifery for Students—clear, but not too minute in its details, and sound in its practical instructions. It is so completely illustrated by plates (admirably chosen and executed), that the student must be stupid indeed who does not understand the details of this branch of the science, so far at least as description can make them intelligible."—Dublin Journal of Medical Science.

"This is one of the most beautiful works which have lately issued from the medical press, and is alike creditable to the talents of the Author and the enterprise of the Publisher. It is a good and thoroughly practical treatise: the different subjects are laid down in a clear and perspicuous form, and whatever is of importance is illustrated by first-rate engravings. A remarkable feature of this work, which ought to be mentioned, is its extraordinary cheapness. As a work conveying good, sound, practical precepts, and clearly demonstrating the doctrines of obstetrical science, we can confidently recommend it either to the student or practitioner."—Edinburgh Journal of Medical Science.

London: John Churchill, Princes-street, Soho.

DR. STEGGALL.

Students' Books for Examination.

I.  
A MEDICAL MANUAL FOR APOTHECARIES' HALL AND OTHER MEDICAL BOARDS. Eleventh Edition. 12mo, cloth, 10s.

II.  
A MANUAL FOR THE COLLEGE OF SURGEONS; intended for the Use of Candidates for Examination and Practitioners. Second Edition. 12mo, cloth, 10s.

III.  
GREGORY'S CONSPECTUS MEDICINÆ THEORETICÆ, The First Part containing the Original Text, with an Ordo Verborum, and Literal Translation. 12mo, cloth, 10s.

IV.  
THE FIRST FOUR BOOKS OF CELSUS; containing the Text, Ordo Verborum, and Translation. 12mo, cloth, 8s.  
\*\* The above two works comprise the entire Latin Classics required for Examination at Apothecaries' Hall.

V.  
A TEXT-BOOK OF MATERIA MEDICA AND THERAPEUTICS. 12mo, cloth, 7s.

VI.  
FIRST LINES FOR CHEMISTS AND DRUGGISTS PREPARING FOR EXAMINATION AT THE PHARMACEUTICAL SOCIETY. 18mo, cloth, 3s. 6d.

London: John Churchill, Princes-street, Soho.

Now Ready, Second Edition, Fasciculus One, Imperial Folio, price 5s.,

S U R G I C A L A N A T O M Y.

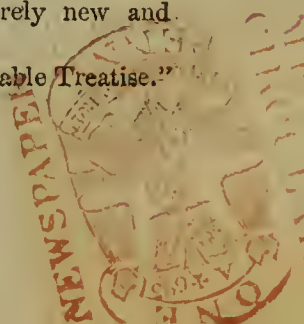
BY JOSEPH MACLISE, F.R.C.S.

The singular success of this Work exhausted the Edition of One Thousand Copies within six months of its completion.

This Second Edition will be issued at the same reasonable price, and illustrated with entirely new and improved Plates.

"The English Medical Press has quite exhausted the words of praise in recommending this admirable Treatise."  
—Boston (U.S.) Medical and Surgical Journal.

LONDON: JOHN CHURCHILL, PRINCES-STREET, SOHO.





## Dr. Little on Deformities.—In 8vo.,

with 160 Engravings and Diagrams, price 15s. cloth, ON THE NATURE AND TREATMENT OF THE DEFORMITIES OF THE HUMAN FRAME. By W. J. LITTLE, M.D., Physician to the London Hospital, Founder of the Royal Orthopaedic Hospital, &c.

CONTENTS.

- I. Deformities in general.
- II. Contractions from Wounds and Diseases of Joints, Accidents, Rheumatism, &c.
- III. Contractions from Spasm, Paralysis, Burns, Habitual Retention in One Position.
- IV. Deformities from Rickets, Weakness, and Curvatures of Bones.
- V. Congenital Distortions, Club-Foot, Club-Hand, &c.
- VI. Congenital Malformations, Monstrosities.
- VII. Distortions of the Spine.

Appendix:—On Relapsed and Neglected Cases. Index.

"We cordially recommend it to our readers as a sound and judicious practical treatise"—MEDICAL CIRCULAR.

".....This extract will give a good idea of the useful and practical manner in which Dr. Little's book is written."—MEDICAL TIMES AND GAZETTE.

"Dr. Little has brought together from all sources the existing knowledge of the profession regarding the nature and treatment of deformities; and he has also contributed not a little information from the stores of his own abundant and enlightened experience."—ASSOCIATION MEDICAL JOURNAL.

"Dr. Little's labours have largely contributed to the extension and perfection of the modern methods of healing the deformities of the human frame. In all that relates to the pathology and cure of these affections he is second to none as an authority, and the present edition will enhance his already high reputation. We unreservedly commend Dr. Little's production as the best treatise on the subject in any language."—THE LANCET.

"This is a great work; great, because it is a practical treatise on every possible form of distortion and malformation to which the body is liable, with minute instructions as to the remedy of such as can be benefited by art.....Dr. Little in this edition presents himself, laden with experience, and fortified at every point by a careful series of observations, the value of which is apparent to the reader in passing from one page to another."—BOSTON (U.S.) MEDICAL AND SURGICAL JOURNAL.

London: Longman, Brown, Green, and Longmans.

## New Work by Dr. Copland.—In

One Vol. 8vo. price 10s. 6d. cloth, ON THE CAUSES, NATURE, AND TREATMENT OF PALSY AND APOPLEXY: Of the Forms, Seats, Complications, and Morbid Relations of Paralytic and Apoplectic Diseases. By JAMES COPLAND, M.D., F.R.S., Fellow of the Royal College of Physicians, and President of the Royal Medical and Chirurgical Society, &c.

London: Longman, Brown, Green, and Longmans.

TO GENTLEMEN SEEKING APPOINTMENTS.

## The Civil Service Gazette (Weekly

Family Journal, Price Sixpence) contains each week a List of all Vacancies and Appointments in the Treasury, Post Office, Admiralty, Audit Office, Royal Dockyards, War Office, Home and Colonial Departments, Foreign Office, Customs, Coast Guard, and all other Departments of the State, both in England and the Colonies. The information is official and authentic. The CIVIL SERVICE GAZETTE is also a complete Newspaper, with the usual Parliamentary, Legal, Home and Foreign News, Literary Notices, and Theatrical Critiques. Its Ecclesiastical Intelligence supplies a List of Clerical Vacancies, with the name of the Patron and Value of each Living. It contains the usual Naval and Military Gazettes; and in the General News will be found an account of Vacancies in Railways and Dockyards, and all the great Incorporated Companies. Office—5, Catherine-street, Strand.

## The "Lancet."—Thirty-four Vo-

lumes of that work from the commencement, neatly half-bound and lettered, in excellent condition, to be sold for Thirteen Pounds. A reasonable offer will not be refused. Apply at Arundel House, Holland-street, Kensington.

## The Synoptical Chart of the "Medi-

cal Circular" is now ready, with considerable additions, marginal notes, and explanations, giving at a coup d'œil a complete Synopsis of the Classes, Lecturers, Hours, Fees, &c., of every recognised Medical School in Great Britain and Ireland. To be had at the Office of this Journal, price 6d.

## Nos. 5, 9, 13, (New Series) of the

"MEDICAL CIRCULAR."—Any gentleman possessing these Numbers, and who may be willing to dispose of the same, will greatly oblige by forwarding them to the Publisher, who will immediately return the full price in Postage Stamps, or exchange them for any other Number, if desired.

Office, 128, Strand.

## To all Bad Writers.—Mr. T. H.

CARSTAIRS continues to give LESSONS to Ladies and Gentlemen in his highly improved METHOD OF WRITING, enabling all those who require it to obtain a command and freedom seldom (if ever) equalled. Prospectuses of terms, &c., may be had at the Establishment, 81, Lombard-street, City.

## Arrowroot, 8d. per lb., in 14lb. Tins,

warranted genuine, imported direct from the West Indies. Finest Brazilian Isinglass, 8s. 6d. per lb. Samples per post on receipt of two stamps. Delivered free to any part of England.—H. WARREN & CO., 302, Regent-street, London.

## Genuine Wines.—Pale or Brown

Sherry, 33s. per dozen. A very superior Amontillado Sherry 42s. per dozen. Old Crusted Port, 34s., 42s., and 48s. Hock, 36s. Moselle, 36s. Claret, 30s. Champagne, in splendid condition, 40s. per dozen. THE FINEST BLACK TEA imported, 4s. per lb.

H. WARREN & CO., Importers of Continental and Colonial Produce, 302, Regent-street (nearly opposite the Polytechnic), London.

## Scarlett's Portable Invalid Soup.—

SCARLETT and SON respectfully inform the public that the SOUP made by them expressly for invalids, so strongly recommended by Dr. Marshall Hall and other medical gentlemen, will be found very beneficial. 2s. 6d. per quart, or 1s. per lb.

26, King William-street, London-bridge.

## To Invalids and those desirous of

PRESERVING HEALTH.—The Sanitary Commission instituted by THE LANCET having pronounced the Cocoa purchased at 15, Rathbone-place, Oxford-street, to be "entirely free from deleterious admixture," the attention of the public is directed to EDMONDS and Co's HOMÆOPATHIC COCOA, at 1s. 6d. per lb. Edmonds and Co., Tea Dealers, &c., 15, Rathbone-place, Oxford-st.

## The Best Food for Children, Invalids,

and others.—ROBINSON'S PATENT BARLEY, for making superior Barley Water in Fifteen Minutes, has not only obtained the patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light food for infants, children, and invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS form another diet universally esteemed for making a superior Gruel in Fifteen Minutes—light for supper—and alternately with the Patent Barley is an excellent food for children and invalids, being particularly recommended by the Faculty as the purest and best preparations of the kind extant, and far preferable to the Embden Groats.

Prepared only by the Patentees, ROBINSON & BELLEVILLE, Purveyors to the Queen, 64, Red Lion-street, Holborn, London.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in packets of 6d. and 1s., and in family canisters at 2s., 5s., and 10s. each.

## W. Twinberrow begs to draw the

attention of the Medical Profession to his

EXTRACT OF INDIAN HEMP,

Prepared expressly for him at Calcutta, its peculiarly sedative properties being so beneficial where opiates are inadmissible; also to his

MEDICINAL EXTRACTS,

Prepared from the fresh plants (Hyoscyamus Niger, Conium Maculatum, Atropa, Belladonna, Cotyledon Umbilicus, &c.), also to his Liq. Taraxaci, Liq. Galli Aparinis (a valuable alterative), Liq. Parietaræ (diuretic), and Liq. Belœ (prepared from the Cægle Marmelos or Indian Bael), for Dysentery and Diarrhœa.

W. T. has a large supply of INDIAN BÆL, and PURE COD'S LIVER OIL of his own manufacture on hand.

2, Edwards-street, Portman-square.

## Hats perfectly ventilating, pliant

to the head, many ounces lighter than those in present use, yet equally durable. These Hats, as exhibited by MESSRS. GAINES, SANDERS, & NICHOLL, at the Great Exhibition, 1851; and which are now so extensively patronised by the nobility and gentry, by the leading members of the legal and medical professions, and by many of the most eminent literary men, can be obtained in London, at 22, BIRCHIN-LANE, CORNHILL, and 111, Strand; or of their agents in most of the principal towns in England, Scotland, and the Colonies. The usual discount allowed to shippers.



## The Medical Circular.

WEDNESDAY, OCTOBER 19, 1853.

### HOSPITAL REFORM.

MR. GUTHRIE has been worried lately by certain students whose consciences did not rest easy under the unpleasant conviction that they had made a sorry appearance at the Examination Board, and the examiner, feeling himself to be unfairly aspersed, has pronounced his defence in his late Introductory Address. Mr. Guthrie is a plain-speaking personage, and, whether in the garb of truth or jest, does not hesitate, when it suits him, to say unpalatable things. A lively joke is apt to fall very dead on the ear of a luckless student, over whose mind the uncomfortable suspicion is beginning to steal that he is qualifying himself for rejection. Stoning frogs is excellent sport, but somehow or other the frogs do not like it. To tell a respondent that "he knows nothing about it," may be a very accurate description of his deficiency; but it insensibly suggests another piece of knowledge as an undeniable consequence of the averment,—that the ignorance will be followed with the usual punishment. The shame and torture endured during the succeeding half-hour leave an impression never afterwards effaced.

If Mr. Guthrie cannot curb his propensity to be sarcastic, it is, at any rate, satisfactory for the students to know, on his personal assurance, that he is not severe in the performance of his duty. He enjoys the fright he occasions, but he means no further harm. Behind the mask of Timon he wears the face of Prospero. When he means to kill he does not tickle to death, but resorts to summary decapitation, and when he puts a man on the rack, his heart overflows with love, and his face beams with a smile of mercy. He merely wishes to ascertain, by a philosophical experiment, the powers of endurance possessed by the sufferer. In short, he has an exquisite taste for moral anatomy.

Quitting his defence of his examinatorial philanthropy, it is our intention to make a few comments on the truths Mr. Guthrie has published with reference to his colleagues in the metropolitan hospitals. We have always thought that gross abuses of power and influence characterised the medical department of these institutions; and we now find one of the holders of office voluntarily stepping forth to confirm our opinions. He says nothing indeed against the jobbing and nepotism at which, probably, some of his colleagues, whose hands are white in this respect would, in their turn, not hesitate to exclaim; but he assails another form of abuse to which several others among his colleagues must plead guilty, and will, therefore, give him no thanks for his bold speech. Mr. Guthrie is indignant that surgeons of hospitals should perform the active and laborious duties of their office after they are 65 years of

age, and intimates that their continuing to do so is destructive of the efficiency of the institution.

He thinks that surgeons arrived at that age should be placed on the staff as "consultants," and says that "surgeons of hospitals would not then remain until they die, or are totally unfit for their duties; and their successors, instead of being fifty years of age, or almost past their work, when appointed, would be more easily placed in situations in which they might render important services to the public."

This is a true and painful picture of the state in which the medical staff of some of our hospitals exists at this moment; it is a picture drawn to the life, by an actor on the scenes he portrays. Men continuing to hold office and perform active duties, whose hand age has enfeebled—other men waiting to be instituted whose head accumulated winters have already whitened, and all alike grown beyond that period of life when quick suggestion is seconded by a hardy will, and the most important improvements added to the rolls of science,—such is the picture. Early manhood is the period of enterprise and improvement; in after-life men are apt to become indifferent, lazy, and bigoted.

All the valuable contributions which Mr. Guthrie himself has made to science were presented forty years ago; and yet he enjoys, at this moment, a vigorous old age. All Mr. Lawrence's intellectual achievements bear a date hardly less remote; and Sir Benjamin Brodie's most ingenious and enduring labours were among his earliest. The experience which surgeons like these have acquired through a long series of years, might still be retained to aid their colleagues and the public, though they should be superannuated from the active duties of their office.

There is one difficulty, and only one, in the way of an arrangement to accomplish a result so desirable—*the fees!* Mr. Guthrie has probed the sore, and offered a remedy; it is the old one—jobbing once more. It appears that there is no chance of carrying out any object, however necessary and laudable, in connection with our public hospitals, without having recourse to the mercenary arts of sale and compromise. Mr. Guthrie fears that the abstraction of the fees from the purse of the superannuated surgeon might place him in an uncomfortable situation, and proposes, therefore, that he should continue to enjoy a share of the pupils' payments. We ought not perhaps to expect too much disinterestedness from gentlemen who are now deriving, in some instances, a considerable income from their appointments, and see no insuperable objection to such an apportionment of the fees as that proposed.

We should be glad if any plan were carried out by which the inefficiency and odium of the present system might be removed. It is a great scandal to our profession, and casts a dark shade over the fortunes of some of our most promising young surgeons. In the same degree that it deprives these gentlemen of a suitable arena



for the exercise of their faculties, and discourages their zeal, it is a grievous impediment to the progress of the science of surgery in this kingdom.

Mr. Guthrie says that "the governors of hospitals in general have begun to learn that hospitals are supported for the benefit of the sick poor, and not for that of physicians and surgeons." We hope that this statement records the truth, and that these gentlemen will take this question into their serious consideration, if not altogether from the love of science, at least from a desire to benefit those for whose due care, in the hour of suffering, they have undertaken to provide.

#### THE NEW VACCINATION ACT.

THE following is a copy of a letter which has been addressed by the functionaries of the General Register Office, in reply to a private medical practitioner, who intimated that the profession would decline to give the required certificates. It appears that such a refusal would be illegal, and, although not punishable by a pecuniary penalty, would involve an indictment for misdemeanour. Thus it appears that, if the profession are not to be smitten with the edge of the sword, they are to be struck down with the hilt :

"General Register Office, Oct. 6, 1853.

"Sir,—I am directed by the Registrar-General to acknowledge the receipt of your letter of the 4th inst., in reference to the duties imposed upon the Medical Profession under the provisions of the Compulsory Vaccination Act of 16th and 17th Vict. c. 100.

"In reply to your remarks upon this subject, I beg you, in the first place, distinctly to understand, that, in furnishing Medical Practitioners throughout the kingdom with vaccination books and forms, as directed by the eleventh section of the statute, the Registrar-General has had to perform a purely ministerial duty, and that in his official capacity he is not required to express any opinion as to the legal obligation of Medical men in private practice to perform gratuitously the duties it enjoins upon them. At the same time, he has no objection to state, for your information, and that of other Medical men, that, according to his reading of the Act, the remuneration provided by the sixth section is payable only to those Medical officers and Practitioners who may hold vaccination contracts (see Clause 1), and, therefore, that Medical men who, in the course of private practice, undertake the vaccination of children, must (unless they do it gratuitously) necessarily look for payment to the persons who employ them. Should they, however, altogether refuse to vaccinate, the Registrar-General apprehends that this result must follow,—namely, that the parents will, in all such cases, be driven to adopt the only course then open to them, that of taking their children to be operated upon by the public vaccinator; for the Act is unquestionably binding upon the parent of every child born in England after the 1st of August last (section 2); and those parents who, after having received notice from the Registrar according to section 9, shall neglect to have their children vaccinated either by their own Medical attendant or by the public vaccinator, will incur the penalty of 20s. imposed by that Clause.

"The Registrar-General considers, moreover, that, under the Act, it is the bounden duty of every Medical Practitioner who, in the course of private practice, performs successfully the operation of vaccination upon any child, to deliver a certificate thereof to the parent or

person in charge of the child, and a duplicate of it to the Registrar; and that if he neglect or refuse to do so, although he will not incur a *pecuniary* penalty, he will render himself liable to an indictment for misdemeanour, it being a well-established rule of law, 'that, if a statute enjoin an act to be done, without pointing out any mode of punishment, an indictment will lie for disobeying the injunction of the Legislature.'

"I have the honour to remain, Sir, your obedient servant, (Signed) "THOMAS MANN, Chief Clerk."

### Mirror

OF

#### PERIODICAL LITERATURE.

(From the "Medical Times and Gazette," Oct. 1, 1853.)

##### CHOLERA AND CHOLERAIC DIARRHŒA.

The author of this paper, Dr. Fuller, highly recommends the use of sulphuric acid in the treatment of Cholera. He remarks:—

"My own conviction is, that in sulphuric acid we have an antidote—a specific—against choleraic diarrhœa, if not against the worst forms of cholera, as powerful, as energetic, and as certain in its effect, as is cinchona bark, or quina, against a paroxysm of ague. In bilious diarrhœa, and in certain chronic diarrhœas, it is of little or no avail; and, in some, though in very few, according to my experience, it gives rise to pinching pain in the abdomen; but, in epidemic diarrhœa, in acute autumnal diarrhœa, if I may so term it, and in more decided choleraic diarrhœa, I have known no single instance of its failure; indeed, the more choleraic the diarrhœa, the more speedily are its curative effects produced. This fact will appear of greater value when it is known that I have notes of its administration in above ninety such cases, many of which have occurred among my own patients at the hospital or elsewhere, and some in the practice of my friends.

"With this, however, even more than with other remedies, success depends on the mode of administration. Given at intervals of three or four hours, it fails in exerting any curative influence in severe cases, and is seldom of much avail, even in milder cases; and, to insure its beneficial effects, it should be exhibited in full doses, repeated at much shorter intervals. When I first began to give it, I ordered two doses to be taken within the first hour, and a dose to be repeated every hour afterwards. But recent and more extended experience, together with the close and eager observation of its influence on my own person, has convinced me that, even in ordinary cases, twenty minutes form a sufficient interval between each dose. In severe cases, five or six doses may be given with advantage within the hour; and, should any dose be rejected by the stomach, another should be administered at once. Rarely, however, is any dose rejected except the first, and the rejection of that is by no means common. While loathing the sight of other liquids, the patient, after he has tasted the first dose of the medicine, very generally craves for its repetition, and drinks it with avidity.

"As the stomach is very irritable, and the acid taken in simple water is, under the circumstances, extremely palatable, I never mix it with syrup or other matters; and I strongly suspect the warm aromatic spices, with which some of my friends have flavoured it, are additions by no means agreeable to the patient. Unfortunately, I have had some personal experience in this matter, and so strongly was my distaste to the medicine excited by such flavourings, that for the future, whenever I am the patient, I shall certainly put my veto upon them.

"The effects produced by this remedy are very remarkable. Sometimes, after the second dose, more



commonly after the third, and almost always after the fourth, dose of the medicine, the patient experiences a grateful sense of warmth at the epigastrium; heat returns to the extremities; the nausea and vomiting immediately cease, even if they have not been arrested already; the purging is stayed, the cramps subside, and the countenance re-assumes its natural appearance. Very generally, perspiration breaks out, and the patient goes to sleep, and awakes refreshed, though feeling somewhat weak. The other symptoms betoken a like amendment. The tongue, which before was dry and furred, or shrivelled, becomes moist and but slightly coated; the evacuations from the bowels assume a healthy colour, and are accompanied by an unusual discharge of bile; and the pulse regains its normal steadiness."

October 15.

#### TWO CASES OF EXTRACTION OF LOOSE CARTILAGES FROM THE ELBOW-JOINT.

The following cases are extracted from the Navy Medical Reports, and were communicated by Mr. Steele, Surgeon H.M.S. *Arethusa* :—

"J. W., aged 27, able-bodied seaman, presented himself on the 12th of August, 1852, after being aloft reefing topsails, complaining of pain in the posterior aspect of elbow-joint, inability to straighten it completely, pronation and supination perfect. He had previously been on the sick-list for fourteen days with pain and swelling of the elbow, after exerting himself violently in rowing a race, but had been discharged to duty August 9, apparently well. There was not any displacement of the bones of the joint, but slight crepitus or crackling could be detected at the ulnar side of olecranon, which led to the belief that a fracture had taken place through the olecranon without displacement. The arm was put up in a straight splint, and kept quiet 28 days. On being let loose, any motion or exertion caused pain, and the same crepitus could be felt just under the ulnar nerve. It was now placed on an angular gutta-percha splint, and kept there for three weeks; it was then let loose; still, full extension could not be performed, nor could he use it, there being a sense of weakness and occasional pain. One day he suddenly felt something slip between the head of the radius and olecranon. A small hard substance could be felt, and slightly moved, and this spot was tender. It was again bandaged to the angular splint after some time; when let loose again, although the foreign body could be felt in the same position, he was unable to use the joint freely, being unable to extend it fully; the sense of weakness and occasional pain remained. A subcutaneous knife was introduced, and an endeavour made to displace the foreign body, but without avail. An incision was then made down on it, and it was extracted from the joint. It proved to be a piece of semi-ossified cartilage, of the size and shape of a kidney-bean, its surface glistening; the small end was towards the surface. The wound was closed immediately by three sutures, and isinglass-plaster in the intervals; over that, gold-beaters' skin and two pads of lint were placed, the latter so adapted as to press the edges together. It was then placed in an angular splint. This was done December 6th; the wound was entirely healed by the 23rd, and he was sent to duty January 20th, 1853, since which he has had perfect and full use of the joint. It was contemplated that, by keeping the joint quiet, the body might have formed a bed for itself, when it would not have interfered with the motions of the joint. The substance, as it was felt under the finger, seemed to be about the size of a split-pea, and it was slightly moveable; therefore it was inferred, that the subcutaneous incision would have permitted it to be destroyed, but cutting on it, or to either side, and the introduction of Liston's artery-forceps would not start it: this arose from its longest diameter being protruded or fixed between radius, humerus, and ulna. After so many incisions and so much handling, it is rather surprising that the wound closed so readily as it did, for on the

fourth day it was seen to be united at all points under the gold-beaters' skin. This desirable end might have been attained so easily from the joint having been so long kept in a quiet state before, and from the foreign body being removed, leaving the joint in a better condition than while it was there. From the time of the operation until the wound had well closed, he was kept on low diet, and took the solution of morphia in ten-minim doses every four hours.

"E. D., aged 21, ordinary seaman, June 29, after lifting a heavy weight—the fire-engine—he felt great pain in his left elbow; no difficulty in moving the joint; increase of pain while extending the joint; it cannot be effected fully; pronation and supination perfect. There appeared to be considerable thickening about the lower part of the humerus, as if it had previously been fractured through the condyle. This he denied; but stated that, three years ago, while an apprentice in a Barking smack, he had great pain of the elbow every night when he went to bed, and also stiffness; that he had been to Mr. Busk, of the *Dreadnought*, but had received no benefit; that subsequently he had been under Mr. Hilton, at Guy's Hospital; that then the arm had been put up in angular pasteboard splints, after which it got well, and he has not felt any inconvenience up to the present time. A bandage was applied to the arm, and spirit lotion ordered, the arm to be supported in a sling. After a few days it became more painful and swollen, when twelve leeches were applied, followed by fomentations and a continuance of the lotion. On the 20th of July there was very little swelling, no pain; but it could not be extended fully for the pain it occasioned, and a sense as if the joint were locked. At the radial side of ulna, just between the outer condyle of humerus and head of radius, where there ought to be a depression, a swelling was detected, and a hard substance could be felt. It was tender here on pressure, and pain, which was caused on extending the arm, radiated from this. The hard substance was very slightly moveable longitudinally, but not laterally; on flexing the arm it sank in so as barely to be felt, and on extending it again it protruded; and if this were done suddenly, there would be a loud snap on the joint, with considerable pain. It was now kept perfectly quiet in an angular splint made of gutta-percha, until August 26. On removing it there was not any change; the motion of extension was still interfered with, and he felt unable to use his elbow; the hard substance could be felt more prominent from the wasting of the muscles.

"He was put under the influence of chloroform, and a longitudinal incision was made down on the foreign body. On exposing it, and lifting it through the opening in the synovial membrane, it was found to be adherent by one side, which had to be divided ere it could be removed. It was white and glistening, of the size of a small hazelnut; there was a rough spot on one side, as if it had recently been broken off from an adhesion, and on this side there was a sort of pellicle, where it adhered before it could be separated from the joint. The wound was closed accurately by three sutures, and isinglass-plaster intervening between the stitches; over all, a large piece of gold-beaters' skin; then two pads of lint, so as to press the sides of the wound together; over all, a bandage. It was then fastened to a well-padded angular splint.

"September 1.—The wound has united at all points; there have been pain, heat, and swelling of the elbow, but all appearance of inflammation has been subdued by leeches and spirit-lotion; it is still on the splint, but there does not appear to be any reason to fear his recovering the full use of the joint. It is quite evident that an attempt to remove the foreign body by subcutaneous incision would have failed, since it was so firmly attached; therefore, the clear incision down to it was to be preferred. The difference in the season of the year has doubtless had an influence in preventing the latter wound from healing so readily as the former, for the thermometer has been standing at 80° ever since, and when the former was



done it was only at 65°; besides, the latter patient is a man of less placid mind.

"Both cases have taken place within fourteen months, out of a crew of 500 men, which is singular. They both occurred under parallel circumstances—after some severe exertion; it is quite clear that they must have been fixed in some place in the joint which admitted of its performing its motions; doubtless they were gradually increasing in size, some sudden violent exertion disturbed them from their attachment, and thus they became the hindrance to the joint performing its duties which they appeared to be. It is strange that they should both have found their way into the same locality. The former man has never had any rheumatic attacks, but it appears as if the latter had been suffering from something of that sort while in the Barking smack."

(From the "Lancet," Oct. 15, 1853.)

#### ON THE USE OF CINNAMON IN CERTAIN EXAMPLES OF MENORRHAGIA.

Dr. Tanner has published the following observations in the "Lancet:"

"Amongst the numerous cases of menorrhagia which come under my notice in hospital and private practice, instances are not unfrequently met with where no satisfactory explanation can be given for the increased catamenial flow. Of course, amongst these, patients suffering from general plethora, from hæmorrhage caused by polypi either within or without the uterus, or from that dependant upon fibrous tumours, uterine hydatids, ulceration (simple or malignant), or upon a watery condition of the blood, are not included. In the instances alluded to, I have almost always been unable, after careful examination, to say upon what the menorrhagia depended, since no physical alteration could be detected in either the uterus or ovaries; it has only therefore been practicable to assert what were *not* the causes.

"The symptoms usually presented are briefly these: the catamenia appear regularly every twenty-eight days, and are at first only of the proper quantity; but, instead of ceasing after a duration of three or four days, they continue unabated for ten or fourteen, and occasionally even for three weeks. The general symptoms which arise from this debilitating discharge are just such as might be expected. There is general weakness, languor, mental depression, with pains in the head, loins, and so on; the patient suffering, it is to be remembered, not from any diseased condition, giving rise to the hæmorrhage, but merely from the loss of blood itself. In other instances the discharge continues a less time, but the flow is more abundant, clots being frequently discharged; this variety is generally followed by leucorrhœa. My own experience tends to show that these forms of menorrhagia occur more frequently in unmarried than in married women; but, for many reasons, and especially because of the class of patients from whom my observations are for the most part deduced, I would not say positively that such is the case.

"Ailments of this class are at all times troublesome to cure, but those I am considering are particularly so, from the absence of any special indications for treatment. In some of them, indeed, it appears, at first sight, only necessary to keep the patient quiet, to administer astringents, especially such as act particularly upon the uterus, and to regulate the diet, in order to give the desired relief. But it will often be found that these means are quite inefficient, and the acetate of lead, gallic acid, the ergot of rye, oxide of silver, sulphuric acid, tincture of sesquichloride of iron, and similar remedies may be employed without any avail. In thinking over these cases I was led, from a remark made by Dr. Pereira, to try the use of cinnamon. In the last edition of the "Elements of Materia Medica," this gentleman says, when speaking of cinnamon, that, "some writers regard it as acting specifically on the uterus," (vol ii. p. 1307,) and reference is then made to the writings of

Sundelin and Wibmer. As far as I know, these are the principal authors who have recommended the use of this agent; for I am not aware that mention is made of it by gentlemen who have written on obstetrics and the diseases of women in this country. Having thus been led to try the effects of this agent, and having derived the most beneficial effects from its employment, I have felt desirous of making its value more generally known, that its utility may be tested on a large scale.

"That its beneficial action is really due to some specific effect which cinnamon exercises upon the uterus, and not any astringent property it may possess from the tannic acid which the bark and leaves of it contain in common with all the lauracæ order of plants, is, I think, certain; and partly in confirmation of this view, it may be mentioned, that in a case of labour in which I employed it, it *appeared* not only in a marked manner to increase the severity and rapidity of the pains, but the patient, who had in her previous labours suffered severely from flooding after the birth of the placenta, on this occasion lost only a very small quantity of blood. That this fortunate circumstance was due to the administration of the cinnamon I do not of course pretend positively to assert; the case is merely mentioned to give some colour to the opinion expressed that this agent acts specifically upon the uterus. Much clearer evidence of its value in such cases of menorrhagia as I have described, is, however, easily obtained. The principal points I would now refer to are, that it acts after the failure of other astringents; that it is most efficacious given alone, uncombined with other medicines; that if its employment be discontinued too soon, the discharge of blood returns; while, in a few instances, it has been found necessary, after an apparent cure, to resort to its employment for the two succeeding catamenial periods, when the menstrual flow after continuing for three or four days, has not given any signs of abatement, and when the patient has begun to suffer from mental depression and the early symptoms of general debility. The form usually employed, and which appears to be the best, is that of the tincture, in drachm doses, using cinnamon water as the vehicle; it should be taken about every six hours, but not more frequently, as it is apt to give rise to nausea and vomiting. It is also better to continue its administration for about fourteen days after the symptoms which called for its employment have disappeared; and even then, if the case has been an obstinate one, a draught composed of it should be taken once daily for a month.

"In concluding these brief observations, I trust I shall not be understood as recommending cinnamon as an infallible remedy in all examples of menorrhagia. All I would wish to assert is, that in a certain class of cases I have found it to possess properties of great value; and though I might have waited until I had been enabled to test its properties on a larger scale, yet I preferred giving the results of my experience at once, in order that the readers of the "Lancet" might have the opportunity of employing this agent, and ascertaining its value for themselves. If they will do so, and record the result, we shall soon possess satisfactory data for determining the action of cinnamon upon the uterus."

#### CONTENTS OF THE MEDICAL JOURNALS.

**British and Foreign Medico-Chirurgical Review.**—(No. XXIV. October, 1853).—ANALYTICAL AND CRITICAL REVIEWS.—1. The Cell-Theory. 2. Intestinal Obstructions. 3. Skoda and Markham on Auscultation. 4. Luschka on the Phrenic Nerve. 5. Albuminous Crystallization. 6. Midwifery in England, France, and Germany. 7. Scientific Co-operation. 8. Syphilis and Syphilization. 9. Billing on Pulmonary and Cardiac Diseases. 10. Moleschott on Dietetics. 12. Epiphytes and Entophytes. 12. The Law and the Theory of Insanity. 13. The Norse Magazine for Medical Science. 14. Ansell and Cotton on Tuberculosis.—BIBLIOGRAPHICAL RECORD.—1. The Transactions of the American Medical Association. 2. Day's Anatomical and Physiological



gical Bibliography. 3. Paget's Lectures on Surgical Pathology. 4. Lyons on Histogenesis and Histolysis. 5. Hinds on the Harmonies of Physical Science. 6. Guthrie's Commentaries on Surgery. 7. Little on Deformities. 8. Toyubee on an Artificial Membrana Tympani. 9. Symonds on Habit. 10. Dalziel on Hysteria. 11. Arnott and Page's Report on the Croydon Fever. 12. Small-Pox and Vaccination.—ORIGINAL COMMUNICATIONS.—1. The Blood—its Chemistry, Physiology, and Pathology. By Thomas Williams, M.D. 2. Decennium Pathologicum. By T. K. Chambers, M.D. 3. The Internal Surface of the Uterus after Delivery. By J. Matthews Duncan, A.M. 4. Historic Data of Infantile Pneumonia. By W. H. Willshire, M.D. Edin. 5. Sarcinæ in the Ventricles of the Brain. By William Jenner, M.D.—CHRONICLE OF MEDICAL SCIENCE.—Annals of Micrology. By Robert D. Lyons, M.B., T.C.D., M.R.I.A. Anatomy, Physiology, and Organic Chemistry. Pathology and Practice of Medicine. Surgery. Midwifery. Therapeutical Record. Postscript.

**Monthly Journal of Medical Science.**—No. CLIV. October, 1853.—PART 1.—ORIGINAL COMMUNICATIONS.—Notes from Practice. By Robert Crawford, M.D., Peebles. Some Observations on the Epidemic Yellow Fever, as it appeared in Port Royal, Jamaica, from December 1852 to June 1853; and on the Relation it bears to the Periodic Fevers of the West Indies; and also, some Account of the Treatment adopted. By John Watson, M.D. Description of two Cases of Rudimentary Ribs, with Remarks on variation of the number of the Ribs in Man, and on some Points in the Anatomy of the Vertebrae. By John Struthers, F.R.C.S. (with Woodcuts). Reports of Surgical Cases occurring in the Hospital Practice of Professor Syme. By William Murray Dobie, M.D. (with Woodcuts). Inquiry relative to the External Use of Oil in the Prevention and Treatment of Scrofula, Phtthisis, etc. By Professor Simpson. On the Climate of Malaga. By Archibald Wm. Pinkerton, M.D.—PART 2.—REVIEWS.—What to Observe at the Bed-side and after death in Medical Cases.—PART 5.—MEDICAL NEWS, ETC.—Medical Ethics—the Provincial Medical Association. Penalties to which Medical Men are Exposed in the Discharge of their Duties, as seen in the Case of *Rough v. Rough*, Lyell, and Others. Mr. Braid and the Monthly Journal.

**Lancet.**—(No. XVI. Vol. II. October 15, 1853).—Abstract of the Introductory Lecture delivered to the Class of Military Surgery, in the University of Edinburgh, May 2, 1853. By Sir George Ballingall. On the Use of Cinnamon in certain Examples of Menorrhagia. By T. H. Tanner, M.D. Remarks on the Epidemic Yellow Fever now prevailing at St. John's, Antigua. By John Furlonge, M.D.—HOSPITAL REPORTS.—Guy's Hospital: Irreducible Hernia; Depletory Means to favour Reduction: Persistence of the Hernial Tumour; Good Effects of the Air-Pad and Belt. St. Bartholomew's Hospital: Double Pleuro-Pneumonia; Pericarditis; Considerable Effusion into the Pericardium; Death; Autopsy.—INTRODUCTORY LECTURES.—Middlesex Hospital; Charing-cross Hospital; Queen's College, Birmingham; Chatham-street School of Medicine. Liverpool Royal Infirmary School of Medicine.—REVIEWS AND NOTICES OF BOOKS.—A Manual of Human Anatomy, Descriptive, Practical, and General. By Robert Knox, M.D., F.R.S.E. The Code of Safety; or, the Laws of Epidemics, embracing Causes, Effects, and Aids, Preventive and Curative; together with Proofs of the Identity of the Summer Flux, and the Asthenic Bronchitis of Large Towns. By C. F. Collier, M.D., &c. The Journal of Psychological Medicine and Mental Pathology. Edited by Forbes Winslow, M.D., D.C.L., &c. Transactions of the Pathological Society of London. Vol. IV.—LEADING ARTICLES.—New Regulations respecting the East India Medical Service. The Charlatans who Infest the Medical Profession. The Election of a Superintendent Medical Officer and Matron to the Wakefield Lunatic Asylum. Sir George Ballingall's Lecture.—MEDICAL SOCIETIES.—Medical Society of London: On some Unrecognised Forms of Mental Disorder. Physiological Meeting: The Mode of Absorption of Morbid Poisons, and of the Syphilitic Poison in particular. Western Medical and Surgical Society of London: The Cholera. Testimonial to Dr. Robert Dundas Thomson. The Cholera: The proposed Public Inquiry into the Recent Outbreak of Cholera. Military and Naval Intelligence: Promotions, Exchanges, &c.

**Medical Times and Gazette.**—(No. CLXXII. October 15, 1853).—ORIGINAL LECTURES.—A Course of Six Lectures on the Relation between Therapeutics and Pathology.

Delivered before the College of Physicians. By George Johnson, M.D., Lond., F.R.C.P. Lecture VI.—ORIGINAL COMMUNICATIONS.—Navy Medical Reports. No. VII.—Two Cases of Extraction of Loose Cartilages from the Elbow-Joint. By Charles Deane Steele, Esq., Surgeon, H.M.S. *Arctusa*. Two Cases of Inguinal Hernia, in which the Sac was Pushed Back with the Intestine. By James Paget, Esq., F.R.S.—HOSPITAL REPORTS.—Cases of Oto-Meningitis and Abscess in the Brain. Charing-cross Hospital: Softening of the Brain, attended by Epilepsy, and followed by Apoplectic Effusion into the Pons Varolii; Death; Autopsy.—EDITORIAL ARTICLES.—The Profession and the Vaccination Act. Mr. Guthrie's Introductory Lecture. Successful Prosecution by the Apothecaries' Company. The Cholera: Laws of Cholera—Cholera in the Metropolis, in the Provinces, and in Foreign Parts.—REVIEWS.—Practical Observations on Aural Surgery, and the Nature and Treatment of Diseases of the Ear. With Illustrations. By W. R. Wilde. Notes worth Noticing relative to the Cholera. By Dr. Gillkrest. Homœopathy: its Globules (Bubbles) Analysed. By W. J. Cox, M.R.C.S., M.B., etc.—PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals: Contributions to the "Examination of the Urine;" Survey of the Practice of M. Roux during the First Semestre of the Year 1853; Bichromate of Potass in the Treatment of Syphilis.—FOREIGN CORRESPONDENCE.—Medical Sketches in Germany: No. II. Heidelberg.—PROVINCIAL CORRESPONDENCE.—Scotland: Doings in the North.—REPORTS OF SOCIETIES.—Medical Society of London: Case of Duplicate Placenta; On Some Unrecognised Forms of Mental Disorders; Physiological Meeting. The Western Medical and Surgical Society of London. Newcastle and Gateshead Pathological Society: Compound Fracture of the Skull; Midwifery Instruments; Monstrosity: Morphia and Chloroform in Puerperal Convulsions; Ovarian Disease.

**Association Medical Journal.**—(No. XLI. October 14, 1853).—LEADING ARTICLE.—The First Physiological Meeting in London.—ASSOCIATION INTELLIGENCE.—Bath and Bristol Branch: Quarterly General Meeting; Members present; Dystocia from Ossified Fœtal Head. By George King, Esq.; Discovery of Quinine and Quinidine in Urine. By W. B. Herapath, M.D.; Fracture of the Cranium in an Infant at Birth. By J. G. Swayne, M.D.; Instrument for Paracentesis Thoracis. By Henry Clark, Esq.—ORIGINAL COMMUNICATIONS.—Facts and Opinions relating to Tuberculosis, with Commentaries: By Henry Ansell, Esq. Singular Case of Alopecia: By John Barclay, M.D.—PERISCOPIC REVIEW.—Microscopical Discovery: Muscular Tissue of Human Skin; Glands in connexion with the Eyes and Nose; Blood-Vessels of the Lungs; Parasites of the Human Skin.—REPORTS OF SOCIETIES.—Medical Society of London: Introductory Remarks; Abnormal Placenta. By Edwards Crisp, M.D.; On some unrecognised Forms of Mental Disorder. By Forbes Winslow, M.D., D.C.L.; Physiological Section of Medical Society: Valves in the Splenic Veins. By Edwards Crisp, M.D.; Mode of Action of Morbid Poisons, and of the Syphilitic Poison in particular. By Henry Lee, Esq.—EDITOR'S LETTER BOX.—Medical Ethics and Association Reform: Letter to the Editor.—MEDICAL EDUCATION.—Licensing Bodies in Scotland: University of Edinburgh; Royal College of Physicians, Edinburgh; Royal College of Surgeons, Edinburgh; Faculty of Physicians and Surgeons, University and King's College, Aberdeen; University of St. Andrews. Medical Schools in Scotland: Surgeons' Hall, Edinburgh; University of Glasgow; Andersonian University, Glasgow; Royal Infirmary, Glasgow; Marischal College, Aberdeen. Licensing Bodies in Ireland: Queen's University; Royal College of Surgeons; King's and Queen's College of Physicians; Apothecaries' Hall.—METEOROLOGY.—Medico-Meteorological Observations for the week ending October 8, 1853, taken at Wakefield, Hawarden, Grantham, Bedford, Uckfield, Exeter, Ryde, and Guernsey.

**Dublin Medical Press.**—(No. DCCLXXI. Vol. XXX. October 12, 1853).—PROCEEDINGS OF SOCIETIES.—New York Medical Association: Case of Impacted Fracture of the Humerus. By J. P. Batchelder, M.D.—SELECTIONS FROM MEDICAL JOURNALS.—On the Construction and Ventilation of Hospitals. By J. C. Steele, M.D.—REVIEWS AND NOTICES OF BOOKS.—A Pathological and Practical Treatise on Epidemic Cholera: its History, Causes, various Forms, and Treatment. By O'B. Mahony, L.F.P.I.S., L.S.A., Author of an "Essay on Injuries of the Head." &c., &c.—LEADING ARTICLES.—Leading Article; Medical



Attendance on Sick Clubs; The Advice Gratis Grievance; Reflections on Medical Witnesses: Medical Advertising — PROGRESS OF THE CHOLERA.—The Cholera: Meeting of the Medical Profession at Newcastle and Manchester; In Hexham; North and South Shields; Sunderland; Exeter; Scotland; The Metropolis; External Stimulus in Cholera; Extract from a Letter sent to a Board of Guardians, and not originally intended for Publication; Circular issued by the Poor-law Commissioners to the Poor-law Unions of Ireland.

#### BOOKS RECEIVED FOR REVIEW.

A Text Book of Physiology. 2nd Part.

Plain Advice about Cholera, for the Masses; its Prevention and Treatment. By Wm. J. Cox, M.R.C.S. London: H. Elliott, New Oxford-street.

The Nature and Treatment of the Epidemic or Asiatic Cholera; with simple directions for the suppression and prevention of the disease. By Robt. Venables, A.M., M.B., Oxon. 4th Edition. London: W. J. Crawford, 81, Newgate-street.

The Pathology and Treatment of Pulmonary Tuberculosis, and on the Local Medication of Pharyngeal and Laryngeal Diseases, frequently mistaken for, or associated with, Phthisis. By J. Hughes Bennett, M.D. Edinburgh: Sutherland and Knox. London: Simpkin and Marshall.

Thoughts on Cholera. By Edwin Hearne, M.B. Lond. London: John Churchill.

The Diseases of the Chest and Air Passages of the Horse. By Wm. Pereivall, M.R.C.S. London: Longman and Co.

### Deaf-Dumbness.

ON THE MEDICAL AND PHILOSOPHICAL STUDY OF  
DEAF-DUMBNESS.

BY

M. E. HUBERT-VALLEROUX.

Docteur en Medecine de la Faculté de Paris, Membre de la Société Médico-Pratique, etc.

TRANSLATED BY JAMES YEARSLEY, M.R.C.S. ENG.,  
Surgeon to the Metropolitan Ear Infirmary, Sackville-street, etc.  
(Continued from page 262.)

In the following case, related by Itard, the cure was effected by the simultaneous use of bitters and purgatives, and the external application of blisters and cauteries:—"A child, of three years, brought to Paris," says Itard, "to be put under my care, had suffered from violent convulsions before the appearance of the first set of teeth, to which the parents attributed the origin of its deafness. On attentive examination, I found the deafness incomplete; and I suspected, from the great quantity of nearly liquid cerumen blocking up the external meatus, from a slight degree also of chronic ophthalmia, producing puffiness of the conjunctiva, and from the thickening of the *alæ nasi*, that the disease of the ear depended on engorgement of the tympanum. I ordered the use of bitter elixir, and frequent purgatives with calomel; besides, the whole of the external ear was directed to be covered with blistering plaster, by which both the posterior and internal surface became denuded of its epidemics, and furnished an abundant discharge of pus, accompanied with very acute pain. In three days from the time of the application, the patient, who till then seemed sensible only to some sounds, could now hear the sound of one's voice. In a week the suppuration ceased, in spite of the application of strong stimulants. When I found the dessication could not be thus prevented, I now rather aided the process, in order that another blister might be applied as soon as the epidermis should be completely restored. The second blister occasioned a discharge of serum and pus not less copious than the former. Increased improvement in the hearing was the consequence, and we were now satisfied that words, even when uttered in a low voice, were distinctly heard. After some days, however, the blistered

surface again dried up. I now applied, below the ear, between the ramus of the jaw and the mastoid process, a piece of caustic potash, which produced an eschar of three centimetres in diameter. The suppuration brought on by this third application was less abundant, but continued much longer, and had not ceased when the child was taken back into the country. The cure of the deafness was, however, complete; the little patient began to talk, and I have no doubt would be able, in due time, to speak perfectly, provided no relapse took place, a thing of very frequent occurrence in deafness of this kind.

In the following case, taken also from Itard, the subject of the cure was a deaf and dumb inmate of the Paris Institution, in whom the cure was effected by perforation of the *membrana tympani*, followed by injections into the cavity of the drum. This case, with its copious details, shall close the now long series of histories which I have deemed proper to relate in this place:—

"A pupil in our institution, named Dietz, fifteen years of age, completely deaf from birth, was admitted into the infirmary June 2, 1811, on account of a fever, purely nervous, which produced no ill effects beyond emaciation, affecting neither his sleep, appetite, nor strength. The lengthened and varied cares I had bestowed during this obstinate malady, gained me so entirely the confidence of my patient, that it became easy for me to make the first trial of an operation I had for some time had in view. The proposal was acceded to—I do not say with submissiveness, but with all the pleasure which the hope of an approaching good can inspire. On the 2nd of June I performed the operation of perforating the *membrana tympani* of both ears. On this occasion I made use of a [tortoise-] shell stiletto, which I pushed down at some distance from the opaque point formed on this transparent curtain by the back part of the handle of the malleus. A sudden movement, which made him turn away his head from the opposite side, was the only sign of pain which the patient gave when the perforation was made. Lest the stimulus caused by injection, added to the pain from the operation, should produce inflammation of the internal ear, three days were allowed to pass before this last means was had recourse to, and I confined myself, during this period, merely to observing the phenomena, hitherto but little known, of inflammation of the *membrana tympani*.

"On the fourth day a trial of injection with tepid water only, produced acute, but transient, pain in the ear, in the frontal sinuses, and even in the head. The whole of the fluid, however, returned by the *meatus auditorius*; the same result took place the three following days, with this difference, that the pain became less acute. The fifth trial, however, was successful on the right ear. A part of the water injected escaped through the *Eustachian tube*, and flowed into the mouth. The following day the left ear, hitherto impervious to the tepid water injected, gave passage also to a large portion of this fluid. The injections were continued each morning to the number of five or six for each ear. These were followed by pains in the head, vertigo, and numbness, which, though at first they caused me some perplexity, I afterwards found to be happy indications of sensibility in the organ of hearing, a fact which appeared to me the more evident from the circumstance that the day on which these incidental symptoms manifested themselves with the greatest degree of intensity, was exactly a *jour de fete*, on which all the bells of the neighbouring village were kept tolling. It was also for sounds of this kind that my patient showed the first signs of distinct hearing. We soon perceived that not only did he hear such sounds as these from without, but the bells also of the apartments on the same floor with the infirmary which adjoin my own, and that he showed a sort of vain officiousness to anticipate the servant of the infirmary when any one rung my bell in the absence of my servant. Lastly, it was in the month of August that he began to hear us when speaking. Placed behind him, I was conversing with Mr. Dickinson, a young English surgeon, then attending my experiments on hear-



ing, and we observed that as soon as we raised our voice, or resumed our conversation after a few moments' silence, he quickly turned his head towards us.

"From this period I began, with redoubled care and attention, to observe the phenomena attached to the acquisition of a new sense. All the leisure time left me by indispensable occupations was passed with Dietz, and occupied in observing the progress of hearing and of speech, for on ceasing to be deaf he also ceased to be dumb; nevertheless, the organs of language did not follow, in the development of their faculties, a march so rapid as that of hearing. It was only with difficulty that the tongue, but ill-assured, articulated words distinctly, so that we could here observe the imperfect attempts which, in the young infant, accompany the first efforts to speak. Like this latter, our dumb-speaker, in place of saying *chapeau, clef, fleur*, said *tapeau, ke, feu*, although the sense of hearing distinguished perfectly the compounds formed by the syllables *cha, clef, fleur*, etc. I took no care, however, to correct these defects in his pronunciation, in the hope that they would be corrected in due time by the ear, or rather, in the sad conviction that the disease which was undermining the health of this young man, would not long leave him in the enjoyment of a good so recently bestowed. For some days the joy which he felt in the acquisition of a new sense almost made me believe in a happy revolution—in the suppression of the hectic fever by a violent excitement of the moral faculties. But this salutary effort was of short duration, and all the troublesome symptoms did not fail ere long to return, with the exception, however, of the profound sadness which usually constitutes one of the chief features of this disease, and which, since the restoration of hearing, had given way, at least when I was present, to a radiant expression of the liveliest feeling of happiness. It was thus a subject of observation highly interesting to witness, during the daily exercise to which I subjected the organ of hearing, the almost lifeless form of this young man, whose blue eyes had now all but lost their native colour, quickly becoming animated with all the fire of life and health. This exaltation was observed especially the day on which he first heard an instrument of music. It was an old organ, placed, without his knowledge, outside the infirmary, and on which a very slow and simple air was first played. At first he became pale, a slight convulsive trembling affected his lips, and I was afraid he would faint, but this lasted but a moment. A deep red quickly coloured his cheeks, his eyes became lighted up with an extraordinary brightness, and his pulse, on which I had kept my fingers from the beginning of the experiment, rose to a very high degree of frequency and force. When recovered a little from this emotion, he gave utterance to peals of laughter, and again and again placed his hand on the region of the heart, in expression of his joy.

"But, though life remained full and active in the organ of hearing, all the other organs languished or suffered. The appetite was gone, the sleep disturbed by profuse sweats and dry cough, the breathing short; and walking, which was almost beyond the patient's strength, fatiguing. A last resource still offered itself and gave me a ray of hope. I caused Dietz to be sent to his family, where he would again breathe his native air, in the neighbourhood of Geneva, whither he arrived but little fatigued with his journey, and where he now became the object of general interest and solicitude, in which the most intelligent physicians of the country took their share. Unhappily their cares had no better success than my own, and Dietz, three months after his arrival, sunk under his disease, possessing, however, to the last day of his life, the faculties of hearing and speech."

I have, on purpose, thus given multiplied examples of deaf dumbness cured either by the sole aid of nature, or of medicine, for it was necessary to place entirely beyond doubt the possibility of such cures, which the ignorance of some would still deny. To these I might have added the improvement in hearing effected by M. Deleau, in

certain cases, by means of catheterism of the Eustachian tube and cutaneous revulsives, as well as facts of the same kind related by Doctor Mucke, of Prague, and Doctor Goldbeck, of Altona. I could also add cases of my own, but additional details may tend rather to retard than hasten our arrival at a clear understanding of this subject. I come therefore to the errors in diagnosis which I have pointed out in the cases of Itard, and which led, as might be expected, to corresponding errors in prognosis. After saying that, if he has considered deaf-dumbness as a particular species of deafness, he has done so on account of its consequences and the phenomena which it presents, rather than from a consideration of its nature and treatment, which are almost the same as those of deafness in the adult. He adds:—"The same might be said regarding prognosis, only it should be remarked that, the lesion of the auditory sense being incapable in infancy of being ascertained before it has already been some length of time in existence, it thus becomes less amenable to the means of treatment. What renders these almost always unavailing, is, that they are almost always employed without discrimination, through the impossibility there is, in most cases, of ascertaining the nature of the deafness in one who, on his own part, can give us no information whatever regarding it. The information we receive from relatives is altogether insufficient, and often of a kind to deprive us of every hope. When they tell us that the child ceased to hear after suffering from convulsions or some severe fever, accompanied with a comatose state, or had a fall on the head, or if, without assigning any plausible cause for the deafness, they agree that he was late in walking, or say that there are in their family other deaf-mutes, or some one idiotic from birth, the deaf-dumbness is *essentially incurable.*" (a)

This prognosis, so absolute, is fortunately refuted by many practical facts. I have, at this moment, two in my own practice that are conclusive. The subjects of these are a brother and sister, whose parents have no other children, and were both deaf and dumb from birth. They were, for two weeks, under my treatment last spring, and they have again (December, 1852) been six weeks under my care. They are not yet cured; but I have been able, as well as their friends and teachers, to observe such a degree of improvement as renders success more than probable, at least in one of them.

It seems certain to us that Itard cannot have given a correct account in his assertions regarding deafness of long standing, and that, too, in default of information furnished by the patients themselves. The deaf and dumb are in the situation of children. No information worth recording can be obtained from them; yet, when it is placed side by side with what we obtain from the great majority of other patients, I do not know that we have much cause for complaint. As to deafness of long standing, I have always seen the parents, as soon as they became convinced of the acquired deaf-dumbness of their children, have recourse to the aids of art whilst in *congenital* deafness, they do nothing but temporise. Can it be that the misfortune of having a deaf and dumb child is so great, that families, in their ingenious tenderness, seek for the means of continuing their illusion as long as possible? An end, at last, comes to their error; and the child, now three or four years of age, is surely not in the case of those in whom a prognosis of incurability can be made on account of the long standing of the lesion. I know not who were the patients who came to consult Itard, but I should consider myself extremely fortunate if the deafness of those who consult me did not amount, on an average, to more than four or even five years. Were we to assemble into one school all the deaf and dumb of Itard's first class, those "endowed with the power of hearing words when spoken, or articulated speech, provided always it be slow, loud, and more direct than in ordinary conversation; . . . with the power of perceiving euphonic sounds, and of

(a) See Itard, as above, p. 332, vol. 2.



imitating them more or less perfectly," it would be sufficient for the masters, in order to teach them language, to pronounce distinctly, with the voice sufficiently raised; and the subjects, thus instructed, would rank among the deaf persons, so numerous in society, to whom it is only necessary to *speak loud* in order to be heard.

I have seen in the schools, and at my consultations, a great number of these demi-mutes; and at the moment I write these words I have two of them under my care. One is a young man of thirteen years, of an excellent constitution, of good health, endowed with a fine understanding, and a happy character. With the left ear he has never heard even the loudest sound, while with the right he hears only when the speaker comes close to his ear, and speaks distinctly, in a loud voice. M. E. Seguin and other masters have taught him a comprehensive vocabulary; he has acquired a knowledge of the verb and its different tenses, as well as the habit of pronouncing; and, thanks, to the unceasing care of these masters, but especially to those of his mother, a woman of uncommon understanding, he was, at ten or twelve years of age, able to reply, in a satisfactory manner, to most of the questions.

Last summer Madame X. perceived all at once that her son did not hear well. It was at first hoped that this diminution of hearing would only be momentary; but, as it continued, he was brought to me. I immediately perceived that the deafness depended on accidental narrowing of the Eustachian tube. I very soon effected a marked improvement by removing the obstruction of this conduit, and a few days after this the hearing became quite restored. Young X. took his departure for the country, and his hearing, far from being impaired during the long stay he has made, has rather improved than otherwise. The family think that a second treatment would be as useful as the first, and there is every reason to think this hope may be well founded.

Mademoiselle X., thirteen and a half years of age, as well as young X., of whom I have just spoken, are completely deprived of the use of one ear. Like the latter, she also hears a little with the other, and she has been able to learn to repeat a very considerable number of words, and to say her prayers in a loud voice.

Mademoiselle X. is of a medium constitution, of a lymphatico-nervous temperament, and enjoys habitual good health. Her parents are young, and have good health also. They have only this and another child, and this other is completely dumb. Beyond these, there is no instance of deaf-dumbness on the side of the father or mother. Monsieur and Madame X. were the issue of families in no degree related, and no ailment in their early years can explain the infirmity of their children.

Mademoiselle X., who lives in the South, was brought to Paris, and there three different times subjected to different kinds of treatment. Excision of the tonsils was had recourse to; the throat and nasal fossæ were repeatedly cauterized with azotate of silver; catheterism of the Eustachian tubes was daily practised for months, with injections of atmospheric air, etc. Lastly, weary of this warfare, a seton in the nape of the neck was talked of; but the family could not make up their minds to give it a trial; and Mademoiselle returned the third time to the South, being still as little advanced as when she set out—that is, she heard neither better nor worse than when she first became the subject of treatment.

Mademoiselle X. was presented to me last spring (1852), but she then remained some days only in Paris; and it was not till the beginning of autumn that regular treatment could be entered upon.

I found, as had also the practitioner who had treated Mademoiselle X., an obstruction, almost complete, of the two internal auditory meatus. This obstruction was growing to a chronic engorgement of the mucous membrane, extending as far as the larynx on the one hand, and the middle ear on the other. The cauterization of the walls of the throat, and the guttural catheterism

were then really indicated; but there existed other indications also which had been tried; and it was in fulfilling these that I have been able to obtain a first step to that success which I hope very soon to find complete.

In place of the cauterizations of the throat, I substituted the use of aluminous gargles, and the local application of vegetable astringents; and I incessantly varied these topical applications, in order to derive from them the greatest effect possible. I administered, besides, with the same end in view, two emetics, and some purgatives. For the injections of atmospheric air, I substituted those of resolving gases, vapours of benzoin, essential oil of the *cabiata*, clove-gillyflower, etc.; and under the influence of these various incenses, a sensible improvement took place in less than a month.

The skin of the face was dry, slightly efflorescent in several places, especially about the eye-brows; and the scalp was still more dry and more efflorescent. I caused the hair to be cut off, and I prescribed frictions and lotions, the use of which I recommend in that part of the work devoted to the treatment. The improvement this time has been as remarkable as it has been rapid. Under the influence of the progressive development of hearing, her initiation in language has made such advances that, after two months of treatment, Mademoiselle X. began to follow, and that successfully, according to her teachers, the courses and dictations of a school for those who are able to speak.

But, side by side with such cheering example, how many poor children definitively classed among the deaf and dumb, could, with little aid, have been raised to the dignity of the complete man! I found, in an institution in one of the departments, a lad who had spoken till he was ten years of age. Though he had become deaf in consequence of an abscess that had destroyed the membranes of the tympanum, there remained, nevertheless, such a degree of hearing as enables him to perceive words when spoken somewhat loudly. His parents, who were ignorant country-people, had done nothing more for their own son than putting him to learn the use of the signs; and his new teachers acquitted themselves of the task with such zeal, that I have no doubt they would soon have made him a deaf-mute *sans reproche*. I submitted my observations to the director, but, destitute as they were of anything like an official character, and having no authority beyond that of simple advice, I was neither listened to, nor, it may be, even understood.

It is not yet two years since there might have been seen, in another school for the deaf and dumb, a young man, between twelve and thirteen years of age, whose hearing was normal. He had been placed there two years before, for no other reason than that he spoke almost unintelligibly, in consequence of a deep and complete division of the palate and vellum pendulum. That success had not yet attended this attempt to make him deaf and dumb, I was satisfied from the conversation I had with him. Now, however, he has left the school just as he entered it—hearing quite well, and speaking very ill. Being under the necessity of returning to Paris, I could only write to a clever operator of the place, pointing out to him the cause, and advise the operation of staphylo-rhaphy, which, in my opinion, presented a favourable chance. I entreated him, in case of failure, to procure for him an artificial palate, which would at least render his language intelligible.

If, in place of raising the voice in order to be heard, we could increase the sensibility of the ear in cases of incomplete deaf-dumbness, we would, in this manner, arrive at the same result. Let either the force of sounds, or the strength of hearing, be doubled, and, in either case, we diminish by half the distance of him who speaks from him who hears. Now, if some of the deaf and dumb are every day cured, and a greater number of them still have the hearing improved, if the chances of success are greater the younger the subjects are, and the deafness less complete, we must also conclude that the children



comprised in Itard's first class are in circumstances favourable for treatment, since, in almost every one of such, the deafness is accidental, and cannot be of long standing. And here, too, as will be afterwards seen, experience has fully confirmed the data of theory.

The number of the deaf and dumb placed by Itard in his first class amounted only to a fortieth part. I, on the other hand, as I have already said, have found the proportion to be much greater, because, no doubt, I include in this class some of those "*half-deaf* persons who still perceive distinctly *inarticulated or vowel-sounds*," and whom this author has reckoned in the second. And whilst this latter class goes on diminishing, by many of its subjects passing into the first, it receives numerous recruits from the third, and even the fourth, in which are enrolled, as incurable, numerous cases quite capable of amelioration.

The deaf-mute, whose case seems most amenable to treatment, and who has the greatest number of chances in his favour, is one in whom *accidental* deafness has occurred at an age when children have already begun to understand and to speak, and who has still preserved a remnant of language, as well as some degree of learning. If the organic lesion—the primary cause of the infirmity—have its seat without the nervous centres; if the child, endowed with intelligence, has neither brothers nor sisters in the same state with himself; if he is the offspring of healthy parents, between whom there existed no tie of consanguinity; and if he has been subjected to no previous treatment, then the chances of cure are numerous, and, where all these circumstances are united, amount almost to certainty. Their value, on the contrary, becomes diminished as one or more of them are absent, and scarcely can a hope be held out where all are wanting together. There are, too, certain cases of congenital deafness that may be ameliorated, as well as those that are owing to eruptive and catarrhal fevers occurring after the first months of infancy, and of which I have more than one example. But deafness that owes its origin to cerebral lesions or fevers, I have not once seen cured or even alleviated.

Far from me, however, be the pretension of giving a definite prognosis in deaf-dumbness, especially where it must be unfavourable. I have too often experienced how great, and, more than all, how unfathomable are the resources of the *natura medicatrix*; and I perceive, moreover, still, too clearly the great extent of our ignorance of otology, to deviate, on this subject, from the most prudent reserve. There was brought to me this very year a lad, nine years of age, who had never spoken, and who could scarcely hear the sound of a canon when fired.<sup>(a)</sup> This lad has but one sister, of whom I have already spoken, and who herself is a demi-mute. Both had been under treatment by a celebrated practitioner, the latter three different times, and the former twice, but in neither was the least success observable.

When this boy was presented to me, the unfavourable prognosis of Itard in cases of this kind, &c., recurred to my mind, and I therefore undertook the treatment with reluctance, and from a wish not to disoblige the parents, already so much to be commiserated. And well for all is it that this resolution was taken; for now, after less than thirty sittings, the young X. hears not only the vowels but the modulated voice, and replies to a multitude of questions without seeing the interlocutor. He has thus rapidly cleared the steps which, in the last class of Itard, separated him from the first; and I have a confident hope that, under the able and conscientious direction of M. Valade Gabel, he will not fail soon to quit entirely the category of the deaf and dumb for that of those who speak, to remain there for the rest of his days.

The treatment of young X. has been hitherto of the most simple kind, and has occasioned him neither tears

nor much pain. The Eustachian tubes were obliterated, and the sensorial apparatus in a state of complete torpor. By means of guttural catheterism I obviated the first lesion. The second was attacked with insufflation into the drums, as well as with stimulant and resolving vapours. One day last month I obtained a result which so greatly surprised the teacher, that he wrote to me the same evening: "Share my joy, dear doctor; X., since this last operation, hears almost as well as Albert [a young deaf and dumb person cured, of whom I shall speak afterwards]; the thing exceeds belief." I replied, that this improvement, so sudden, might probably be only temporary at first, but that I hoped, with time, to render it permanent—conjectures which have been fully verified by the result. I shall return to this interesting case in that part of the work devoted to the therapeutics of the deaf and dumb.

In these days, when so great importance is attached to anatomical diagnosis, when the minutest lesions are observed with such care, it is surprising to see to what degree we are ignorant of those of the auditory apparatus. Nevertheless, the practitioner who would hesitate in his prescription of such energetic remedies as are dictated in well-known diseases of grave character, applies without hesitation blisters, cauteries, and moxas, not forgetting the traditional seton, in diseases of the ears, of the very diagnosis of which he is ignorant.

These facts, so much to be regretted, I am compelled to notice, both because I have seen them, and because I wish, as far as I am able, to prevent their recurrence. But, what is still more vexatious is, that certain practitioners, after having studied otology, still fall into the same errors.

Such a practice is calculated, far more than ignorance or inactivity, to keep alive in the minds both of the profession and the public, prejudices against treatment in cases of deaf-dumbness. In presence of these failures, preceded by so much suffering, it is concluded—and not without show of reason—that deaf-dumbness is necessarily incurable. And yet, both the cases I have related and those I shall by and by quote, prove absolutely the contrary!

## An Epitome of Toxicology.

DESIGNED FOR THE BUSY PRACTITIONER  
AND ANALYTICAL CHEMIST.

(Continued from page 262.)

ALPHABETICAL LIST OF VARIOUS SUBSTANCES, WITH  
THE CHANGES THEY UNDERGO AND THE FORMS THEY  
ASSUME IN THE LIVING BODY. (CONTINUED.)

Substances.

Transformations, &c.

Sulpho-cyanic Acid. Reappears in the blood and secretions.

Sulphuretted Hydrogen ..... } Absorbed without decomposition, causing physical prostration, with a change in the texture of the organs, especially of the nervous system. When respired, it destroys the powers of life. It acts chemically on the blood, changing its iron from the normal form to that of sulphuret. (1) It is less active when taken in solution, or injected by the veins. When swallowed (in solution) it is presumed that it forms sulphuret of sodium and water, at the expense of the soda of the alimentary canal. It has been detected in the blood, breath, &c.

Sulphuret of Carbon. Reappears unchanged in the breath and perspiration.

(1) Liebig.

(a) His mother is convinced he did not. in the garden of the Tuileries, hear the cannon that were firing at the Hotel des Invalides.



Sulphuret of Potassium .....	Absorbed; reappears in the blood, &c.; eliminated by the kidneys, in part unchanged, and partly converted into sulphate of potassa. It gives the odour of sulphuretted hydrogen to the breath.	Vanilla (odorous principle).....	Has been detected in the breath and perspiration.
Sumach (colouring principle) .....	Reappears in the urine; form undetermined.	Viola tricolor (odorous principle)...	Reappears in the urine, slightly changed.
Strychnia .....	This alkaloid, like nux vomica, appears to act as a powerful local irritant; is absorbed, and exercises a specific effect in every portion of the nervous system, but its action is principally confined to the spinal cord, or cerebro-spinal system. This action is attended by a softening of the whole cortical portion of the brain, and especially of the cerebellum, (1) and in a case reported by Mr. Watt, (2) a softening of the lumbar portion of the spinal cord was observed. It produces no change in the blood-discs, (3) and its <i>modus operandi</i> , and the changes it undergoes in the system, are, as yet, unexplained. (See further on.)	Wine .....	The <i>odorous principle</i> has been detected in the breath and perspiration; the <i>coloring matter</i> of some red wines reappears in the perspiration, hence the occasionally discoloured state of the bed-linen of the sleeper who has previously indulged in a debauch on port wine; also found in the urine, slightly changed. (See Tannin.)
Tannin .....	Combines with the albumen, gelatin, and fibrine of the fluids and tissues, forming insoluble compounds; disorganises the epithelium of the stomach and the mucous coating of the intestines, by uniting with their constituents; is absorbed; passes through the circulation, and is eliminated under the form of tannic acid by the kidneys.	Winter green (coloring matter) ...	Reappears in the urine; form undetermined.
Tannic Acid .....	(See Tannin.)	Woody fibre (forming the bulk of barks, fruits, roots, seeds, and woods) .....	Passes off per anum, unchanged.
Tartaric Acid .....	Unites with alkalies; passes through the circulation in a neutral state, and is eliminated in combination, chiefly as a carbonate. (See Alkalies and Acids.)	Zinc .....	Unoxidised metallic zinc is inert; its compounds resemble in their action those of bismuth, copper, and silver, except in being weaker; they are all irritant and caustic poisons, when taken in sufficient doses; in smaller doses, antispasmodics, tonics, nauseants, and emetics. The sulphate is a common and powerful emetic in cases of poisoning, but under certain circumstances is capable of producing stupor and inactivity, (1) from its action on the nervous centres. It is absorbed, and has been detected in the blood, chyle, and milk. Metallic zinc becomes poisonous from being easily oxidised, and dissolved by acidulous and oily substances, and even by water itself. Water collected from zinc roofing, as well as milk kept in zinc vessels, is hence frequently poisonous. The sulphate (white vitriol) and the chloride (butter of zinc) are the common commercial salts of this metal, and have often caused poisoning. (2) The carbonate and oxide of zinc are commonly used as desiccants. They have little action when taken internally, unless long continued. Occasionally, however, they have produced giddiness and temporary inebriation. When long taken they act as slow poisons. A case is recorded wherein 20 grs. of the oxide were taken daily for about five months, for the cure of epilepsy, when the patient exhibited a pale, earthy hue, and was much wasted, and almost idiotical. The tongue was thickly coated, the bowels constipated, the abdomen tumid, the extremities cold and shrivelled, the pulse about 60, and scarcely perceptible. After convalescence he continued subject to fits as before. (3) (See Metallic Salts.)
Tartrate of Potassa .....	Converted into carbonate of potassa. (See above.)		
Tartrate of Nickel and Potassa .....	Absorbed and eliminated, for the most part unchanged.		
Tin .....	Metallic tin is inert. The oxide is poisonous; (4) but Schubarth says it is inactive; and Piteairne and Pietsch that it is anthelmintic, or, at least, that water long boiled in tin vessels becomes so. The same is said of wine which has remained for some time in contact with tin. The compounds of this metal have been detected in the blood, urine, &c.; form undetermined.		
Turtle (green fat of) .....	For the most part eliminated, unchanged.		
Turpentine (essential oil) .....	Absorbed; the odorous principle reappears in the urine, to which it imparts a violet perfume; is also perceptible in the breath.		
Uva Ursi (astringent principle) ..	Absorbed; reappears in the urine in a state of combination.		
Valerian (odorous principle) .....	Absorbed; has been detected in the breath, and in the urine slightly changed.		
Vegetable acids .....	Absorbed in a neutral state, and (with their salts) eliminated (mostly) as carbonates by the kidneys. (See Acids, &c.)		
Vegetable acids (salts of) .....	(See above.)		

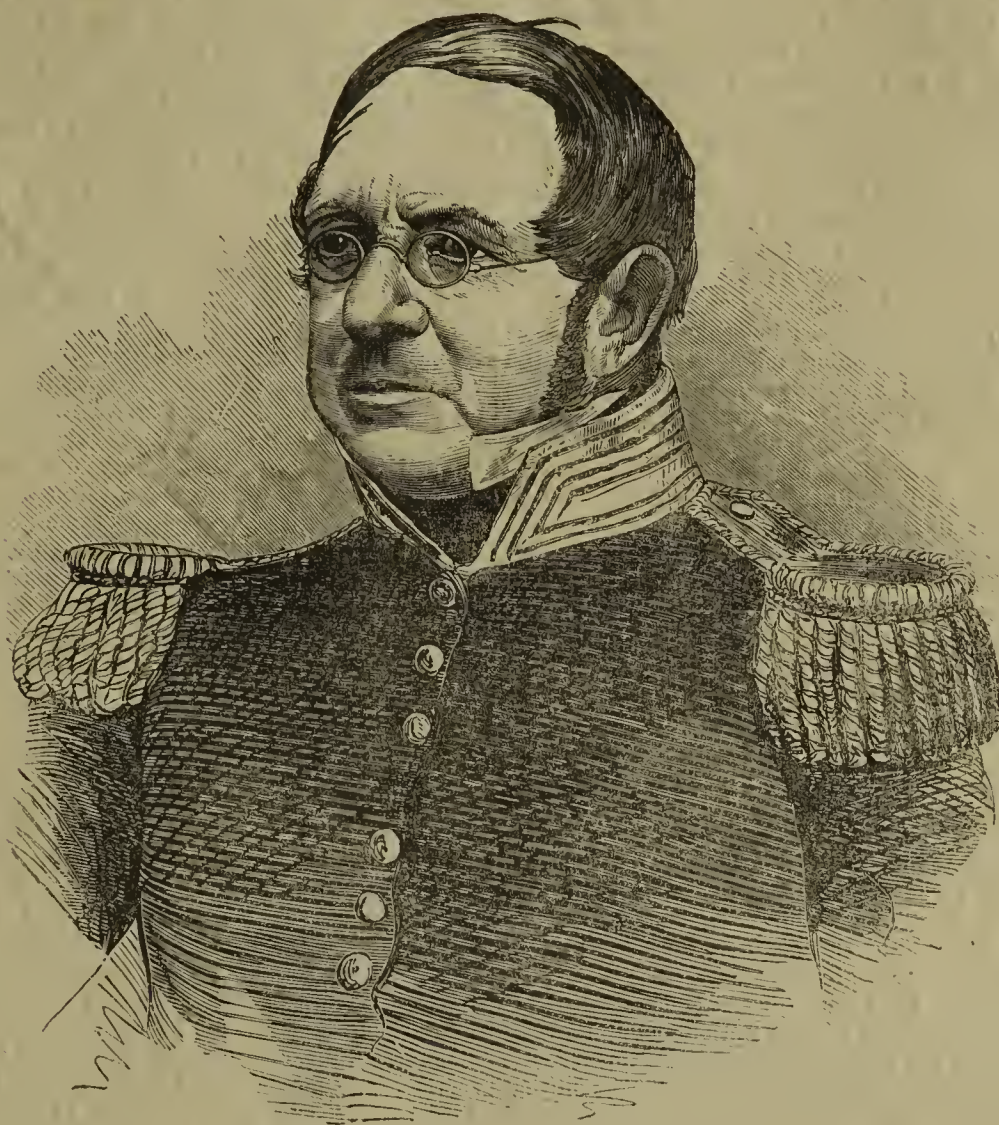
(1) Orfila, Ollivier, Drogartz. (2) Christison. (3) Muller, Stannius. (4) Orfila.

(1) Orfila.  
(2) Sir W. Burnett's "Disinfecting and Antiseptic Fluid" is a solution of chloride of zinc. It contains about 200 grs. of zinc in the fluid ounce.

(3) Brit. and For. Med. Rev., July, 1838.

**PATHOLOGICAL SOCIETY.**—The first meeting of this Society was held on Tuesday evening (the 18th inst.) at the Society's rooms, in George-street, Hanover-square.





PORTRAIT OF DR. OLIVER EVANS, L.R.C.P.

### Biographical Notices.

DR. OLIVER EVANS, L.R.C.P.,  
SENIOR DEPUTY INSPECTOR OF NAVAL HOSPITALS AND  
FLEETS.

The subject of the following memoir is a medical officer of high standing in her Majesty's Navy, and we have much pleasure in recording this brief sketch of his services; not that they present to us any thrilling picture of the murderous cannonade, with the mangled bodies and "disjeeta membra" of the unfortunate wounded, or other unpleasant attendants on naval warfare, with which horrors the medical officers of a former day have, unhappily, been too familiar, but as they show us scenes of far more deadly encounter with the unseen and implacable foe of West Indian fever, and give us some idea how the medical men of that service are engaged, and what distinctions they merit in the dangerous and trying duties they are continually called upon to undergo.

Dr. Oliver Evans, L.R.C.P., is a native of Strabane, in the north of Ireland. He served an apprenticeship to

Mr. William Leney, a surgeon and apothecary (under whose guidance numerous aspirants for the Navy were brought up), and subsequently attended the lectures and examinations of Dr. Francis Rogan, many years a practitioner of eminence in the city of Londonderry, from whose instruction he derived considerable advantage in his elementary studies. He afterwards studied in Dublin and London, where he pursued the study of anatomy under the celebrated Joshua Brookes, and was a pupil at Westminster Hospital, under Sir Anthony Carlisle, Mr. Lynn, and Morell. He finished his career of pupilage in June, 1824; and in July of the same year he entered the service of the Royal Navy, when he was immediately appointed to H.M.S. "Beaver," of 10 guns, bound for the West India station, where he arrived in October. In this vessel he remained twelve months, and visited various parts of the station, during which time, from the small size of that ship, and its limited accommodation, he suffered all the discomfort and inconvenience which the



junior assistant of the present day has still to undergo. The midshipmen's berth, of which he was a member, measured about eight feet by seven; it was dark, dirty, close, and redolent of the sickening odour of the previous meals (for there was no scuttle to ventilate or purify it), with the thermometer averaging about 80° of Fahrenheit; and in this unpleasant position, six others with himself, besides, now and then, some supernumeraries, were condemned to luxuriate. He also suffered in this ship a severe attack of cholera, from which, by the blessing of God, he recovered, though for a long time afterwards he remained in indifferent health, and, in order to restore it, was anxious to return to England. For that purpose he effected an exchange into the "Bellette," an 18-gun sloop, commanded by that excellent officer, Commander Charles Croker, about to proceed thither; but at the same time, as he was very desirous of gaining more experience in the treatment and practical knowledge of that fatal scourge of the station, yellow fever—then devastating the various islands,—he embraced an opportunity which, fortunately, enabled him to accomplish this object. The Senior-Assistant Surgeon of Port Royal Hospital desired to go home to pass his final examination, and with him Dr. Evans therefore exchanged, and joined that establishment in December, 1825.

That year was a fearfully fatal one to the medical officers of the squadron, and more especially to those attached to Jamaica Hospital. A dozen of them fell under the destroying power of yellow fever. In the spring he followed the remains of his senior officer and friend, Dr. Archibald Lang, to the grave—a victim to his unwearied exertion in the pursuit of pathological inquiry. This much respected friend was buried within a few feet of Dr. Evans's bed-room window, in a little garden, between two cocoa-nut trees, in compliance with a wish of the deceased ere he died; and we have heard Dr. Evans mention that he passed many a sleepless night in sorrow for his loss—a sorrow deepened by the *memento mori* warning so peculiarly excited by the contiguity of his corpse.

Between the years 1820 and 1827, 31 medical officers died, and 51 were invalidated on that station, making a total of 82 prostrate from the pestilential fever. We thus see the hazardous employment in which our medical officers on that station are engaged. Dr. Evans, on joining Port Royal Hospital, was anxious to witness a case of the "vomito prieto," and had not long to wait, as a lad named Henry Sanson, one of the retinue of Sir Lawrence Halstead, then Commander-in-Chief, was sent next day to the Hospital with symptoms of yellow fever, and in a short time after admission this peculiar symptom was manifested. Dr. Lang remarked "it was all over with him," and, with some directions, put the case under the charge of Dr. Evans, who, by unremitting watch, and the administration of the draught\* prescribed by Dr. Lang, was rewarded by the gratification of overcoming this fatal symptom, and restoring the patient to health.

Soon after Dr. Lang's death, the subject of this memoir had also his "seasoning" of yellow fever. He was the first of a long list of Assistant-Surgeons who in succession were attacked after becoming the inmates of the Assistant-Surgeons' quarters—this building having a low elevation, and bad ventilation. His case was considered dangerous and tedious (by Dr. McGee, the present Mayor of Belfast, then in charge of the Hospital, previous to the arrival of Dr. Armstrong), but happily he recovered, though for long after it left unquestionable remains of its deleterious effects on the constitution. He was recommended change of climate for perfect recovery, but, thinking he might be proof against future attacks, he persevered in his position, and continued two years longer, till May, 1828, attached to that establishment. During the last eight months of the period he had charge of the Convalescent Hospital in the Mountains of St. Andrews, which was a most agree-

able change after the hot parching sun of Port Royal. The elevation of the place was above 2000 feet (above the sea-level) with the thermometer ranging about 70°, and we can fancy the refreshing and delightful sensations felt by the patient or visitor coming from the sultry plains below to this comparatively cool and beautiful retreat. Dr. Evans resigned this charge with great reluctance, when in May, 1828, he was appointed to H.M.S. "Valorous," homeward-bound. In this vessel, after a circuitous route by Vera Cruz, Sisal, and the Havannah, he arrived in England in September, when the ship was paid off. Immediately afterwards he repaired to London to revise his studies and pass his final examination, which object being accomplished, he was appointed, in December, to H.M.S. "Barham," then the flag-ship of Admiral Fleeming, on the West India station, and was ordered to take a passage in H.M.S. "Shannon," to join her. The "Shannon," from various delays at starting, and touching at several places on the passage out, did not arrive till March, 1829, when, having joined the Admiral at Trinidad, Dr. Evans was immediately ordered to do duty on board the "Grasshopper" brig, of which he subsequently had charge as surgeon. In November of the same year, he was transferred to the "Fairy" 10-gun brig, to which he was confirmed as full surgeon. In neither of these vessels had he any assistant, and considerable duties devolved on him. In the latter, he visited Chagres, on the Spanish Main, Campeachy, Vera Cruz, the Havannah, New Providence, and different other parts of the West India Islands, and afterwards set sail for England, where he again arrived in June, 1830. Being of an inquiring and observing mind, this cruising and visiting of so many places of interest afforded him abundance of information and pleasure, and gave him a fund of pleasing anecdote and description, in which, amongst his friends, he at times gracefully and graphically indulges. In December of this year, he married Margaret, daughter of Lieut. Joseph Cooke, of the 4th West India Regiment, a branch of the Cooke family of Cordangan, Ireland—connected with the Earl of Miltown; and having a prospect of remaining some time in England to enjoy his connubial felicity, and recruit his health after such long continued foreign service, yet not wishing to be idle, he offered himself a candidate and was accepted as House Surgeon and Apothecary to the Royal Universal Infirmary for Children, in the Waterloo-bridge-road, which office he held until February, 1832, when he was appointed to H.M.S. "Conway," Captain Henry Eden. This ship was specially fitted out for the conveyance of the Right Honourable the Earl of Mulgrave (now Marquis of Normanby) as Governor of the island of Jamaica. After having conveyed his Excellency to that island, and when about to return to England, Lord Mulgrave expressed himself to Captain Eden as being much pleased with the assiduous attention which Dr. Evans appeared to bestow on the sick, and at the same time preferred a wish that Dr. E. should return to Jamaica, to act as his resident medical attendant. Dr. Evans was much gratified with the proposal, and immediately requested permission from the Admiralty to embrace the Governor's offer, which was readily granted. Soon after the ship's arrival in England he obtained leave, and sailed again for Jamaica in a merchant-ship, where he arrived in December of the same year, and entered on the duties of his office in the abode of the Governor, in which he remained for about two years. Dr. Evans often refers to the many pleasant hours he spent in the agreeable society of that amiable nobleman and family, and he continues to cherish the most grateful recollection of the courteous behaviour and condescending kindness bestowed on him by every member belonging to it; and we have no doubt his lordship feels also indebted to the subject of our memoir for the earnest solicitude and professional skill he exercised in discharging his duties, for we understand his lordship had a severe attack of fever while under Dr. Evans's care, and it was mainly by the assiduous attention

\* The turpentine draught.



and skilful means employed by the latter, assisted by Dr. Weir, of the Ordnance Medical Department, that the disease was happily overcome. This illness, however, unfortunately left as its sequel the establishment of intermittent fever, under which his lordship's health suffered so materially as to compel him to relinquish the Governorship of the Island, and return to England. Dr. Evans was offered a similar situation under the Marquis of Sligo, Lord Mulgrave's successor, but he accompanied his lordship to this country in July, 1834. Soon after his return, he was appointed to H.M.S. "Tribune," in which he proceeded to the Mediterranean. In this ship he served nearly three years, cruising at times to various parts of that agreeable station, but lying for the greater part in the Bay of Smyrna. Whilst at this latter place, his services were in constant requisition by the English inhabitants on shore, and also by many of the Turkish and Greek families; for, at that time, there was no English medical man resident in the town, and the native doctors were at a discount. The merchants of the place were so highly impressed with Dr. Evans's professional acquirements, that they wished to retain him amongst them, and, for that purpose, had memorialized Lord Palmerston, Secretary of State for Foreign Affairs, to appoint him to the office of surgeon to the British Merchant Seamen's Hospital at Smyrna, for which charge he was well fitted, being acquainted with the Turkish language, and properly conversant with the manners and customs of the people. He, therefore, under the expectation of receiving this appointment, applied to the Admiralty for leave to accept it, which was granted, and his successor to the ship sent out; but, unfortunately, he was disappointed in his hope, for Mr. Wood, a son of the dragoman to Lord Ponsonby, then Ambassador at Constantinople, and just finishing his studies in London, succeeded, by interest through the Foreign Office, to this appointment. Dr. Evans, therefore, seeing now that he was shut out on both sides, had nothing for it but to return home the best way he could; so, being much chagrined at his misfortune, he was glad to accept a passage home in the yacht of Sir James Brooke, the Rajah of Borneo, where, in the delightful society of that wonderful and enterprising man, he received the solace of his commiseration and converse. But for this opportunity, he must have been at the expense of his passage home in a packet, as the Commander-in-Chief, to whom he applied, had no authority to order one. He arrived in England in 1847, and memorialized the Admiralty to grant him some remuneration for his loss of time and pay, but failed to induce their lordships to take a favourable view of his case. However, in a short time, to make some sort of amends, he was appointed to H.M.S. "Donegal," about to proceed to Lisbon as the flag-ship of Admiral Sir John A. Ommanney. In this ship, and on this station, he continued for about two years, during which time, when his official duties permitted, he devoted much spare opportunity in affording professional service, and thereby rendering valuable assistance to the English resident community of Lisbon, for there was no English medical practitioner then resident in that city in whom they could place confidence. He also attended professionally the family of Lord Howard de Walden and Seaford, then our Minister to the Court of Portugal, by whom he was highly esteemed and favoured, and received a flattering testimonial in acknowledgement.

In the summer of 1839 he became accidentally acquainted with the circumstance of Jamaica Hospital having become vacant by the retirement of Mr. Charles Linton, Surgeon, who had held that office ten years. Dr. Evans, with much difficulty induced by some friends to apply for the vacancy, diffident of success, and only yielding to importunity, looked at his application as only a chance that might not be thrown away. He was therefore greatly surprised and gratified to get an immediate favourable reply from head-quarters, acquainting him that Lord Minto, on the recommendation of Sir W. Burnett, had

appointed him to the vacant Surgeoncy of Jamaica Hospital. It appears that several Surgeons of senior standing had been offered this appointment, but so great is the reluctance to serve in that burning, pestilential climate, that they all declined the proffered honour. Dr. Evans immediately repaired to that island, and undertook the duties of the office, which duties, by the way, included (in addition to those of his medical capacity) the office of agent or purveyor to the establishment, requiring heavy sureties for fulfilment, and much diligence and labour in its performance, but marked, we believe, with no remuneration.

Dr. Evans was promoted to the rank of Deputy-Inspector in August, 1840, and continued in charge of Port Royal Hospital for five years, during which period he had often to contend against the destroying influence of the malignant yellow fever of the climate, when its deadly blast unhappily swept across the island, prostrating all around, and demanding the most active zeal and prompt ability to meet it. The assiduous attention and professional skill he constantly employed, when the hospital was crowded with victims, called forth high encomiums from the different Commanders-in-Chief of that station under whom he served. The late lamented Sir Charles Adam expressed his approval in the following terms:—"I have great pleasure in assuring you that, during the time I was in command of the West India Station, I had every reason to be entirely satisfied with the constant attention, zeal, and ability with which you discharged the very responsible duties of the appointments you held, especially during the part of the time when you had a large number of patients ill with yellow fever; and I know that, during the time you had charge of that hospital, you had frequently to deal with that alarming disease in a very aggravated form."

In August, 1844, he was removed to Bermuda Hospital, and there for the next three years he was engaged in professional duties similar to those he performed at Jamaica, with the addition of having to attend the hospital cases of the 20th Regiment, Royal Artillery, and Engineers there quartered, and also the worst cases in the Convict Establishment in the island, in which dysentery of an epidemic form frequently prevailed.

From the climate and continued onerous duties of his important position his health had sometimes suffered, which made him long to be relieved from this unhealthy station, and appointed to some home vacancy, which certainly his services merited. In July, 1847, this relief at last came, as he was then appointed to Plymouth Hospital, *vice* Dr. Armstrong, promoted. He was scarcely settled down, however, in that appointment when the establishment was reduced, and his office cancelled by order of the Board of Admiralty. He was then appointed, in January, 1849, to the Royal Marine Hospital, at Woolwich, in medical charge of which he still continues.

We have had the opportunity of knowing that Dr. Evans has made great exertions to improve the position of the Junior Assistant-Surgeons of the Navy, with whom he strongly sympathises, and it is not too much to say that the recent movement in their favour has been mainly due to his untiring perseverance. His younger brethren owe him much gratitude for his efforts.

Dr. Evans has served upwards of 25 years in the Navy, including 14 years' trying service at Jamaica and Bermuda, exclusive of the time he was attached to the household of the Marquis of Normanby. He is now the Senior Deputy Inspector of Hospitals on the Naval List, and we think he has well merited and is justly entitled to the next higher step of his calling, and we hope soon to have the pleasure of congratulating him on his obtaining it. *Palmarum qui meruit ferat.*



## Medical Societies.

### MEDICAL SOCIETY OF LONDON.

Saturday Evening, 10½ o'Clock.

DEAR MR. EDITOR,—I have just returned from the meeting of this Society—the first meeting of the Session 1853-4—and whilst the impressions are fresh upon me, I will endeavour to give you a brief sketch of the proceedings, which, though evolving nothing that is new, afford wide scope for thought, not only to our own profession, but to the lawyers, with whom we are so frequently at issue upon the subject which came before the meeting for discussion.

The attraction of the evening was an elaborate paper by Dr. Forbes Winslow, President of the Society, "On some Unrecognised Forms of Mental Disorder," which, whilst manifesting no broad features of insanity, still discover propensities and aberrations from a healthy state of mind, equally disqualifying for the purposes of social life, and destructive of domestic happiness.

The paper ran as follows:—

Dr. Winslow wished to direct the attention of the Profession to some complicated, varied, and often obscure affections of the nervous system disordering the mind. The morbid states to which he referred might be viewed as pseudo-anomalous and eccentric deviations from certain predetermined cerebral and psychological conditions. He wished to avoid the discussion of the question, "What Constitutes Insanity?" and to confine the attention of the Society to those abnormal phases of the mind in which the party may be said to be mentally disordered, but not insane. Dr. Winslow would restrict the term "insanity" to those deviations from mental health accompanied by positive aberration of the ideas, conjoined with lesions of the volition, clearly justifying the exercise of moral restraint, and to those derangements of the intellect which authorise us in bringing those so affected under the protective influence of the law. Dr. Winslow was anxious to confine his attention to those cases where the mind might be said to be pathologically disordered, but not legally insane, and to direct the notice of the Profession to a large class of disordered phases of morbid intellect floating upon the surface of society which had not hitherto been sufficiently recognised as the effect of certain morbid cerebral conditions, bringing those so affected within the reach of remedial treatment. The disorders to which Dr. Winslow referred were confided principally to the passions, affections, propensities, and moral sense. The attack often assumed the character of an exaggeration of some single passion, appetite, or emotion. This morbid cerebral state might exist without arresting medical attention, or demanding legal interference. These affections were generally insidious in their character, of slow growth, almost imperceptible, originating important changes in the delicate and highly organized vesicular nervous matter of the brain, and giving rise to morbid alterations in the manifestations of the passions and affections. As this form of mental disorder is known frequently to exhibit itself in either a perversion of the feelings, aberration of the affections, and erratic conduct, it often engenders much concealed misery within the sacred circle of domestic life. The patient whose morbid condition is not appreciated, may exhibit great cruelty, and commit acts of brutality towards those who have the strongest claims upon his love, kindness, and forbearance. The naturally gentle, truthful, retiring, and self-denying, become quarrelsome, cunning, and selfish; the diffident, bold; the modest, obscene; piety degenerates into hypocrisy, or is exalted into fanaticism. Parties so affected manifest all the characteristics of intemperance, both in thought and actions; they are wayward and eccentric, their conduct often giving rise to the suspicion that they are either drunk or mad. Occasionally the disorder exhibits itself in a want of veracity amounting to positive disease. In these pseudo-anomalous pathological conditions of the mind, what are termed the

reasoning and reflective faculties remain intact; consequently, the actual state of those disordered is not suspected even by their most intimate associates, until the affection becomes apparent by the party committing some overt act of insanity. A patient with a mind under the influence of positive disease, has been known, for a period, to exercise great powers of self-control. He sits at the head of his own table, goes to the Stock Exchange, to his counting-house, and to his bank, and engages actively in his professional duties, without exhibiting evidence, very conclusive to others, of his actual morbid condition. He may be an unrecognised monomaniac, and, acting under the terrible and despotic influence of one predominant morbid idea, be bringing ruin and desolation upon his once happy home. He may recklessly squander a fortune which has been only accumulated after years of anxious toil. He may become brutal, vicious, criminal, a drunkard, a suicide, as the result of an undoubtedly morbid state of his mind, and yet pass through life as a sane, rational, and healthy man. In actual practice, all the delicate and varied shades of such unrecognised and neglected mental alienations are met with. Parties so disordered exhibit violent antipathies, harbour unjust suspicions, affect singularity of dress, gait, and conversation, are easily excited, are subject to violent and ungovernable paroxysms of passion, from the most trivial and insignificant causes; are lost to all sensibility and delicacy of sentiment, refinement of manner and conversation; are often obstinately and pertinaciously rivetted to the most absurd dogmas; are litigious, and prone to controversy. This disorder may manifest itself in morbid imitations, in an inordinate vaulting and mad ambition; in an absorbing lust of praise; in an insane desire for notoriety; in a depressed, exalted, or vitiated state of the sexual appetite; in morbid views of Christianity, and is often associated with a profound anæsthesia of the moral sense. These sad affections are symptomatic in many cases of unobserved, and consequently neglected, cerebral disorder, either originating in the encephalon, or produced by sympathy with morbid processes existing in other tissues, in close organic relation with the great nervous centre. These conditions occasionally succeed violent febrile attacks, more or less involving the healthy action of the brain and nervous system, and are often known to be the sequelæ of injuries of the head inflicted either in early or advanced life. They are also unhappily seen in association with genius; and—as the biographies of Cowper, Burns, Byron, Johnson, and Pope establish—the best, the most exalted and highly gifted conditions of the mind do not escape unscathed. Dr. Winslow then cited the particulars of several deeply interesting cases, illustrative of each form of this class of unobserved mental alienation, occurring both in adults and in children which have been brought under his own observations. He then referred to two other forms of unrecognised cerebral disorders manifesting themselves in attacks of oinomania or insanity, exhibiting itself in uncontrollable and inveterate habits of intemperance, and to cases of neglected suicidal insanity. He then directed the attention of the Profession to the frightful amount of untreated mental depression associated with an irresistible suicidal propensity, which had prevailed within the last twelve or eighteen months. In many cases it appeared, from the evidence adduced at the Coroners' court, that the mental disorder had existed for weeks, and occasionally for months, without giving rise to the suspicion of the presence of any dangerous degree of cerebral mischief, likely to lead to the commission of suicide. There are few morbid mental conditions (Dr. Winslow remarked) so fatal in their results as these apparently trifling, evanescent, and occasionally fugitive, attacks of mental depression. This state of the brain is fraught with mischief, and is almost invariably associated with the suicidal impulse. Many a person, apparently rational and sane, has committed suicide under the overpowering and crushing influence of some latent and concealed delusion. "For six months,"



writes a patient, "I have never had the idea of suicide night or day out of my mind; wherever I go, an unseen demon pursues me, impelling me to the act of suicide; my wife, my friends, my children, observe my listlessness, my gloom, and my despondency, but they know nothing of the worm that is gnawing within." Is not this a type of case more generally prevalent than we imagine? May it not be said of this unhappy man, with a mind tortured and driven to despair by a terrible and concealed hallucination urging him on to suicide, as the only escape and relief from the acuteness of his misery,—

"He hears a voice we cannot hear,  
Which says he must not stay;  
He sees a hand we cannot see,  
That beckons him away?"

Dr. Winslow, after making some observations on the subject of oinomania, and pointing out the necessity of recognising this form of cerebral disease, as one amenable to treatment, adverted to a phase of mental alienation, occupying, as he remarked, a kind of neutral ground between positive lunacy and the stage of incubation, accompanied with an intense consciousness of the presence of a morbid condition of mind. In this state the patient knows that he is not as he should be, and prays earnestly for relief from his sufferings. Up to a certain point, the power of self-control is retained, and the case affords to superficial observers no positive symptoms of mental alienation. "Would to God," exclaimed a lady, who was distressingly conscious of her morbid state of thought, "Would to God I were either mad and incoherent, or relieved of this agony of mind." While in this intermediate state, patients often ask the question, when describing their symptoms, "Is this madness, or am I insane?" Dr. Winslow then referred at some length to the characters of *Hamlet* and *Lady Constance*, and cited passages from the writings of Shakspeare illustrative of this strange phase of morbid mind. He then observed, that he might be asked, (and the question naturally suggested itself to the mind when considering anomalous cases like these), how can we accurately diagnose between such morbid conditions and those natural states of the passions, emotions, and appetites, which, fraught as they may be with mischief, cannot be viewed otherwise than as healthy manifestations? In all these cases it is often the sudden and prolonged departure from natural habits, states of feeling, phases of passions, that justify a suspicion of the existence of mental alienation. This disorder of the mind occasionally exhibits itself in a simple exaggeration of some one predominant passion or train of thought; and in these, as well as in other cases, the only safe standard to which we can appeal is the *natural and ordinary character of the patient* whose mind is the subject of investigation. A man may be brutal and yet be sane; he may be subject to violent passion, and be of sound mind; he may love to riot in scenes of licentiousness, without justly exposing himself to the imputation of insanity; he may be guilty of cruel and inexcusable acts of improvidence, and yet not a fit subject for a Commission of Lunacy. Nevertheless, in many cases, all these symptoms constitute conclusive evidence of the existence of serious mental disorder. A naturally irritable man may be excited into a paroxysm of passion by circumstances calculated to engender such a state of emotions; but the passion allied to insanity is often fanned into a flame by the most trifling and inadequate causes. Healthy passion generally subsides after the removal of the exciting cause; but such is not the case with morbid emotions. Apart from the susceptibility to passionate excitement, and the presence of great irritability of temper, the observing eye of the physician will generally discover in connexion with the case other mental as well as physical variations from the natural and healthy condition of the mind and body, to assist him in arriving at a safe diagnosis. This morbid condition, whether exhibited in ungovernable passion, in alienation of affections, in perverted appetites, in irritability of conduct, in loss of all sense

of right and wrong, is generally associated with restless days and sleepless nights, as well as with impairment of the general health. Every case, however, must be viewed in relation to its individual characteristics, and to itself as a standard, and not in reference to any *a priori* theory, or predetermined test.

Great applause followed the reading of the paper, and many complimentary remarks fell from the various speakers who, subsequently to its reading, addressed the meeting. These were Dr. Copland, Dr. Sibson, Dr. Webster, Dr. Edwards Crisp, Mr. W. C. Dendy, Dr. Cormack, Dr. Camps, Mr. Clarke, and Mr. Streeter. Although each of these gentlemen contributed his quota of information and interest to the subject of insanity, yet it seemed to me that the discussion generally was too discursive. The intention of the paper was lost sight of, and, instead of acquiescing in, or opposing, the opinions of the learned lecturer, as to the existence of such forms of insanity and their hitherto *non-recognition*, the speakers entered altogether upon another question, namely, as to the wisdom of punishing crime as the law prescribes, or treating its perpetrators as afflicted with insanity, and consigning them to the mad-house, in lieu of the dungeon. Mr. W. C. Dendy seemed to be of opinion that the murderer, insane or not, should be hanged! Murmurs of disapprobation were heard around, on which the speaker partially retracted, by explaining that he did not mean hanging in the strict sense of the word—he would *half-hang* them, and then hand them over to the physician. Well, I am inclined to agree with Mr. Dendy, besides, it would be a sort of compromise with the lawyers, who are always for having the pound of flesh which "the bond expresses and the law awards."

Mr. Streeter thought that the judge should be empowered to award punishment in the shape of tartar emetic and morphine. Would not blisters, moxas and the actual cautery be better? Mr. Clarke thought that the bench would derive much advantage from the perusal of such a paper as had been read, for its members had hitherto shown but little discrimination in adjudicating in undoubted instances of insanity; and in this opinion Dr. Camps coincided, by declaring it as his opinion that the lawyers thought only of the crime and the quantum of punishment which was its due. An interesting question was asked by Dr. Webster, but not replied to, namely, as to the extent of insanity among savage tribes. He stated a remarkable fact in regard to Ireland, namely, that one in every 420 of the population was afflicted with insanity, more than double the amount as compared with England; whilst in Norway the proportion of insane cases was still higher than in Ireland. This statement of facts would appear to invalidate the generally received opinion, namely, that the more highly civilised the nation, the more prevalent is insanity. Dr. Sibson took this view of the case, and referred to the frequency of the disease during the period of the French revolution, and the tendency of the human mind to *repeat* criminal indulgencies until they reach the point of confirmed insanity.

Although, as I have said, the question before the meeting was departed from, and the intention of the paper in some degree misapprehended, yet the subject of insanity in every point of view is so full of interest, that the various speakers were listened to with great attention, and though nothing new was elicited by which I could say my stock of knowledge was increased, still I had the enjoyment of an intellectual evening, which I mean to wind up with a dish of oysters and a pint of Guinness's stout, not fearing that our friend, Forbes Winslow, will accuse me of insanity for so doing. So to my repast, good Mr. Editor, *bon soir*.

A SILENT MEMBER.

P.S.—I should have stated that the business of the Session opened with the exhibition of a mysterious placenta, and the relation of the case by Dr. Edwards Crisp. Either from its being immersed in a muddy fluid, or from the imperfect history which attached to it, nobody could make head or tail of it; or, possibly, the desire of the



members to hasten on to the *paper* of the evening pre-  
vented any discussion on the tufted anomaly. The case  
was said to be, as far as the reading of the exhibitor went,  
*unique*.

The President, Dr. Forbes Winslow, announced the elec-  
tion of Dr. Theophilus Thompson and Mr. Bishop, as  
Lettsomian Lecturers; and of Mr. Henry Smith as Orator,  
for the present Session. He also referred, in a short intro-  
ductory address, to the proposed meetings for the con-  
sideration of physiological subjects, and to the loss which  
the Society has sustained on the death of Mr. Barlow, so  
recently appointed the Orator of the Society. The re-  
appearance of the cholera, in a very malignant and fatal  
form, was also noticed, and an intimation given that the  
Society might profitably determine if there are not some  
general principles in the pathology and treatment of the  
disease.

### THE CHOLERA.

(From the General Board of Health.)

#### NEWCASTLE-UPON-TYNE.

Oct. 14, Cholera, deaths .....	4
“ Diarrhœa, death .....	1

The total number of deaths from cholera and diarrhœa  
in Newcastle during the outbreak has been 1,493. In the  
same period (namely, the first 44 days) during the preva-  
lence of epidemic cholera there in 1831-2, the number of  
deaths was 285.

The cholera, so far as appearances go at present, seems  
almost to have ceased. The following table shows the  
number of deaths from cholera and diarrhœa registered  
each day in Newcastle, and the aggregate registered  
mortality from both causes at the close of every day:—

Date.	Cholera, each day.	Diarrhœa each day.	Both.	Total, close of each day.	Date.	Cholera, each day.	Diarrhœa, each day.	Both.	Total, close of each day.
Aug. 31.....	1	0	1	1	Sept. 22.....	59	1	60	992
Sept. 1.....	1	0	1	2	“ 23.....	63	4	67	1059
“ 2.....	0	1	1	3	“ 24.....	52	6	58	1137
“ 3.....	3	3	6	9	“ 25.....	42	1	43	1180
“ 4.....	0	2	2	11	“ 26.....	53	3	56	1236
“ 5.....	4	2	6	17	“ 27.....	35	2	37	1273
“ 6.....	6	1	7	24	“ 28.....	27	1	28	1301
“ 7.....	6	0	6	30	“ 29.....	29	5	34	1334
“ 8.....	5	0	5	35	“ 30.....	20	4	24	1359
“ 9.....	20	1	21	56	Oct. 1.....	11	1	12	1371
“ 10.....	17	3	20	76	“ 2.....	13	1	14	1385
“ 11.....	21	0	21	97	“ 3.....	19	2	21	1406
“ 12.....	29	2	31	128	“ 4.....	10	4	14	1420
“ 13.....	27	0	27	155	“ 5.....	10	1	11	1431
“ 14.....	58	1	59	214	“ 6.....	10	1	11	1442
“ 15.....	98	3	101	315	“ 7.....	8	3	11	1453
“ 16.....	101	4	105	420	“ 8.....	3	1	4	1457
“ 17.....	101	9	110	530	“ 9.....	6	3	9	1466
“ 18.....	93	7	100	630	“ 10.....	1	0	1	1467
“ 19.....	94	6	100	730					
“ 20.....	108	10	118	848					
“ 21.....	80	4	84	932					
					Total .....	1364	103	1467	...

Of the total number who have perished by the epidemic  
in this town it appears that little more than 1-7th were  
under 15 years of age, while 1-14th were above 60 years of  
age. Up to this time it would appear from the returns  
that 1000 able-bodied persons have been destroyed. The  
average age of all whose ages have been returned up to  
this time is 33½ years.

#### DANSE, (North Britain.)

Oct. 13, Cholera, death .....	1
-------------------------------	---

#### MORPETH, (Wellington District.)

Oct. 14, Cholera, deaths .....	2
--------------------------------	---

#### GATESHEAD UNION.

Oct. 14, Cholera, deaths .....	18
--------------------------------	----

#### GATESHEAD.

Oct. 14, Cholera, death .....	1
-------------------------------	---

#### GATESHEAD, (Heworth District.)

Oct. 14, Cholera, deaths .....	2
--------------------------------	---

#### WARKWORTH.

Five fatal cases of cholera have occurred here. There  
have been seven or eight attacks, and great numbers of  
persons are labouring under premonitory diarrhœa. Ad-  
ditional medical assistance has been obtained from New-  
castle.

#### THE METROPOLIS.

Cholera gives decided indications of a disposition to in-  
crease; in three previous weeks the fatal cases were 16,  
29, 47; last week they rose to 66, of which 29 occurred to  
males, 37 to females. The majority of the deaths were  
among persons of middle age; 26 occurred under 15  
years of age, 36 at 15 and under 60 years, 4 at 60 years  
and upwards. In the corresponding week of 1848, soon  
after the epidemic of that period made its appearance in  
London, the number of deaths from cholera was 30; in  
the corresponding week of 1849, when it was passing  
away, the number was 110. The 66 cases of last week  
were thus divided over the Metropolis:—In the West  
Districts, 9 (pop. 376,427); in the North, 5 (pop. 490,396);  
in the Central, 2 (pop. 393,256); in the East, 8 (pop.  
485,522); and on the South side of the Thames, 42 (pop.  
616,635).

The Registrar-General requests that medical informants  
inquire specially in all cases whether the attack of cholera  
commences by “diarrhœa;” and to state the interval of  
time in *hours* and *days* between the appearance of diarrhœa  
and the supervention of spasms, or of the other charac-  
teristic symptoms of cholera.

DEATHS FROM SCARLATINA, TYPHUS, DIARRHŒA, and  
CHOLERA, Registered in LONDON in the last Thirteen  
Weeks, with the MEAN TEMPERATURE for the same  
periods.

	July 16.	July 23.	July 30.	Aug. 6.	Aug. 13.	Aug. 20.	Aug. 27.	Sept. 3.	Sept. 10.	Sept. 17.	Sept. 24.	Oct. 1.	Oct. 8.
Scarla- tina ...	27	26	23	33	30	27	18	32	43	34	48	47	58
Typhus	47	51	46	42	60	48	37	48	37	39	49	57	49
Diarr- hœa & dysen- tery ...	54	74	83	115	141	131	144	157	137	80	94	71	72
Cholera	3	6	9	4	19	10	18	16	7	16	29	47	66
Mean tempe- rature.	58°·7	59°·6	60°·3	61°·6	61°·2	60°·4	58°·6	55°·7	56°·1	57°·6	54°·6	52°·4	48°·6

#### WHITECHAPEL.

A death from cholera occurred on the 12th, in Char-  
lotte-street, Whitechapel. The patient, seven years of  
age, was collapsed when first seen by the medical attend-  
ant, and survived only five hours afterwards. Another  
case occurred on the morning of the 14th in another part  
of the parish.

#### PUBLIC INQUIRY IN NEWCASTLE.

The Committee of the medical gentlemen of this town,  
who last week met, and passed Resolutions declaring the  
arrangements recently adopted in Newcastle and Gates-  
head, for the prevention and treatment of epidemic cholera,  
to have been defective; that the members of the Medical  
Profession resident in these towns, not having been con-  
sulted as to those arrangements, disclaimed all responsibility  
for them; and that the Home Secretary (Lord Palmerston),  
and the Chief Commissioner of Public Works (Sir William  
Molesworth, Bart.) to whom this expression of feeling was  
to be forwarded, be respectfully urged to cause a public  
inquiry into all the circumstances connected with the late  
excessive mortality in these towns, have since had several  
meetings, and are actively engaged in promoting the pro-  
posed inquiry.

The General Petition has since been prepared, and is  
now in course of signature, and we append it, as giving, in



graphic outline, the grounds on which the public inquiry prayed for is demanded:—

*To the Right Honourable Viscount Palmerston, G.C.B., Her Majesty's Principal Secretary of State for the Home Department.*

The Memorial of the undersigned Inhabitants of the Borough of Newcastle-upon-Tyne,  
Humbly Sheweth,

That this town has recently been the seat of an epidemic, unprecedented in modern times, for its virulence and fatality. That since the epidemic cholera of 1831-2, it has been severely visited by epidemics of influenza, scarlet fever, typhus, measles, and small-pox.

That on the present occasion, Newcastle and Gateshead have, within a month, lost nearly two thousand of their inhabitants, while other towns in the same district have escaped with comparative immunity.

That the above-mentioned circumstances seem to show that there exist in Newcastle some special causes for these periodical inflictions.

That in the opinion of many of the resident Medical Practitioners, the arrangements recently adopted for the prevention and treatment of epidemic cholera in this town have been lamentably defective.

That in addition to the terrible destruction of life thus occasioned, great pecuniary loss has been inflicted upon your Memorialists by the increase of poor-rates, the stagnation of trade, etc., while numerous families have been impoverished, and plunged into deep affliction, by the untimely fate of their natural guardians and supporters.

That for the future protection of the inhabitants of Newcastle against the recurrence of such frightful sources of general insecurity and domestic woe, a public impartial inquiry into all the circumstances connected with the late excessive mortality appears absolutely necessary.

Your Memorialists, therefore, humbly solicit your Lordship's prompt attention to this painful subject, and venture to hope that you will think it consistent with your duty, as a Minister of the Crown, to recommend our Gracious Queen, whose sympathies for the afflicted have never been appealed to in vain, at once to issue her Royal Commission for the prosecution of such inquiry on the spot.

And your Memorialists will ever pray.

In December, 1849, one of their Superintending Inspectors held a public inquiry in Newcastle, and received a mass of oral and documentary evidence, reports, etc., all indicating, most unmistakably, the wretched and neglected condition of the poor, the general disregard of sanitary regulations, and the absence throughout the greater part of the town of every provision for health and decency. For reasons best known to the General Board of Health itself, the result of the official inquiry into the sanitary condition of Newcastle, has not yet been published. The facts elicited by the Engineering Inspector who conducted that inquiry, and by two Medical Inspectors who afterwards visited Newcastle, should certainly have sufficed to convince the members of that Board of the deplorable condition of this town, though the very same facts are now paraded as novel discoveries. From the preceding statements it is, therefore, evident that the General Board of Health must have been fully acquainted with the dangerous state of Newcastle in a sanitary point of view, at the moment when epidemic cholera was steadily advancing from the north-east. And it is equally certain that the information which their officers had previously collected on the spot, was utterly disregarded, when they could treat with so much indifference the intelligence of the actual arrival in this very town of the much-dreaded pestilence.—*Newcastle Journal.*

**DISEASE AMONG THE RUSSIAN TROOPS.**—A letter from Bucharest, of Sept. 24, says, that nearly one-fourth of the Russian troops in the Danubian Principalities are on the sick list. Typhus has broken out, and cholera too.

#### QUEEN'S COLLEGE, BIRMINGHAM.

The Winter Session of this Institution was formally opened on Tuesday, the 4th inst., by the distribution of prizes to the successful competitors among the Students. The chair was occupied by the Right Hon. Lord Lyttleton, the Principal.

Lord Lyttleton, in opening the proceedings, said that the business would be the reception of the Report and the presentation of prizes, in addition to which they would have the advantage of hearing a lecture from Professor Shaw. Now that the College had successfully existed for several years, he should not detain the meeting by making any remarks of a general kind. The Medical College had continued, as he believed, in a course of progressive prosperity, and required no particular remark. He would only repeat his frequently expressed opinion, that in this Institution it was a subject of great congratulation that the students enjoyed the inestimable advantages of superior moral training and Collegiate discipline. His Lordship concluded by calling upon the Dean of the Faculty to read the Report of the Council.

W. S. Cox, Esq., then read a voluminous Report, of which the following in an abstract:—

In commencing their Report, the Council returned humble thanks to Almighty God for the mercies He had vouchsafed to the Institution. Under God their best thanks were due to Dr. Warneford. Reference was then made to the lamented death of the Treasurer, J. E. Piercy Esq., who had deeply at heart the Society's interests, and on all occasions cheerfully exerted himself in its cause.

The report then proceeded as follows:—

The Medical Department maintained its high character, and now comprised seventy two students; in addition to whom seventeen were entered in the Junior department. Forty-one of the students had attended the medical and surgical practice of the Queen's Hospital. Of the students in the Senior department twenty-three had been in residence in the College, and nine had been in residence in the Junior department; the remaining number in each class residing with Medical practitioners in the town and neighbourhood. The honours taken by the students at the London University, the Royal College of Surgeons, and Apothecaries' Hall, having been set forth, and the list of prizes to be awarded that day stated, the Report mentioned that seventy gentlemen who had been students in this College were now engaged in practice in this town alone, including in the list three of the Surgeons of the General Hospital, two of the Surgeons of the General Dispensary, two of the Surgeons of the Eye Infirmary, and four of the Surgeons of the Parish. His Lordship then proceeded to deliver the prizes.

The Rev. J. C. Miller, as an *ex officio* Governor, was then called upon to present the Governor's Medals to Waller and Brierley, for general good conduct.

Professor Shaw delivered an interesting address on Chemistry.

Lord Lyttleton, on the part of the meeting, having thanked Professor Shaw for his interesting and valuable address the proceedings terminated.

**MANCHESTER MEDICAL SOCIETY.**—At the annual general meeting of this Society, held at the Royal Institution, on Wednesday last, and adjourned to receive the report of the Council on the result of negotiations to be entered into with the institution respecting the sectional departments to be formed under the new regulations, the following gentlemen were elected officers for the ensuing year:—Treasurer, John Windsor, Esq.; Secretary, Mr. Ledward; Council, Dr. Aikenhead, Dr. Bell, Dr. Bowman, Dr. Browne, Mr. Catlow, Mr. Childs, Dr. Clay, Mr. Crompton, Mr. G. M. Harrison, Mr. Ker, Mr. Lund, Dr. Reid.



## MEDICAL JOURNALISM.

The surmises obscurely hinted in my last have become facts since the appearance of the October number of the *Monthly*, in regard to the difficulty, to drop all metaphor, which its conductors have experienced in getting matter. I had been a little premature in my statement as to Dr. Bennet having left the *Monthly*, and attached himself to the old *Edinburgh*.

It would appear, from what has subsequently transpired, that Dr. Wood did not purchase the latter for himself, but for a body of gentlemen, who have since issued a circular calling on the profession at large to take shares, to prevent the Journal becoming the tool of any party. It is understood that Dr. Seller, formerly editor of the *Northern Journal*, and for a short time joint editor with Dr. Bennet of the *Monthly*, is to have the management of this adventure.

One remarkable phase in this affair I am, however, at a loss to explain. Towards the close of last week it was contently reported, that the rupture between Mr. Syme and Dr. Bennet, which the *Monthly* seemed so anxious to publish far and near, had caused the former gentleman and all his friends to desert the *Monthly*, leaving the latter undisputed master of the field, to crow as loudly as he liked. On Saturday, emissaries from the *Edinburgh* were busy canvassing for shares, on the ground of a junction between the two. Subsequently Dr. Bennet denied the truth of their statements, and there has been neither apology nor explanation on their part. I am certainly of opinion, that the profession are entitled to know which of the two parties has deceived them. Deception there certainly has been; but one thing seems certain, that the Professors who formerly edited the *Monthly*, although they have removed their names from its cover, are, nevertheless, determined to maintain their old ascendancy over it, and to preserve it as an exclusive journal, advocating class interests.—*Correspondent of the "Medical Times and Gazette."*

### Obituary.

Sept. 2.—JAMES LONGMORE EMSLIE, Esq., L.R.C.S. Edin. 1830; at Auchtermuchty, Fifeshire, aged 43.

Few occurrences of the kind within our remembrance have ever caused so deep and general regret in the town of Auchtermuchty and neighbourhood as has the untimely death of this distinguished and talented citizen, which melancholy event took place on the evening of Friday the 2nd inst. James Longmore Emslie was born in Auchtermuchty in the year 1810, and was the third son of Mr. James Emslie, reed-maker. After distinguishing himself at school by his peculiar aptitude in acquiring the languages, the cheerful, active, intelligent boy, in his 15th year, entered as pupil under the late Dr. Bonnar, of this town. In 1830 he passed his examination, and obtained his diploma from the College of Surgeons in Edinburgh, and, at the early age of 21, he commenced to follow his profession in this his native town. Without any family influence, and with not a little prejudice against him, the youthful physician had many difficulties to encounter; but with a kind word to all, a cheerful heart, and determined energy, he addressed himself to the duties of his calling, and the result was such as must have exceeded even his fondest anticipations. Year after year added to his practice, and brought him troops of friends, until he came to be the received favourite of the district, both in the halls of the wealthy and the habitations of the poor. Indeed, notwithstanding the many claims of his profession, his attention to the personal wants of the latter were both exemplary and unintermitting, while no one could ever say that pecuniary considerations ever influenced him for a moment, or prevented him from giving both attendance and medicine freely. Laboriously and zealously, in storm and in sunshine, did he continue to discharge the toilsome duties of an extensive country practice until, on the evening of the

11th December last, while on his usual rounds at Strathmiglo, he sustained a severe attack of paralysis, and had to be conveyed home in his gig in a very low condition. Thus was struck down by the hand of death, as the event proved, and in the prime of manhood, one whom society had need of. The existence of Dr. Emslie since the above event can only be described, we think, as a long lingering death; for although he rallied a little during the summer, and was even able to call on some of his patients, still his family and friends were painfully aware that it was only the wreck of his former self that was with them; and at times he spoke himself of his approaching dissolution with firmness and Christian composure. The remains of this much-lamented gentleman were accompanied to their last resting-place on Wednesday, the 7th inst., by a very numerous and respectable party of mourners, including many of the neighbourhood gentry and farmers. All business was suspended, and the town bell tolled at intervals during the time of the funeral, as a small tribute of respect by the citizens to the memory of him who was so emphatically one of themselves. The reputation of Dr. Emslie as a medical man was deservedly high; while his skill and address in conducting surgical operations was well known and extensively appreciated. In his practice, too, he was far from confining himself to the mere dogmas of pharmacology; but was habitually in the custom of urging upon his patients the importance of cleanliness, ventilation, and exercise as a means of preserving and also of restoring health. Affable and courteous in his manners, Dr. Emslie was admired and respected by all classes of the community, and his kind and cheerful demeanor in the sick-room rendered him the idol of his patients, and contributed, no doubt, to their ultimate recovery. Much sympathy is felt in the district towards the family of the deceased, and especially with Mrs. Emslie, his widowed mother; and the more so that this is the second heavy bereavement she has sustained within a short period—her fourth son, Alexander Leith Emslie, Surgeon, R.N., a young man of great promise in his profession, having died about two years ago. The deceased is succeeded in his practice by his cousin, Dr. Leith Emslie, from Banff; and from numerous weighty testimonials which have been put into our hands, we think we can safely congratulate the inhabitants of the town and district on the prospect of having such a worthy successor to our late fellow townsman, and so eminent a medical practitioner settled amongst us.—*Fifeshire Journal*.

Sept. 26.—JOHN LEES HUNTER, Esq., L.R.C.S. Edin. 1817, at Wetherby, Yorkshire, aged 55.

Oct. 5.—PAUL FRANCIS CURIE, M.D. Paris, 1824; M.D. Aberdeen, 1815; at 17, Hanover-square, of typhus fever. Dr. Curie was a member of the Gallican Society, author of a "Treatise on Cholera," and a notorious homœopathist.

Oct. 6.—EDWARD JOHN WHITTLE, Esq., Surgeon, (prior to the Act of 1851), after a few days' illness, at his residence, Lamberhurst, Sussex, aged 72. Mr. Whittle was formerly in the Army, but, during the past 39 years, had practised in Lamberhurst, and for 6 years held the appointment of House Surgeon to the Winchester County Hospital.

Oct. 7.—ROBERT BLAKE, Esq., Surgeon R.N., at his residence, Park-place, Mile-end-road, aged 84.

Lately.—WILLIAM HOWE, Esq., of Howden, by a fall from his horse. Mr. Howe was assistant to A. Davidson, Esq., of Seaton, Delaval.

Lately.—JOHN McCULLOCH, Esq., Surgeon, at his residence, Faulkner-street, Liverpool, aged 97.

Lately.—PULTENEY MEIN, Esq., Surgeon, at Airth Castle, North Britain.

Lately.—CONSTANTINE B. O'DONNELL, Esq., a rising Physician of South Boston; educated in the Medical Schools of Dublin, Edinburgh, and Paris.



Lately.—FRANCIS RYAN, M.D., at New Orleans, of yellow fever. Dr. Ryan was a native of Limerick, Ireland.

The late MR. JOHN FARBRIDGE, whose decease was noticed in our last, commenced his professional career as pupil to the late Mr. Elliott, of Newcastle; and, after attending lectures in Edinburgh, commenced practice at Alston, in Cumberland, prior to 1815, where he remained two or three years; afterwards removing to Hexham, where he continued to practice between 30 and 40 years. His practice was chiefly amongst the lower classes, by whom he was greatly respected and much regretted for his naturally open and kind disposition. He was one of those unfortunate individuals who darkened his professional career by *intemperance*, and, in consequence, was often in very straitened circumstances; and at last, in some measure, was the victim of his habits. The immediate cause of his death, which took place on the 22nd of September last, was *Asiatic cholera*, which broke out in this town in the beginning of the month, but which has again subsided, after carrying off about 24 persons. Mr. Farbridge, his wife, and two daughters were amongst the victims, all being carried off in the course of two days. He caught the epidemic whilst assiduously attending the bedside of the suffering, and thus fell a victim to the duties of his profession.

### Medical News.

ROYAL COLLEGE OF PHYSICIANS.—A Deputation from the Royal College of Physicians had an interview (Oct. 5) with the General Board of Health. The Deputation consisted of Dr. Mayo, Dr. Francis Hawkins (Registrar), Dr. Wilson, Dr. Nairne, Dr. Gull, Dr. Barker and Dr. Owen Rees (Censor).

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College, at the meeting of the Court of Examiners on the 7th inst;—Henry Chambers, South Australia; Theodore Duka, Calcutta; James Hester, Oxford; Robert Car Brackenbury Holland, Bristol; Edward Gregg Noot, Gosport; George Whitfield Sparke, North-buildings, Finsbury; John Swift Walker, Sheerness; Charles Yarwood, Birmingham. At the same meeting of the Court, Mr. John Felix Johnson passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College, his diploma bearing date July 14, 1848.

THE FELLOWSHIP.—The next professional examinations for this distinction will take place on Tuesday and Thursday, the 1st and 3rd of November next.

MEDICAL BENEVOLENT COLLEGE.—The Council held their first meeting on Wednesday last, in their new and spacious offices 37, Soho-square, on which occasion it was decided that the second festival, which is to be under most distinguished patronage, should take place in April next.

CAMBRIDGE.—The examinations for the Licence *ad Practicandum in Medicina* will commence on Monday, October 31. Candidates for the degree of Bachelor of Physic will be examined at the same time by the Regius Professor of Physic, the Professor of Anatomy, and the Downing Professor of Medicine. Gentlemen intending to offer themselves for examination, are to signify the same to the Regius Professor of Physic, on or before Monday, October 24.

DURING a discussion between Dr. Draper and Dr. Watson, both of Boston (U.S.), Dr. Watson stated, that during four years and a-half he had taken from the inhabitants of Boston and its vicinity one hundred barrels of blood, and had administered forty-nine pounds of mercury!

THE Washington newspapers (U.S.) state, when speaking of the emigrant Irish, that of a given number not more than one-half survive the fifth year; hard work, fever, and whisky destroying the others.

MEDICAL SOCIETY OF LONDON.—Some of our readers are doubtless aware that the Council of the Medical Society of London have decided to hold special meetings of the Fellows for the consideration of Physiological questions, apart from the ordinary meetings of the Society. No Physiological Society exists in this Metropolis, and with such a multiplicity of societies, it would probably be hazardous to establish a new one,—at least until the want of it had been very generally acknowledged. Yet physiological papers are not well suited for discussion in societies where nearly the whole of the members are actively engaged in the practice of their Profession, although the importance of that department is so well known, and its progress universally hailed and admitted. The proposed plan, therefore, seeks to occupy a midway position, and, by affording a monthly opportunity for the discussion of such subjects, the General Society will be relieved of papers specially adapted to the few; and all those Fellows, whether few or many, who are devoted to physiological inquiries, or who desire to gain information in that direction, may freely, and we trust profitably, engage in the discussion. It was at one time feared lest the abstraction of any paper should induce a deficiency in the ordinary meetings; but the plethoric condition of the list for the ensuing Session has dispelled that doubt. Moreover, there is no reason why a Fellow, or, indeed, any Professional man not a Fellow of the Society, should not contribute to both departments. A certain restriction as to originality has been imposed, but, notwithstanding, many papers are forthcoming; and, as the new arrangements become more widely known, it may reasonably be hoped that they will contribute something to the advancement of science and to the interest of the Parent Society.

### Notices to Correspondents.

NOTICE.—In order to facilitate the transaction of the rapidly-increasing business of the "Medical Circular," and to meet the wishes of those gentlemen desirous of a personal interview, the EDITOR has arranged to attend at the OFFICE, 128, STRAND, every WEDNESDAY, between the hours of Twelve and Two, p.m.

The "Medical Circular" may be procured by an order on any Newsvendor or Bookseller; or it will be sent direct by post from the Office, to subscribers for one year, on receipt of Sixteen shillings; half-yearly subscription, 8s.; quarterly, 4s. Cases for containing the numbers, bound in cloth, 1s. 6d., or by post, 2s. Post-office Orders to be drawn in favour of Thomas Rolfe, Post-office, Charing-cross.

M. D.—Your observations respecting the conduct of the Corporation of Newcastle, in declining to put in force the provisions of the Health of Towns' Act, are very just. It appears that the Local Board of Health represented the necessity of such a measure on various occasions, but the Town Council resisted their advice. We are not acquainted with the composition of the Board of Health, but we are quite satisfied that if all the medical men in a town were associated as a Board of Health, no Corporation could resist their repeated representations. The medical men of the town have memorialised the Home Secretary to send down a Commission of Inquiry to investigate the causes of the recent great mortality from cholera. This movement is intended as a censure on the Corporation.

A LOOKER ON begs to correct our statement that there was only one leading Surgeon present at Dr. Tyler Smith's Introductory Lecture, and instances Mr. Lloyd. We are willing to give the New College the benefit of this name; but where were the rest? Knox is said to have been ill of the California fever, but that the invigorating influence of some metallic preparations has sufficiently recovered him to be able to commence his demonstrations. We hope that he will make himself heard.

MR. THOMAS.—1st, yes; 2nd, yes.

DR. W. (Marylebone).—A note has been sent, but no answer yet received.

A PHYSIOLOGIST.—The "Sarcinae Ventriculi" are cellular bodies supposed to be the result of fermentation.



**INQUIRER.**—The "Air Tractor" was invented by Dr. Simpson as a substitute for the Midwifery Forceps. We do not think that it has been successful, notwithstanding that the principle of the instrument appears so unexceptionable. We apprehend that there must be some difficulty in applying it; but we have no experience of its use.

**MR. J. B.**—We do not remember who was the first person to employ the acetate of lead in the treatment of cholera. Dr. Graves, of Dublin, highly recommended it, as also did Mr. Thom, the Army Surgeon. We have also employed it, and can testify to its power in restraining the rice-water evacuations; but it often failed, and, in consequence of this, we resorted to the nitrate of silver, given in the form of pills, which acted with more certainty and rapidity.

**MR. WILSON.**—Mr. Stanley delivered the Hunterian Oration in 1839.

**A POOR-LAW SURGEON.**—The Clerk to the Board of Guardians. **A PUPIL AND SUBSCRIBER.**—We will inquire about it.

**R.D.**—The letter not having been authenticated, and not suiting our columns, has been destroyed. We cannot preserve *MSS.* whether used or not.

**A QUALIFIED SURGEON.**—We have reason to believe that the intention of the Registrar-General will be modified; but we fear that nothing effectual will be done except through professional action in the several districts. We advise those gentlemen not appointed by the Board, and therefore not entitled to the fee, to send their certificates by *post*, and *unpaid*.

**AN M.R.C.S.** wishes us to inform him of "the cheapest way he can become an M.D."

**QUESTOR** is right in his supposition.

**M.R.C.S.**—1st, no; 2nd, it can be tried in a County Court; 3rd, both parties are practising illegally.

**MR. J. B. C.**—Communication received. The numbers have been sent.

**LECTOR.**—The Licence of the Apothecaries Society is not absolutely required; any other medical qualification will suffice.

**M. D. (London).**—The graduates were defeated, and they are not likely to succeed on a future occasion.

**DR. SPENCER THOMSON.**—Dr. Junod's address is 29, Cardington-street, Hampstead-road, from whom the information can be obtained.

**M. VICTOR MASON.**—The first number of your new Journal, *Gazette Hebdomadaire de Medicine et de Chirurgie*, is received. The exchange will be made with much pleasure.

**DR. YOUNG.**—Communication received.

*To the Editor of the "Medical Circular."*

**SIR,**—Is it to the benefit of the public that medicine should continue to be wrapt up in mystery, or, as it is termed, "dog latin;" and to be practised, whether understood or not, by members of the faculty only? There is much controversy at the present time, and rightly so, on the treatment of cholera; some advocate one mode, and some another. I apprehend it matters little in what way calomel, opium, ether, brandy, ammonia, saline or venous injections, with all the other etceteras are administered. If these agents are employed, the results will not materially differ, as Newcastle and Gateshead again too plainly testify. Cayenne pepper has lately been prominently noticed by the press, but only one member of the medical profession, an M.D., has deigned to give an opinion, and that in very vague terms, on its merits as an antidote for cholera. Dr. Mackintosh writes in the "Times," "I have lately tried it in a case of malignant cholera, which ultimately proved fatal." "The administration of cayenne pepper in brandy was not followed by the slightest tendency to reaction." As this is a subject of great national importance, will Dr. Mackintosh further inform the public, through the press, how much cayenne he administered in a dose, and how often? Sure I am that fifteen grains (and I have administered thirty) could not be given every half-hour without producing corresponding beneficial effects. The question of medicine is being much canvassed, and you will oblige a very large number of the laity by inserting these remarks, some of whom I know take in your "Circular" regularly, and which is the only medical periodical I have ever known the public to take any interest in. I am convinced a *liberal* medical journal would soon become popular. I am, &c., **RECHERCHEUR.**

London, Oct. 13, 1853.

[We have inserted this letter in the hope that some professional reader will notice the important subject; but we advise our lay correspondent, for such he seems to be, not to meddle with edged tools. Cayenne pepper is an agent of considerable power; it has been often tried in cholera, and failed; but we shall be glad to receive more evidence.]

**MR. GRIFFITHS, M.R.C.S.**—The combination you recommend being a well known empirical formula, and administered in all sorts of diseases, cannot be seriously discussed. We are ready to concur that either drug may be useful in appropriate cases, but we decidedly object to the formula associated with the pretensions claimed for it by its authors.

**PROFESSOR J. S. COX.**—Communication received.

## ADVERTISEMENTS.

**United Kingdom Life Assurance COMPANY.**—Established by Act of Parliament in 1834, 8, Waterloo-place, Pall-mall, London.

### HONORARY PRESIDENTS.

Earl of Courtown. Lord Elphinstone.  
Earl of Leven and Melville. Lord Belhaven and Stenton.  
Earl of Norbury. W. Campbell, Esq. of Tillichewan.  
Viscount Falkland.

### LONDON BOARD.

**CHAIRMAN.**—CHARLES GRAHAM, Esq., F.S.A.

**DEPUTY-CHAIRMAN.**—CHARLES DOWNES, Esq.

H. Blair Avarne, Esq. J. G. Henriques, Esq.  
E. Lennox Boyd, Esq., RESIDENT. R. H. Macdougall, Esq.  
Charles Berwick Curtis, Esq. F. C. Maitland, Esq.  
William Fairlie, Esq. William Railton, Esq.  
D. Q. Henriques, Esq. Thomas Thorby, Esq.

### MEDICAL OFFICER.

Arthur H. Hassall, Esq. M.D. 8, Bennett-street, St. James's.

The Bonus added to Policies from March, 1834, to December 31, 1847, is as follows:—

Sum Assured.	Time Assured.	Sum added to Policy in 1841.	Sum added to Policy in 1848.	Sum payable at Death.
£	Yrs. Mts.	£ s. d.	£ s. d.	£ s. d.
5,000	13 10	683 6 8	787 10 0	6,470 16 8
*1,000	7 0	. . . .	157 10 0	1,157 10 0
500	1 0	. . . .	11 5 0	511 5 0

\* **EXAMPLE.**—At the commencement of the year 1841 a person aged 30 took out a policy for £1,000, the annual payment for which is £24 1s. 8d.; in 1847 he had paid in premiums £168 11s. 8d.; but the profits being 2½ per cent. per annum on the sum insured (which is £22 10s. per annum for each £1,000), he had £157 10s. added to the policy, almost as much as the premiums paid.

The premiums, nevertheless, are on the most moderate scale, and only one-half need be paid for the first five years, when the Insurance is for Life. Every information will be afforded on application to the Resident Director.

**Argyll Baths, 10, Argyll-place,**

REGENT-STREET,

AND AT 5, NEW BROAD-STREET, CITY.

### TERMS:

**WARM BATHS—ONE SHILLING EACH.**

Reserved Rooms, including the Ladies' Department, One-and-Six-pence each; Twenty-one Transferable Tickets, One Guinea.

Vapour, Sulphur, and Harrowgate Baths, 3s. 6d. each—8 for 21s. Hot Air, Mercurial, and other dry Fumigating Baths, 5s. each—6 for 21s.

Portable Warm Baths sent out within ten miles of London. Single Bath (with hot linen, &c.), within one mile of Argyll-place, 5s.; every additional mile, 1s. extra.

An idea may be formed of the capacity of these Establishments when it is stated that upon their erection and completion upwards of £30,000 has been expended, and that at each place one hundred Baths can be given in an hour.

**Dr. Pereira.—This late Eminent**

Physician's opinion of **HARDS' FARINACEOUS FOOD** for Infants and Invalids:—

"I have carefully examined, and repeatedly prescribed 'Hards' Farinaceous Food' (See Pereira's 'Treatise on Food and Diet,' pp. 309 and 473, &c.), which is prepared from the most nutritious of the cereal grains. It combines both nitrogenised and non-nitrogenised alimentary principles, and forms a very valuable food for children and invalids.

"JOHN PEREIRA, M.D., F.R.S.,

"Assistant-Physician to the London Hospital.

"47, Finsbury-square, July 1, 1843."

Sold by Chemists and Druggists, Patent Medicine Vendors, Tea Dealers, and Italian Warehousemen, in 1s. and 2s. packets, and tin cases, 7s. 6d. each. Observe—all genuine packets and cases are signed "Jas. Hards," and manufactured at the Royal Victoria Mill Dartford, Kent.



## Hunterian School of Medicine

founded by the late GEORGE DARBY DERMOTT.—The Pupils of this old established School are requested to attend a Meeting at 7 p.m. on WEDNESDAY, the 19th inst., at the above place, to hear what arrangements have been made for their receiving LECTURES for the present Session, at RECOGNISED INSTITUTIONS.  
October 11, 1853.

### BOARD IN EDINBURGH.

## A Medical Gentleman in the New

Town of Edinburgh, can receive into his family Two Young Gentlemen as BOARDERS. Apply to D. C. F., care of Mr. Irvine, Scotsman Office, Edinburgh.

## Mayall's Daguerreotype Portrait

GALLERIES, 224, Regent-street, corner of Argyle-place, and 443, West Strand.—Mr. Mayall invites inspection of his newly patented process for producing crayon effects in daguerreotype miniatures, also his extensive collection of original portraits of parliamentary, scientific, literary, and theatrical celebrities. Portraits taken daily in the highest style of art. "Mr. Mayall's crayon pictures are much distinguished for the beauty of their execution, the tint being harmonious and neutral, the various textures of flesh, hair, drapery, &c., discriminated with a painter's taste, and an entire absence of a certain commonness of aspect which has tended hitherto to disparage this art."—Athenæum.

## To Authors, Publishers, etc.—Wood

ENGRAVINGS.—Illustrations for Books, Periodicals, Newspapers, and every class of Wood Engravings executed in a superior style, at reasonable prices, by GEORGE DORRINGTON, Designer and Engraver on Wood, 4, Ampton-street. Gray's Inn-road.

TESTIMONIALS.—"We are much pleased with your Engraving, and are obliged by your punctuality."—Cambridge Advertiser. "We are quite satisfied with your workmanship."—Edinburgh Evening Post. "The Engraving does you great credit."—Leicester Chronicle. "The Engraving has worked admirably, we are perfectly satisfied with it."—Cambridge Independent Press. "Your acclarity, business-like tact and system are admirable."—Sheffield Times. "We are quite satisfied with the Engravings; they have our entire approval."—Derbyshire Courier. "The workmanship is very creditable to you, and worthy of the patronage of the press."—Nottingham Review. "We can fully bear out the encomiums of other newspapers on your ability and punctuality."—Sherbourne Journal. "We have much pleasure in bearing testimony to your promptitude in the execution of Engravings, and also to the general excellence of the work."—Leicester Mercury.

ESTIMATES AND SPECIMENS POST-FREE.

### IMPORTANT TO THE MEDICAL PROFESSION.

## Davenport's Syrup of the Iodide of QUININE and IRON.

FROM DR. GOLDING BIRD.—"48, Russell-square.—I have now for some time employed pretty largely the triple Compound of Iodide, Quinine, and Iron, prepared by Mr. John T. Davenport, in the form of Syrup. I do not hesitate to express my opinion of its great value as a therapeutic agent. It has appeared to me, that the Quinine assisted the assimilation of the Iron, and I have found it to be of very great value in cases in which the Iodide of Iron is recognised. This triple Compound possesses many advantages over the simple Iodide, and not the least of them is, the satisfactory manner in which it is tolerated by the stomach, especially if administered (as all preparations of Iron ought to be) immediately after a meal."—GOLDING BIRD, A.M., M.D., F.R.S., Fellow of the Royal College of Physicians, Physician and Professor of Materia Medica at Guy's.

FROM DR. GEO. P. MAY.—"Having for some time past extensively used the ternary compound of Quinine, Iodide, and Iron, prepared by Mr. J. T. Davenport, I can with confidence testify to its marked efficacy in cases of Struma and Anæmia, and, indeed, in all instances in which the exhibition of Iron and its compounds is indicated. This preparation appears to combine all the therapeutic powers of its constituents without their nauseous qualities, which renders it an admirable medicine in the treatment of some of the disorders of childhood."—Geo. P. May, M.D.—Maldon."

SYRUP OF THE IODIDE OF ZINC, as prepared for Dr. Barlow, of Guy's Hospital.

TARAXACUM (Davenport's) LIQUOR, or FLUID EXTRACT, Prepared by Spontaneous Insipissation, possesses every characteristic of the fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm. 6s. per lb.

CITRATE OF QUININE AND IRON. 25 per Cent. Quinine, 4s. 6d. per oz.

SYRUP OF THE IODIDE OF IRON. P. L. 3s. per lb.

BIMECONATE SOLUTION OF OPIUM. Professional testimonials acknowledge this preparation to be the most efficient sedative extant. The unpleasant effects of ordinary opiates are entirely obviated. Dose, fifteen to thirty drops. 8d. per oz.

COTYLEDON UMBILICUS. The Solid and Fluid Extracts, 1s. 3d. and 1s. per oz.; also, the Preserved Juice, 5s. 4d. per lb., as recommended by Mr. Salter, of Poole, in Epilepsy.

J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 33, Great Russell-street, Bloomsbury. A List of Preparations forwarded on application.

## Mr. Rymer's Preparations for the

Teeth.—RYMER'S CLEANSING POWDER for Artificial Teeth, and RYMER'S PRESERVATIVE DENTIFRICE are the most Elegant and Efficient Preparations before the public. Applications for Agencies to be addressed to Mr. Rymer, Dentist, Croydon, Surrey. Wholesale Agents: Dutton and Co., Bow Church-yard; Dietrichsen and Hannay, Oxford-street, London; also Raimies, Edinburgh. Retail price, Two Shillings and Ninepence per Box.

## Indian Bael.—"As to the Bael Fruit,"

says a professional friend in Calcutta, "I consider it the most certain remedy we possess for Dysentery and Diarrhoea. I have frequently seen it arrest the progress of these diseases in twenty-four hours, after all other medical treatment had failed.—See "Practical Observations," by J. R. Martin, Esq. F.R.S., "Lancet," July 16.

The Bael is imported and sold Wholesale, both in the ripe and unripe state, and in the form of Concentrated Decoction, by M. POUND, Chemist, 198, Oxford-street.

## Jozeau's Copahine-mege, or Sac-

charated CAPSULES, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhœa, Gleet, and Leucorrhœal Discharges, on an average of six days (see "Lancet" of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by G. JOZEAU, sole French Chemist, 49, Haymarket, London; and JOZEAU, Pharmacien, 161, Rue Montmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with the name of Gabriel Jozeau printed thereon.

## Drug Price Currents forwarded, free

of Postage, on application, by Messrs. HEWLETT and GODDARD, Wholesale Druggists, 6, Arthur-street West, Upper Thames-street, near London-bridge, containing the ready-cash prices for Drugs and Pharmaceutical Preparations of the purest quality. Messrs. H. and G. solicit the attention of the Medical Profession resident in the Provinces, Infirmary Committees, Dispensaries, &c., &c., to the advantages attendant upon the above Price Current.

### JOHN HARVEY, NEPHEW AND SUCCESSOR

TO THE LATE

### ANDREW SPRINGWEILER,

No. 2, Duke-street, Smithfield, London,

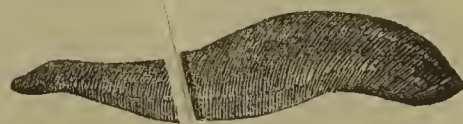
## Medicine Chest and Dressing Case

MAKE'R. Ship Medicine Chests according to Act of Parliament. EMIGRANT CHESTS, &c. for all Climates.



Chemical and Plate Chests, Toilette, Jewel, Liqueur, and Sample Cases, Writing Desks, Despatch Boxes, &c., &c.

Wholesale and for Exportation.—Warranted to stand any Climate. It having been reported that the business has been removed, J. H. begs to inform the Medical Profession, that he, as Executor and Successor to the late A. SPRINGWEILER, solicits a continuance of their patronage.



## Pure and Healthy Leeches.—

POTTER and HAILEY beg to assure the Profession, Druggists, &c., that the Leeches they offer are such as can be recommended for Purity, Health, and Readiness of Biting.

Importers of Leeches and Turkey Sponge, Herbalists, &c., 66, Farringdon-market, London.

Established upwards of Forty Years.



## Medical Agency, 50, Lincoln's-inn-fields, Conducted by

**MR. BOWMER, M.R.C.S.L.**

All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.

(OFFICE HOURS, 11 TILL 4.)

## Royal College of Physicians, Degree

OF M.D., APOTHECARIES' HALL, &c.—DR. COOKE continues to assist (personally or by correspondence) Gentlemen desirous of Graduating in Medicine or Surgery, or of Matriculating at British or Continental Examining Boards.—For terms, &c., apply to DR. COOKE, East Temple Chambers, 2, Whitefriars-street, Fleet-street.

## Apothecaries' Hall, College of

Surgeons.—DR. STEGGALL continues to assist gentlemen in their studies, preparatory to Examination at the Royal College of Physicians, College of Surgeons. Apothecaries' Hall, St. Andrew's, Aldgate, &c., either in class or separately.—For terms, &c., apply before One, and after Three o'clock, daily, at 2, Southampton-street, Bloomsbury-square, London.

## Rumble's Improved Elastic Bodice,

recommended by eminent Physicians.—This superior and much improved Elastic Bodice can with confidence be offered to ladies, as surpassing any yet made; it fastens easily in front, retains its firmness and elasticity, and by a peculiar system, adopted by Mrs. Rumble, a perfect fit is ensured. To be obtained only of the manufacturer, M. Rumble, 2, Welbeck-street, Cavendish-square, opposite the Savings Bank.

STAYS SUPERSEDED.

## Great Exhibition Elastic Bodice.

—Stiff Stays destroy natural grace, produce deformity, and implant disease. Curvature of the spine, consumption, and a host of evils arise from their use. MARTIN'S ELASTIC BODICE is without whalebone or lacing, at the same time furnishing a sufficient support, and imparting to the figure that natural elegance, which is quite impossible under the pressure which is the great aim, as mischief is the certain end, of all kinds of stays. The time and patience of the wearer are also spared, by a simple fastening in front, to obviate the trouble of lacing. As there are several imitations of these celebrated Bodice, it is necessary to inform the Public that they can be obtained only of the Inventors and Manufacturers, E. AND E. H. MARTIN, 504, New Oxford-street.

A Prospectus, &c., on receipt of a stamp, can be sent by post.

## The Respirator.—The extensive

use of Mr. JEFFREYS'S Respirator by sufferers from irritation in the air passages and lungs, renders it desirable that the attention of the profession should be invited to the different forms of the instrument. These are—for the mouth, THE FIXED ORAL RESPIRATOR, and the HAND ORAL—the latter so convenient in form as to supersede in many cases a necessity for the former. The NASAL for the nostrils, and the ORINASAL to cover both orifices, are instruments used chiefly at night, to promote rest by allaying cough and irritation. The earlier and more steadily the Respirator is employed in the forms needed, the sooner does the patient cease to require it. There can be no greater mistake in therapeutics than to defer the employment from a fear of inducing a dependence on it, the very contrary being true in theory and in all experience. A pamphlet, entitled "Answers to Objections, &c.," and procurable at all the Depots, may be worth the attention of medical men, as containing philosophical replies to mistaken views. West-end Depot, 25, Holles-street, Oxford-street.—S. Griffiths. Wholesale Office, City, 25, Bucklersbury. The leading Chemists, and Instrument Makers are Agents for Mr. Jeffreys's Respirators.

## For Varicose Veins & Weakness.—

SURGICAL ELASTIC STOCKINGS, AND KNEE-CAPS on a New Principle, pervious, light in texture, and inexpensive, yielding a permanent, efficient, and unvarying support under any temperature, without the trouble of Lacing and Bandaging: likewise, a Strong, Low-priced Article for Hospitals and the Working Classes: ELASTIC NET CORSETS of the same beautiful fabric, ABDOMINAL SUPPORTING BELTS, for both sexes, those for ladies' use before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instructions for measurement, and prices on application, and the articles sent by post, from the Manufacturers,

POPE and PLANTE, 4, WATERLOO-PLACE, PALL-MALL, LONDON.

The Profession, Trade, and Hospitals supplied.

## Prize Medal, Great Exhibition,

1851.—The only one granted for CORSETS in the United Kingdom, was awarded by the MEDICAL JURY to MADAME CAPLIN, 58, Berners-street, Oxford-street, for her HYGIENIC CORPIFORM CORSETS, Elastic Bodice, Belts, &c. For a description of the merits of the above, see Dr. Tilt's great work, "Elements of Female Hygiene."

## Dissecting and all other Surgical

Instruments, best quality, and lowest price. ELASTIC STOCKINGS from 5s.; URINALS, for Railway or Night use, from 12s.; ENEMAS at all prices, at

**PRATT & CO'S**

420, OXFORD-STREET, LONDON.

## Horne, Thornthwaite, and Wood,

PHILOSOPHICAL AND CHEMICAL INSTRUMENT MAKERS, 122, and 123, NEWGATE-STREET, LONDON.

Medical Achromatic Microscopes, in Case, for Anatomical Urinary Deposits, &c., £2 2s., £5 5s., and upwards.

Electro-Galvanic Machines, giving a uniform Current of Galvanism of great quantity, in one direction only, and of the only form and construction suitable for medical application, in portable case, £3 3s., £5 5s., and £8 8s.

Urinometers, gilt metal, 14s.; glass, 4s. 6d.; in case for pocket with Thermometer, Acid, &c., 21s. and 35s.

Apparatus and Tests for Analyses of Urine, and Toxicology. In Cases, £3 3s., £5 5s., and £10 10s.

## To Surgeons Emigrating, & Others.

—SURGICAL INSTRUMENTS.—The friends of a Surgeon, lately deceased, are desirous of disposing of his surgical instruments, consisting of—Amputating, Trephining, Lithotomy, Ophthalmic, and other instruments, all of which will be sold at a very moderate price. Also an Anatomical figure adapted for Lectures. To be seen at the Office of this Journal, between the hours of 10 and 5 o'clock.

## Skeleton and Skull Repository,

45, Museum-street, Bloomsbury, London. JOHN HARNETT begs most respectfully to call the attention of Lecturers, Students, and Gentlemen connected with the Medical Profession, to his large and select Stock of Anatomical Preparations, consisting of Skeletons, loose and articulated Skulls, Hands and Feet, Vertebrae, and Loose Bones, at the lowest possible prices.

## Members of the Medical Profession

and the Public are respectfully requested, before furnishing, to inspect the extensive and well-selected Stock at RICHARD A. C. LOADER'S CABINET AND UPHOLSTERY WAREHOUSES, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

The Stock comprises every requisite for furnishing, at as low a price as goods of a guaranteed quality can be supplied. Catalogues gratis.

RICHARD A. C. LOADER, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

BANKS OF DEPOSIT AND SAVINGS BANKS.

INVESTMENT OF CAPITAL.

NATIONAL ASSURANCE & INVESTMENT ASSOCIATION TRUSTEES.

The Right Hon. the Earl of Besborough.

The Right Hon. Lord George Paget, M.P.

The Right Hon. Lord Templemore.

The Hon. Henry Fitzroy, M.P.

The Rev. Joseph Prendergast, D.D. (Cantab.), Lewisham.

George Stone, Esq., Lombard-street.

Matthew Hutton Chaytor, Esq., Reigate.

## Persons desirous of investing Money

are requested to examine the Plan of this Association by which a high rate of Interest may be obtained combined with perfect security.

Prospectuses and full information may be had at the Office, or sent post free, on application. PETER MORRISON,

Managing Director

, St. Martin's place, Trafalgar-square, London.

The Publisher of the "MEDICAL CIRCULAR," in answer to several enquiries from the country, begs to state that the following are the terms for inserting Advertisements:—

Four lines and under	£0 2 6
Every additional line	0 0 6
Whole Column	2 15 0
Whole Page	5 5 0

London: Printed by WILLIAM TROUNCE, at his Office, No. 9, Cursitor-street, Chancery-lane, in the Parish of St. Andrew, Holborn, in the County of Middlesex; and published by CHARLES JAMES HARRIS, at No. 125, Strand in the City of Westminster.—October 19th, 1853.



THE

MEDICAL CIRCULAR

AND

General Medical Advertiser.

No. 43. NEW SERIES. }  
No. 69. }

WEDNESDAY, OCTOBER 26, 1853.

{THREEPENCE.  
STAMPED, 4d.

TABLE OF CONTENTS.

	Page		Page
Leading Articles:		Anatomy of Quackery, No. XXXI....	322
Medical Boards of Health ...	313	Biographical Notices ...	323
Militia Surgeons ...	314	Correspondence ...	324
Mirror of Periodical Literature ...	314	Medical Societies ...	326
Contents of the Medical Journals ...	318	The Cholera ...	328
Books received for Review ...	319	East Surrey Cholera Society ...	330
Bibliography ...	319	Obituary... ..	330
Reviews ...	320	Medical News ...	330
Original Communications ...	320	Notices to Correspondents...	331
Hospital Reports ...	321		

On the First of January next will be published, most carefully revised, and with many new features, which will add greatly to the utility of the Works,

THE LONDON AND PROVINCIAL MEDICAL DIRECTORY. Price to Subscribers, 6s.; Non-Subscribers, 7s. 6d.

THE MEDICAL DIRECTORY FOR IRELAND. Price to Subscribers, 4s.; Non-Subscribers, 5s.

THE MEDICAL DIRECTORY FOR SCOTLAND. Price to Subscribers, 4s.; Non-Subscribers, 5s.

OBSERVE, that the above are the only Medical Directories, published by Mr. John Churchill, Princes-st., Soho, one of which (the London and Provincial) has been the Index to the Profession for the last eight years, and has received the warmest commendations both from the medical and general press. The utmost pains are taken in the compilation of these works, which are found in all Public Offices, Scientific Institutions, &c., and are constantly referred to in the Courts of Law. Office, 128, Strand, where all communications are to be addressed. C. J. Harris, Secretary.

The Synoptical Chart of the "Medical Circular" is now ready, with considerable additions, marginal notes, and explanations, giving at a coup d'œil a complete Synopsis of the Classes, Lecturers, Hours, Fees, &c., of every recognised Medical School in England. To be had at the Office of this Journal, price 6d.

Nos. 5, 9, 13, (New Series) of the "MEDICAL CIRCULAR."—Any gentleman possessing these Numbers, and who may be willing to dispose of the same, will greatly oblige by forwarding them to the Publisher, who will immediately return the full price in Postage Stamps, or exchange them for any other Number, if desired.  
Office, 128, Strand.

The First Meeting of the Harveian SOCIETY OF LONDON will be held at the Society's Rooms, 64, Edgeware-road, on Thursday, November 3rd, at 8, P.M., when the Introductory Address will be delivered by the President, Dr. Richard Quain.  
C. Handfield Jones, M.D., F.R.S. } Honorary Secretaries.  
W. J. Anderson, F.R.C.S. }  
Legally qualified practitioners are admitted on presentation of their cards.

To all Bad Writers.—Mr. T. H. CARSTAIRS continues to give LESSONS to Ladies and Gentlemen in his highly improved METHOD OF WRITING, enabling all those who require it to obtain a command and freedom seldom (if ever) equalled. Prospectuses of terms, &c., may be had at the Establishment, 81, Lombard-street, City.

On True and False Spermatorrhœa :  
With a view to the Correction of wide-spread Errors in relation to the Treatment and Cure of the Impulssant and Sexual Hypochondriacs, in general. Translated from the German of Dr. PICKFORD. Baillière, 219, Regent-street, & 290, Broadway, New York

WILL BE PUBLISHED ON THE 28TH NOVEMBER,  
The Visiting List for 1854. Eighth Edition. Cheap Issue. With a view to place the forthcoming Issue of THE VISITING LIST within the reach of every Member of the Profession, the Price of the Work has been greatly Reduced, and the bulk so diminished as to render even the largest edition strictly a pocket book. Subscribers for 1854 may be assured that THE VISITING LIST will appear on the day announced; and they are recommended, in order to insure prompt delivery, to address their order direct to the Office, 52, Long Acre, London.

REDUCTION OF PRICE.		SCALE OF VARIOUS EDITIONS.	
		Cloth.	Roan Tuck, Pockets and Pencil.
		s. d.	s. d.
No. 1. With LISTS for 25 PATIENTS,		2 6	3 6
" (a.) With JOURNAL also .....		3 6	4 6
No. 2. With LISTS for 50 PATIENTS,		3 6	4 6
" (a.) With JOURNAL also .....		5 6	6 6
No. 3. With LISTS and JOURNAL } for 75 PATIENTS		5 6	6 6

Payments may be made by an Order on the Bloomsbury Money Order Office, in favour of JOHN SMITH, 52, Long Acre, London.



## MR. HOOPER'S IMPROVED INVALID WATER OR AIR CUSHIONS, AND MATTRESSES OR BEDS.

Being made of prepared India-rubber, without the admixture of cloth materials, Leakage is avoided.  
See the "LANCET," Jan. 25, 1851.



**CUSHIONS FOR BED-SORES.**—Whether threatened with Sloughing, or in which Sloughing has taken place, Fractures, Diseased Joints, Ulcerated Cartilages, Coldness of the Stomach, Pain in the Bowels, Spasms, Lassitude, Typhoid and other Fevers, Gouty and Rheumatic Affections, Cancer, Ovarian Dropsy, Coldness of the Stomach and Feet, Consumptive and all Bed-ridden Patients. They are simply placed on an ordinary mattress, and covered with two or three blankets and a sheet as an ordinary bed.  
For further reports of their utility, see Mr. Caesar Hawkins's Letter in the "Lancet," Oct. 27, 1849; Dr. Hake's Letter in the "Provincial Medical and Surgical Journal," Nov. 1, 1850; Dr. Thorn's Letter, "Medical Times," March 20, 1851; also the "Institute," February 8th, and the "Lancet," Jan. 25th, and Feb. 15th, 1851. 7, Pall Mall East, and 55, Grosvenor Street.

### New Truss for Hernia.—F. Walters

begs to call attention to his NEW TRUSS, with improved *water-pad*. The advantage of water is, extreme softness and the certainty of the pressure being always in the proper place. This truss has received the approbation of the most eminent surgeons, many of whom pronounce it the most perfect ever yet produced. F. W. can, therefore, confidently recommend it to all those requiring such assistance. Manufactured only by F. Walters, of whom can be had the new double-action Cycloidal Enema Syringe; also Walters's celebrated Railway Convenience for Ladies and Gentlemen. —F. Walters, 16, Moorgate, City.

### Soyer's Aromatic Mustard.—"M."

Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration." —LANCET.  
Sole Agents: Messrs. CROSSE AND BLACKWELL, 21, Soho-square, London.

### Scarlett's Portable Invalid Soup.—

SCARLETT and SON respectfully inform the public that the SOUP made by them expressly for invalids, so strongly recommended by Dr. Marshall Hall and other medical gentlemen, will be found very beneficial. 2s. 6d. per quart, or 1s. per lb.  
26, King William-street, London-bridge.

### Arrowroot, 8d. per lb., in 14lb. Tins,

warranted genuine, imported direct from the West Indies. Finest Brazilian Isinglass, 8s. 6d. per lb. Samples per post on receipt of two stamps. Delivered free to any part of England.—H. WARREN & CO., 302, Regent-street, London.

### Genuine Wines.—Pale or Brown

Sherry, 33s. per dozen. A very superior Amontillado Sherry 42s. per dozen. Old Crusted Port, 34s., 42s., and 48s. Hock, 36s. Moselle, 36s. Claret, 30s. Champagne, in splendid condition, 40s. per dozen. THE FINEST BLACK TEA imported, 4s. per lb.  
H. WARREN & CO., Importers of Continental and Colonial Produce, 302, Regent-street (nearly opposite the Polytechnic), London.

### To Invalids and those desirous of

**PRESERVING HEALTH.**—The Sanitary Commission instituted by THE LANCET having pronounced the Cocoa purchased at 15, Rathbone-place, Oxford-street, to be "entirely free from deleterious admixture," the attention of the public is directed to EDMONDS and Co's HOMŒOPATHIC COCOA, at 1s. 6d. per lb. Edmonds and Co., Tea Dealers, &c., 15, Rathbone place, Oxford-st.

### To Surgeons Emigrating, & Others.

—SURGICAL INSTRUMENTS.—The friends of a Surgeon, lately deceased, are desirous of disposing of his surgical instruments, consisting of—Amputating, Trephining, Lithotomy, Ophthalmic, and other instruments, all of which will be sold at a very moderate price. Also an Anatomical figure adapted for Lectures. To be seen at the Office of this Journal, between the hours of 10 and 5 o'clock.

### Dissecting and all other Surgical

Instruments, best quality, and lowest price. ELASTIC STOCKINGS from 5s.; URINALS, for Railway or Night use, from 12s.; ENEMAS at all prices, at

**PRATT & CO'S**

420, OXFORD-STREET, LONDON.

### Teeth.—By Her Majesty's Royal

Letters Patent.—Newly-invented and Patented application of Chemically prepared White India-rubber in the construction of Artificial Teeth, Gums, and Palates.—Mr. EPHRAIM MOSELY, Surgeon-Dentist, 61, Grosvenor-street, Grosvenor-square, sole Inventor and Patentee.—A new original, and invaluable invention, consisting in the adaptation, with the most absolute perfection and success, of CHEMICALLY-PREPARED WHITE INDIA-RUBBER as a lining to the ordinary gold or bone frame. The extraordinary results of this application may be briefly noted in a few of their most prominent features, as the following:—All sharp edges are avoided; no springs, wires, or fastenings are required; a greatly increased freedom of suction is supplied; a natural elasticity, hitherto wholly unattainable, and a fit perfected with the most unerring accuracy, is secured; while, from the softness and flexibility of the agent employed, the greatest support is given to the adjoining teeth when loose, or rendered tender by the absorption of the gums. The acids of the mouth exert no agency on the chemically-prepared white India-rubber, and as it is a non-conductor, fluids of any temperature may with thorough comfort be imbibed and retained in the mouth, all unpleasantness of smell or taste being at the same time wholly provided against by the peculiar nature of its preparation. To be obtained only at 61, Grosvenor-street, London; 22, Gay-street, Bath; 34 Grainger-street, Newcastle-on-Tyne.

### Prize Medal, Great Exhibition,

1851.—The only one granted for CORSETS in the United Kingdom, was awarded by the MEDICAL JURY to MADAME CAPLIN, 58, Berners-street, Oxford-street, for her HYGIENIC CORPIFORM CORSETS, Elastic Bodice, Belts, &c. For a description of the merits of the above, see Dr. Tilt's great work, "Elements of Female Hygiene."

### The Respirator.—The extensive

use of Mr. JEFFREYS'S Respirator by sufferers from irritation in the air passages and lungs, renders it desirable that the attention of the profession should be invited to the different forms of the instrument. These are—for the mouth, THE FIXED ORAL RESPIRATOR, and the HAND ORAL—the latter so convenient in form as to supersede in many cases a necessity for the former. The NASAL for the nostrils, and the ORINASAL to cover both orifices, are instruments used chiefly at night, to promote rest by allaying cough and irritation. The earlier and more steadily the Respirator is employed in the forms needed, the sooner does the patient cease to require it. There can be no greater mistake in therapeutics than to defer the employment from a fear of inducing a dependence on it, the very contrary being true in theory and in all experience. A pamphlet, entitled "Answers to Objections, &c.," and procurable at all the Depots, may be worth the attention of medical men, as containing philosophical replies to mistaken views. West-end Depot, 25, Holles-street, Oxford-street.—S. Griffiths. Wholesale Office, City, 25, Bucklersbury. The leading Chemists and Instrument Makers are Agents for Mr. Jeffreys's Respirators.



## The Medical Circular.

WEDNESDAY, OCTOBER 26, 1853.

### MEDICAL BOARDS OF HEALTH.

OUR recommendations on the subject of Local Boards of Health have not been offered in vain. We have received tidings from various quarters that our views are likely to be acted on, and that, for once, a united effort will be made by the Profession for scientific objects. We observe with pleasure that the EAST SURREY SOCIETY, founded by Mr. Richardson, of Mortlake, to whom the credit of suggesting the idea of this Association is due, has commenced proceedings, and is about to enrol members. We exhort all those medical gentlemen resident in the district to send in their names, that there may be no lukewarmness in so noble a cause, and that a grand and comprehensive co-operative effect may be made to register and analyse the phenomena of the present pestilence.

In nearly all particulars the East Surrey Society has adopted the scheme we had previously laid down, but we trust that one portion of the design will not be neglected—that of collating and tabulating the therapeutical facts observed in the practice of the several members. We consider this to be one of the most important objects, and that especially promising the most successful results. Societies such as these offer advantages also for studying the meteorological and pathological phenomena of the disease, and of thereby discovering the laws which not only govern the cholera pestilence in particular, but regulate the progress and development of all other epidemics.

We are pleased to be informed that some of the gentlemen present at the meeting—Mr. Grainger particularly, urged the expediency of *every member of the Profession* resident within the Society's limits joining the Association, because we consider that the amicable, and therefore successful, working of these Boards will depend upon the cordial and earnest co-operation of the Profession at large. Any man who stands back, where there is an opportunity of joining such a body, will not do his duty either to science or to society.

It has been intimated to us that the practitioners in the large and populous parish of St. Pancras are also moving, in order to establish a Local Medical Board, and we trust that we shall soon be able to announce its formation. What is St. Marylebone doing? And what, too, the City of London? Over the latter district an officer of health presides, but we know that he is deficient in the means required to present such a history of the disease and its phenomena as we desiderate. Let the practitioners in that locality—of all the districts north of the Thames the most severely ravaged during the last visitation—unite to second his efforts, and to set an influential example to the other cities and boroughs of the empire.

While the Profession are engaging in the great work, our contemporaries also show that they are becoming sensible of the importance of our views. The "Lancet," with whom unhappily we are not often in agreement, has recently urged the expediency of some comprehensive measures being adopted, with the view to mitigate the fatality of the epidemic, and to analyse its phenomena. For these purposes it has recommended the establishment of a Government Cholera Commission; and, with certain precautions, we accept its counsel, for it is obvious that a central body is absolutely necessary, if not to organize the machinery, at least to generalize the results obtained. A Government Commission, as suggested by our contemporary, without local organisation, would of course be a bauble and an absurdity; and local organization, without a central and supreme head, would be incomplete.

We have no especial affection for the present Board of Health, which, with all its faults, we conceived might, on an emergency, be converted to a useful purpose, and we fear that even the College of Physicians, being a special body, would scarcely gain the confidence of a large number of our brethren. On this account, in our first article, we suggested the formation of a JOINT BOARD OF PHYSICIANS AND SURGEONS, which might be nominated by the two Colleges, and would thus sufficiently represent the various interests and classes in the profession. We think that such a Board would be the best that could be devised.

A Government Commission established after the old maxims, and composed of lawyers, engineers, and budding politicians, would be disclaimed by the profession, and would be no better, if so good, as the present Board of Health, which is, in fact, a Government Commission in actual operation. A Government Commission, such as that formed on the first invasion of cholera in 1831-2, and composed of Drs. Barry and Russell, and acting independently of the profession, would be also unsatisfactory, as its functionaries would be regarded rather as spies than as fellow-labourers in the common cause of science.

The most satisfactory mode, therefore, in which the government could carry into effect the general desire, would appear to be to consult the Colleges of Physicians and Surgeons, and to authorise them to nominate a Board for ultimate approval and appointment by the Secretary of State. How could the public money be better employed than in enabling such a Board to carry on its important investigations? Millions of pounds have been expended on objects far less honourable and beneficial.

We know yet very little about cholera. The two last epidemics came and went and left few reliable records. The only attempts to generalise the information recorded were made by Mr. Ross for the first epidemic, and by Mr. Farr, with larger means, for the second. Although the amount of actual knowledgo these gentlemen have established is small, yet it is important, and should be an incentive to future exertion. It is somewhat the fashion



to ignore all past investigations on the subject of cholera, but we are not of that number, and we think that already sufficient is known of the phenomena of epidemic disease to stimulate us to more united and persevering labours. Many errors have been exposed, and some truths relating to the diffusion of epidemics established, while the information actually obtained has served to show how much more yet remains to be certified.

It is the duty of the government to help us in the attempt, and we trust that steps will be taken to secure its co-operation in an undertaking so incumbent and imperative. A GOVERNMENT BOARD, acting through the agency of the LOCAL BOARDS we have suggested, and which are now in the course of formation, is the need of the time, and we earnestly invoke the aid of our contemporaries and of our professional brethren in every sphere, to assist in the realisation of these important objects.

#### MILITIA SURGEONS.

OUR readers will observe a communication from a correspondent in another part of our publication, complaining of a grievance to which surgeons of militia are likely to be subjected in the event of their regiments being called out for permanent service, as appears to be now contemplated. We think that militia surgeons have a right to demand adequate pay, not only to remunerate them for the services they will be called upon to render, but to compensate them for the injury they will sustain in their private practice through the occupation of their time in public duty. This claim seems so us to be so reasonable, that we cannot believe that upon a proper representation being made to the government it will be refused. The present arrangements were obviously made without reference to a state of affairs such as that at which we have now arrived. We advise the militia surgeons to hold a meeting on this subject in some central town, and to appoint a committee with power to take the necessary measures to bring their complaint in the most effectual mode before the government. A temperate and firm course will doubtless command the favourable attention of the authorities.

THE *Gazette des Hôpitaux*, one of the oldest medical journals in France, has just received a donation of 10,000fr. a year, from a physicians attached to one of the hospitals at Paris, on condition—1st, that the donor's name shall be kept inviolably secret; 2nd, that 3,000fr. of the sum shall be employed in encouraging the authors of useful and practical papers published in the *Gazette*; and, 3rd, that the remaining 7,000fr. shall be employed in distributing copies of the *Gazette* to physicians or students who are too poor to pay the whole or any part of the subscription, the simple declaration to that effect of the applicants being all that is to be required. This is probably the first time in the history of the periodical press that a journal has been the object of such munificence, but we hope it will not be the last, and that some lover of science who can appreciate upright conduct and undeviating honesty of purpose, will entrust us of the "Medical Circular" to bestow their gifts in a similar manner.

## Mirror

OF

## PERIODICAL LITERATURE.

(From the "Monthly Journal of Medical Science, October.)

PUNCTURE OF CHEST; PROBABLE WOUND OF HEART;  
EXTRACTION OF NEEDLE.—DEATH.

The following case is extracted from an article by Mr. W. M. Dobie, in the "Edinburgh Monthly Journal," entitled Reports of Surgical Cases occurring in the Hospital Practice of Mr. Syme:—

"On the morning of Thursday, September 9th, 1852, an Irish woman, carrying in her arms an infant of four months old, presented herself at the surgical waiting room. She stated that a needle, sticking in her own dress, had accidentally been forced into the child's chest on the day previous. The child from the time of the accident was in the greatest distress, crying constantly, and never remaining quiet for a moment. The mother carried the child to a medical man this morning. He made an attempt to extract the needle, but failing, recommended her to go to the Surgical Hospital. On examining the front of the chest, I found a small wound about an inch below the left nipple, and a little nearer the mesial line, I placed my finger upon it, and felt distinctly a hard point moving up and down under the skin, with each respiratory movement of the chest. Having slightly enlarged the external wound, I succeeded, after a trial or two, in catching the needle under the nail of my left fore finger, and retaining it opposite the external orifice. Having done this, I waited until the child ceased to cry, when I seized the needle with a pair of Mr. Syme's eyed-forceps, and extracted it by a combined drawing and twisting movement. Two or three drops of yellowish serous fluid, oozed from the wound after the removal of the needle. The child instantly ceased to cry, and took the mother's breast, which it had refused prior to the extraction of the needle. The mother was directed to give the child a teaspoonful of castor oil, and to keep him perfectly quiet and moderately warm.

"The following measurements were taken:—

Distance between nipples,  $3\frac{1}{2}$  inches.

Distance between wound and middle line of the body,  
1 and 1-6th inch.

From left nipple to wound, 1 and 1-8th inch.

"On Friday I again examined the child. I found it restless and uncomfortable; skin hot and dry; pulse about 120 in the minute; heart's sounds normal in character, somewhat muffled, and the apex could nowhere be felt punctuate. Præcordial dulness considerably increased in the upward and transverse direction. Abdomen was much distended and tympanitic; respirations were very rapid, but nothing abnormal could be detected in the lungs or pleura by percussion or auscultation. An accurate examination was rendered very difficult, from the restlessness and crying of the child, and the excessive filthiness of the mother. Perfect rest was enjoined, and as the bowels had not been moved, a second dose of castor oil was ordered to be given. Next day (Saturday) in consequence of indisposition, I was unable to visit the child, but sent Mr. John Brown, who was at that time acting as dresser in the clinical-surgical wards, to see the case for me.

"Mr. Brown found the child worse than on the previous day. The bowels had been moved freely by the castor oil. Skin still hot and dry; respirations quick, laboured, entirely thoracic; pulse quick and feeble, but regular. Præcordial dulness extended vertically, commencing higher than normal; great distension of abdomen; eye-balls turned up. The treatment consisted of the administration of small doses of a mixture of equal parts of hydr. c. creta and Dover's powder. A teaspoonful of wine to be given occasionally.



"On Sunday (September 12th) I visited the child; I found the cardiac dulness evidently increased; it was difficult to hear the heart's sounds from the extreme rapidity of its action. Respirations rapid and very feeble; child evidently sinking; an additional allowance of wine was ordered. The child died in the course of the day.

"I went the next day, with instruments in my pocket, to endeavour to procure an examination of the body; this was obstinately refused by the parents.

"An interesting question at once presents itself: What organ did this needle penetrate?

"Professors Syme and Goodsir, to whom I related the case, were both of opinion that the needle must have entered the pericardium or the heart. I think it probable that the needle impinged on the right ventricle. I may mention that I passed a needle upwards and inwards, in the direction already indicated, into the chest of a foetus of the seventh month. I found the left ventricle slightly wounded, and the needle had gone through the middle of the right ventricle.

"The freedom from acupuncture wounds, from dangerous effects, is due, most probably, to the tenuity, sharpness and polish of the instrument with which they are inflicted. The introduction of the needle is attended with no disturbance to the neighbouring textures, and no access of air can take place; in this respect they resemble the subcutaneous wounds made by the tenotomy knife.

"In the present case, I believe that if the needle had been extracted immediately after the receipt of the injury, the child in all probability would have recovered. I think, in the present case, that there was no pleurisy: if it existed, it must have been very limited, or we should have had some evidence of it. The same may be said with reference to the existence of pneumonia. I think, however, that it is not improbable that the lung was wounded.

"That pericarditis was present is pretty evident, if we take into consideration the increased area of præcordial dulness, the fact of the apex not beating distinctly at any point, and the indistinct muffled character of the sound of the heart when the effusion was at its greatest. I shall not proceed to inquire what would be the effect of the motions of the heart on a needle fixed in the parietes of the chest. Supposing the pericardium to have been the site of the injury or puncture, it is not improbable that inflammation of the muscular substance of the heart may have been set up along with the pericarditis."

(From the "Lancet," Oct. 22, 1853.)

#### TARTARIZED ANTIMONY IN SCARLATINOUS NEPHRITIS.

Dr. Nelson, of Birmingham, has contributed a paper under this title to the "Lancet." He says:—

"Amongst the many and great advances which have been made in modern pathology, none have been more remarkable or useful than those affecting the diseases of the kidney, which, prior to the time of Dr. Bright, were involved in deeper obscurity than even those of the heart. This applies, in a very special manner to those varieties of dropsy which proceed, as secondary consequences, from the different ailments of those internal organs. All of us are aware, from the older authors, how many cases were referred to such vague and erroneous causes as 'breaking up of the constitution,' 'cachexy,' 'general debility,' &c.; and how very seldom the kidneys were regarded, except as a means of draining off the superabundant fluids of the body, for which purpose they were wont to be indiscriminately stimulated—a practice so familiar that it still retains an universal hold upon the popular mind, and is calculated, on many occasions, to produce great mischief. More recently, certain dropsies—but more especially that variety now under our consideration—have been referred to a general inflammatory condition of the system, consequent upon exposure to cold under debility, without any specific regard to the state of the kidneys, except as one symptom. From this theory the treatment advised was general bleeding, and the

employment of active diuretics. The descriptions offered to us of this disease, even while its pathology was inadequately understood, are so highly distinct and graphic, as to leave no doubt whatever of its perfect identity with that of the present day. Thus, it is stated to come on a week or two after apparent convalescence from the fever, and, generally, after exposure to cold; that it is attended with languor, drowsiness, and peevishness; swellings of the face, legs, and other parts; the urine being reduced in quantity, highly-coloured, almost bloody, and the deposits resembling "the washings of flesh." No account could be more characteristic than this. Dr. Percival also speaks of all the cavities being infiltrated, "not excepting those of the brain." Still more recently we find Dr. Graves grasping the fact of the albuminous state of the urine, and discriminating the condition of the kidneys, as one quite distinct from that of the fatty, or tubercular degeneration. Yet still he clings to the chief morbid manifestation being (as, according to Dr. Blackall, whose opinion he cites) 'a peculiar inflammatory condition of the whole system;' though he admits, in the same sentence, that it is sometimes due to an opposite state of the system, 'demanding the use of a generous diet and tonics.' In accordance with his view of the pathology of this scarlatinous dropsy, when accompanied with febrile symptoms, he commends the resort to general bleeding, and says, 'it is best treated by the lancet, nitre, purgatives, and digitalis;' afterwards, also mentioning the iodide of potassium. I think it will be admitted, however, that the most recent views of the disease, as offered to us by Dr. Addison, Dr. Barlow, and others, afford a safer basis of opinion in such cases, and also a more successful mode of practice; not that I doubt but the general bleeding was, upon the whole, beneficial, seeing that the abstraction of blood must have abated the inflammatory condition of the kidney, and so arrested the disease; but it appears to me to have been much more than was required for the purpose. As an ordinary rule, we ought certainly never to resort to general bleeding when local depletion will serve the end in view, simply because such local inflammation does not arise from any overplus of blood in the body, but only from its unequal distribution. Much more are we to avoid the abstraction of blood from persons just recovering from protracted and exhausting diseases; especially when, as in scarlatina, the vast majority of patients are very young persons, whose constitutions are not calculated to bear up against the shock of general depletion. Any line of practice that promises a fair likelihood of cure, without resorting to such debilitating measures, is certainly to be preferred; and I do think, from all that I have witnessed, that it is to be attained by the use of the more mild and soothing antiplogistics and contra-stimulants, such as have been and are still employed for the subduction of other internal inflammations, and which have been recommended by the above-named physicians as applicable to the peculiar condition of the kidney after scarlatina. In speaking of this nephritis, I do not employ the term '*desquamative*,' as used by Dr. George Johnson and others: the word is very descriptive, but by no means of specific signification as applied to the kidney, inasmuch as all inflammation of open surfaces covered with epithelium must of necessity be '*desquamative*' in one stage or other of their progress. Suffice it to say, in general terms, that it is an extensive inflammation of the mucous surface, leading to a suppression or great diminution of the natural excretions, and a discharge of serum, coagulable lymph, and blood from under the epithelial linings. In that point of view it is quite analogous to bronchitis, or any other visceral inflammation, and is therefore to be treated upon the same or similar principles. In extensive inflammation of the lungs, while other agencies are brought into play at the same time, antimony has long been viewed, on account of its peculiar efficacy, almost in the light of a specific. Similar commendation has been bestowed upon it in erysipelatous inflammations of the skin, and also, when allied with opium, in like extended



inflammation of the membranes of the brain; consequently, it was not surprising that it should also be recommended in scarlatinous nephritis, so soon as the real pathology of the disease came to be duly understood; therefore, from the bias given to the minds of practitioners by the older authorities, it was not likely that the depleting plan by the lancet, and the employment of acrid diuretics, should be speedily abandoned, or the newer treatment at once adopted by all. Accepting the above views of the nature of the disease, I conceive that the leading indications of treatment are, to unburden the local parenchymatous hyperæmia if necessary, to abate the inflammatory action on the mucous surface, also to allay irritation, and thus induce the flow of the natural excretions. All these ends appear to me to be safely attained by the employment of the tartarized antimony as a basis of prescription; and as I have lately had many opportunities of witnessing its surprising efficacy in these sequelæ of scarlatina, I think it right to add my testimony to the beneficial nature of such treatment, and now venture to adduce a few cases in order to give a practical illustration of my meaning."

The cases we need not give.

(From the "Medical Times and Gazette," Oct. 22, 1853.)

#### ON THE RELATION BETWEEN THERAPEUTICS AND PATHOLOGY.

Dr. George Johnson continues his Lectures on this subject. He makes the following observations on the use of opium:—

"When all that is possible has been done for avoiding the causes of mental worry, and when all needful advice and encouragement have been given, we have next to direct our attention to the consequences, some of which will often continue long after their exciting cause has ceased to operate; while others are perpetuated by some persistent and unavoidable source of anxiety. Now, the first and the most frequent consequence of over-work or anxiety—the one, too, which, more than any other, is productive of further mischief—is restlessness, or some form of disturbed and unrefreshing sleep. And the chief cure for this, after the causes have been as much as possible avoided, is an opiate at bed-time. So far as I can see, it is of little importance what preparation of opium or of morphia is used. For hospital patients I generally order the compound soap pill; one advantage of which is, that its name does not indicate its opiate nature. The dose must vary according to circumstances. In ordinary cases, five grains of the pill, *i.e.*, one grain of opium, may be taken every night at bed-time. In a case of much excitement, with extreme restlessness or a threatening of delirium, the dose must be double or treble that which I have mentioned. In such cases, however, the opium would be best given in a liquid state,—in the form of tincture, or the solution of the muriate or acetate of morphia.

"The time for the continued exhibition of the opiate must vary according to circumstances, and will be much influenced by the success of the treatment. The object is to break the habit of dreaming restlessness, and to procure sound and refreshing sleep. In many cases this object may be attained by the nightly repetition of the dose for one week. It is seldom necessary or desirable to continue the medicine for more than a month, though in some cases it may be expedient and beneficial to extend the period considerably. In many cases I have found that the beneficial effects of the medicine have been immediate; the patient has slept soundly, the distressing dreams have ceased, the appetite has returned, and all the symptoms which depended on loss of sleep and loss of appetite have quickly disappeared. After a few nights of sound sleep have been procured by the opiate, the dose should be discontinued, and in most cases the patient will continue to sleep as well without the medicine as with it. There is, probably, no one medicine which has the power of quickly

removing such a multitude and a variety of distressing symptoms as opium, when its action is really favourable in the cases to which I refer. It is not, however, to any specific efficacy residing in the opium; but to the marvellous influence of sleep in refreshing both body and mind, that the benefit is really due. The value of the opiate consists in the fact, that, on the whole, it is the safest and most certain means of procuring sound sleep.

"The use of opium as a medicine is sometimes attended with unpleasant consequences, and it does not always effect what is desired. I proceed now to indicate some of the unfavourable results of the opiate treatment, and the precautions which ought to be observed in the use of the medicine. One of the most frequent discomforts attending the use of opium is a feeling of nausea and faintness either with or without headache in the morning after awaking. The best cure for this is a cup of coffee or tea, with some solid food, followed by a walk in the open air. In many cases the opium, although at first it may disagree, yet produces no unpleasant effect after the second or third dose.

"The nervous patients who require the method of treatment which I am advocating, almost invariably suffer from constipation,—a torpid condition of the bowels being, in fact, one of the natural consequences of the general debility which characterises the patients in question. Although the immediate effect of the opium is to increase the constipation, yet its ultimate tendency is to restore the regular action of the bowels by means of the invigorating influence derivable from sound refreshing sleep, and an increased appetite for food. The temporary constipation may readily be obviated by an occasional mild aperient—a seidlitz powder, or a compound rhubarb or colocynth pill. The inconvenience arising from the astringent effect of opium upon the bowels is so easily met and removed, that it would never deter me from giving the medicine in any case which appeared to require it.

"One of the most serious objections to the use of opium is, its tendency, in some cases, to produce an effect the direct opposite of that which we require,—to produce wakefulness and excitement, instead of sleep and composure. It is only in a small proportion of cases that this difficulty arises. It may sometimes be overcome by changing the form of the medicine, or by increasing the dose of the opium or morphia; and, in other cases, by combining the opiate with a moderate dose of antimony—James's powder, or tartar-emetie—a combination which has been strongly recommended by Dr. Graves to procure sleep and check delirium in some cases of fever. It must, however, be admitted, that some patients cannot tolerate opium in any form or in any dose; and nothing can better show the value of this drug than the difficulty of finding a substitute for it. We may try henbane and hop, and these will sometimes effect our object; but their action is very uncertain in comparison with that of opium.

"It is well to remember that an opiate enema will sometimes procure refreshing sleep when opium, in any form, administered by the mouth is either quite inoperative or productive only of distressing excitement or sickness.

"But may not the frequent repetition of an opiate dose become a necessity for the patient? May we not be instrumental in making him an opium-eater? I admit that the danger of such an evil, if real, would be a very fearful one. There are few results of medical practice which I should regret more than the reflection that I had in any way contributed to render a recourse to narcotics or stimulants, habitual or necessary, to a single patient. I believe, however, that a cautious use of opium is attended with little danger of leading to so terrible an abuse of the drug.

"The cases in which the opiate treatment is most rapidly and completely successful are those in which the nervous symptoms are the result of some past grief, or anxiety, or fatigue, the impression of which remains, and is perpetuated by the patient's inability to obtain refreshing sleep. In such instances, a few nights of sound sleep,



procured by means of the opium, rarely fails to effect a rapid cure, and this too, after the nervous symptoms have continued for many months, or even for years. The first, third, and fifth cases, the particulars of which I gave in a former Lecture, are good examples of the beneficial effects of the plan of treatment to which I refer.

"Another class of cases in which equal benefit is often derived from a similar method of treatment, are those in which nervous restlessness has been induced by continued over-work, whether mental or bodily. In such instances, it is obviously desirable, as I have before intimated, that the patient should rest, or diminish his labours if possible; but the patient may assure us that he has no alternative but to go on with his work, or to lose his employment, and with it his means of living. In such a case, we may often prevent overworked men and women from breaking down, and enable them to go on in comparative comfort by giving an opiate nightly for a week or two. Refreshing sleep will be induced, the appetite will return, and, as a consequence, the strength and spirits will revive.

"The cases which are least favourable either for the opiate or for any other plan of treatment, are: 1st, cases of confirmed hypochondriasis or melancholy of very long duration, and especially when these have the character of religious despondency; 2ndly, cases in which extreme nervousness has resulted from great terror, or from a sudden shock which has left a deep and durable impression upon the mind and nervous system; and lastly, cases in which the symptoms are perpetuated by some constant source of anxiety or sorrow.

These classes of cases, although very unfavourable, and often little benefited by any plan of treatment, whether medical or moral, are yet by no means hopeless nor always incurable. Their unfavourable and unmanageable character is, however, greatly confirmed when they are complicated with epilepsy; and this whether the epilepsy has been induced by a sudden shock of grief or terror, or whether it has supervened upon long-continued anxiety and nervousness."

(From the "Association Medical Journal," Oct. 14, 1853.)

We extract the following observations from Mr. Ancell's paper entitled,—

#### FACTS AND OPINIONS RELATING TO TUBERCULOSIS, WITH COMMENTARIES.

The paper gives an analysis of the *Statistical Reports of the Sickness, Mortality, and Invaliding among the Troops*, and is illustrated with numerous tables. We shall quote merely the results at which the author has arrived:—

"The attacks of pulmonary diseases, viewed as a class, are nearly twice as numerous in the navy as in the army. The proportions, however, both of attacks and deaths, as regards inflammation of the lungs, pleurisy, and hæmoptysis, are almost identical in the two services; the difference being determined chiefly by catarrh and consumption; but, in reference to these two diseases, a very remarkable discrepancy appears. While the cases of catarrh are twice as numerous in the navy as in the army, those of consumption are less, in the proportion of four and three-tenths to six and one-tenth. This fact, as well as the low number representing the deaths from these diseases in the navy, is considered to be, in part only, attributable to the facility for sending home all cases which begin to assume a serious character.

"These tables furnish conclusive evidence of two things; that neither the climates nor the seafaring life exert any decided influence in preventing or retarding the development of consumption; for although, in the navy, only two-fifths of those reported as consumption appear to have terminated fatally (Table VII), the remainder must not be considered as having recovered. Many, no doubt, died after their return home and discharge from the service. At the same time, the reporters remark, that either the air or the excitement produced by

the voyage appears sometimes to mitigate the symptoms, as in the case of soldiers sent home from Malta, apparently labouring under confirmed phthisis; who have sometimes arrived home with renovated health, and speedily returned to their duty.

"In Canada and Newfoundland, during these ten years, the proportionate number of deaths from phthisis was below that of the male population of England at the period of life for military service. In Nova Scotia, New Brunswick, etc., the proportion, during the year 1847, adopted in these papers for the purpose of comparison, was a very little above that of the male population at home from 15 to 50 years of age, and considerably less than that of the male population from 20 to 40 years of age. In Bermudas, the proportion was much greater than among the civil population, and the dragoon guards and dragoons at home, and not much below the infantry of the line and the foot guards.

"In the study of these statistics, then, the first, and one of the most important questions which presents itself, relates to the influence of migration to these widely different climates over the production or development of tuberculosis. We find that, contrary to the popular, and I may say, the professional view, migration to a warm climate afforded very little amelioration in any case except one, but in some cases an aggravation; and migration to a cold climate, instead of increasing, actually diminished the amount of this fatal disease. The cases admitted, and the deaths from consumption, were considerably less in number in the rigid northerly climates of Canada, Nova Scotia, and Newfoundland, than in Bermuda and Malta.

"The statistics of the invalids, discharged the service on account of pulmonary disease, are, upon the whole, confirmatory of the same facts, as shown by the following proportion per 1,000 mean strength:—

"Gibraltar .....	5.1	Canada .....	5.2
"Malta .....	4.6	Nova Scotia, etc.,...	4.6
"Ionian Islands...	4.3	Bermudas .....	5

"Thus, the number invalided for pulmonary diseases, in the aggregate, is almost the same in Gibraltar, where the temperature ranges from 45° to 86°, as in Canada, where it ranges from 23° below to 87° above zero; and, whether we take as our criterion the number admitted into hospital, the number of deaths, or the number invalided, there is less consumption in the British army in the northern climates than at home, in the Mediterranean, or in the Bermudas.

"It is, indeed, one of the most remarkable circumstances, that, throughout the thirty years over which these and the statistics formerly published extend, the mortality from diseases of the lungs, and especially from tuberculosis pulmonalis, in the mild and comparatively equable climate of Bermuda, is much higher than in the North American colonies, with their extremes of heat and cold, and their long continued winters. That this circumstance is not accidental, we have a proof in the length of the period, and the uniformity of the results; and, also, in the fact that, by the statistics of the United States army, in East Florida, which is in nearly the same latitude as Bermuda, with a corresponding temperature, the admissions into hospital for consumption are much more numerous than in the northern regions. In Florida, they amount to eight and seven-tenths per 1,000 mean strength annually; while in the countries beyond the 40th degree of north latitude, including all those where the winter is most severe, the proportion admitted for the same disease is only seven per 1,000. Newfoundland has a climate more liable to sudden vicissitudes than any part of the American continent to which British troops are sent, and is subject to frequent and dense fogs throughout the year; and, as remarked by the authors of the Report, the small number of deaths from consumption affords another striking instance how little this disease appears to be influenced by those atmospheric causes which were at one time supposed to be most active in its production. The



proportion of the whole force attacked annually was about four per 1,000; in the Mediterranean, out of an equal number, the proportion would have been five and six-tenths; among the infantry in the United Kingdom, ten and three-tenths; and in the mild and comparatively equable climate of Bermuda, nine per 1,000 mean strength.

"The statistical reports before us furnish some new facts by which we may estimate the influence exercised by season over tuberculous disease. In my work, I have shown from a variety of records, that, contrary to the general opinion, the season of the year appears to have little or no relation, as a cause, to tuberculosis pulmonalis. (On *Tuberculosis*, p. 507). This result was arrived at from data contained in the tables of the Registrar General, and the Army Reports previously published; and in the recorded investigations of the point by Louis and other individuals. From these documents, it appeared that neither the occurrence of phthisis, nor the mortality, is materially greater or less in spring, summer, autumn or winter, in any of the countries where the disease prevails. The statistics before us are, upon the whole, confirmatory of this view. By the first table of the present series of papers, the deaths from tuberculosis returned to the Registrar General during October, November, December, January, February and March, were 4,867; and during April, May, June, July, August, September and October, 5,008. The deaths from phthisis during the same periods, were respectively, 3,473, and 3,462; although, taking the latter disease alone, there is a slight excess in the earlier months of the year, thus:—

For the Quarter ending March 27 .....	1,811
" " June 26 .....	1,790
" " Sept. 25 .....	1,672
" " Dec. 25 .....	1,662

"In exemplification of the same subject, the following table is drawn from the Army Reports. On examining its details, there is, perhaps, as remarked in the report, no cause of surprise at the uniformity of the results in the Mediterranean commands, where the climate is, comparatively, so little variable according to the season of the year, but if we had not been apprised of it by the facts detailed in the former reports, the ease, as respects British America, would be otherwise.

"In the first place, the ratio per 1000 in hospital with pulmonary diseases, in Great Britain, on the first day of the month, during ten years, was as follows:—

January ... ..	8.1	July ... ..	5.6
February ... ..	8.6	August ... ..	4.8
March ... ..	8.2	September ... ..	5.3
April ... ..	7.2	October ... ..	5.2
May ... ..	6.7	November ... ..	5.8
June ... ..	5.4	December ... ..	6.7

"Although, in Great Britain, pulmonary diseases as a class, among the troops, are at their minimum between July and October, the difference, as compared with the coldest months, in the number under treatment, is only as 5 to 8. In Canada, there is a larger proportion of deaths from December to April; but, on analysing the causes of death, it appears that 124 of the total number resulted from pneumonia, and 327 from phthisis, and since, in all probability, although it is not stated in the report, death from pneumonia was most frequent during the severe season, this would make up the difference, and leave phthisis as fatal at one season as at another. In the Bermudas, where there were only four deaths from pneumonia, there is no marked difference in the mortality in the cold, as compared with the warm season.

"In Canada, the excess of cases in the first quarter of the year when the weather is 'most severe' we may say intense, is only one fourth more than between July and September; and in Nova Scotia the only difference of any importance is about one-fifth in favour of the quarter from July to September. The mean temperature between this quarter and the one which precedes it, differs about 40°, being to that extent warmer; but the quarter ending June 30th, which is much warmer than either of the two that precede

it, presents absolutely the most cases of pulmonary disease. At all events, we have no evidence that the season of the year exercises any uniform influence, over the production of tuberculosis, in promoting its development as a disease of the lungs, or in hastening or increasing its fatality.

"Further, these statistics show an absence of any relation between the frequency of inflammatory affections of the lungs and of phthisis. In a former part of this paper it was stated that during the previous twenty years, as compared with the last ten years, at Gibraltar, inflammatory affections were more prevalent, and at Malta they were one-third more in number, and yet, at both stations, the amount of consumption was almost identical throughout the two periods.

"I have thus extracted from the original reports the statistics having a direct reference to tuberculosis, and more especially to pulmonary consumption, and placed the whole of the facts in a connected statement before the readers of the "Association Journal," believing that they are well calculated to promote the study of some very important points in the history of tuberculous diseases. I shall have occasion to refer to the tables in a future paper: in the meantime, they appear to justify the following conclusions:—

"That tuberculosis is more frequent in the army, at home and abroad, than in the civil population of the United Kingdom.

"That it is more frequent in the army serving at home than in the army serving either in the Mediterranean or in British America.

"That it is more frequent in the army serving in the Mediterranean and Bermuda than in Canada, Nova Scotia, New Brunswick, &c., and Newfoundland.

"That it is much more frequent in the army than in the navy, in the home and in the Mediterranean services.

"That the season of the year has no considerable influence over the production of tuberculosis, or its local expression in the lungs, nor over its fatality, either in the United Kingdom, the Mediterranean, or in British America.

That there is no fixed relation between the amount of inflammatory diseases of the lungs and the amount of tuberculosis, or of consumption, in any of the climates. Where there is the greatest number of cases of inflammatory affections, there is often found the smallest number of cases of consumption; where there is the smallest number of inflammatory attacks, recoveries, or deaths, there is frequently the greatest number of consumptions; and in a third group, the proportionate frequency of inflammatory affections of the lungs and of consumption have a close correspondence.

## CONTENTS OF THE MEDICAL JOURNALS.

**Lancet.**—(No. XVII. Vol. II. October 22, 1853).—HOSPITAL REPORTS.—Royal Free Hospital: Case of Poisoning by Nux Vomica; Recovery. Rhinoplastic Operation; Favourable Results. St. George's Hospital: Lupus successfully treated by Black Wash, and the Internal Administration of Steel. Guy's Hospital: Case of Colloid Cancer of the Omentum. Memoranda relative to some Cerebral Affections of Children. By W. Hughes Willshire, M.D. Edin. No. II. Clinical Observations on Tartarized Antimony in Scarlatinous Nephritis. By David Nelson, M.D. Birmingham. Case of Carcinoma of the Right Side of the Upper Jaw; Removal; Recovery. By Allen Duke, Esq., M.R.C.S., &c. On the Treatment of Diarrhoea and Cholera by Acids. By J. H. Tucker, Esq. Perforating Ulcer of the Stomach. By H. J. Waterland, Esq., M.R.C.S., L.S.A.—REVIEWS AND NOTICES OF BOOKS.—Sketches of Brazil, including New Views on Tropical and European Fever, with Remarks on a Premature Decay of the System incident to Europeans on their Return from Hot Climates. By Robert Dundas, M.D. A Dictionary of General Knowledge, comprising an Explanation of Words and Things connected with Literature, Art, and Science; with a Glossary of Abbreviations and Foreign Idioms, &c., &c. By George Crabbe, A.M. Fifth Edition. Corrected, Enlarged, and brought



down to the present time, by Henry Davis, M.A. Sandgate as a Residence for Invalids. By G. Moseley, Surgeon.—**LEADING ARTICLES.**—Urgent Necessity for the Establishment of a Government Cholera Commission. The Opening of the Medical Session: The Medical Societies. The Royal Maternity Charity.—**MEDICAL SOCIETIES.**—Medical Society of London: Paracentesis Abdominis of a Young Infant; Juniper Tar Ointment; Case of Imperforate Anus; On Suppuration of the Joints from Infection of the Blood. The Royal College of Physicians and the Cholera.

**Medical Times and Gazette.**—(No. CLXXIII. October 22, 1853).—**ORIGINAL LECTURES.**—A Course of Six Lectures on the Relation between Therapeutics and Pathology. Delivered before the College of Physicians. By George Johnson, M.D. Lond., F.R.C.P. Lecture VI.—**ORIGINAL COMMUNICATIONS.**—Army Medical Reports. No. VIII.—Extracts from the Annual Report of Sick of Her Majesty's 86th Regiment. By Alexander Thom, Esq. On the Peritoneal Membrane, in its Relation to the Dental Tissues. By C. Spence Bate, Esq.—**HOSPITAL REPORTS.**—Statistical Report of the Principal Operations performed during September. University College Hospital: Death from Chloroform during its Administration previous to an Operation for Hernia. The London Hospital: Dislocation of the Femur into the Thyroid Foramen; Spontaneous Reduction; Death; Examination of the Joint. Royal London Ophthalmic Hospital: Cases of Lachrymal Calculus. Central London Ophthalmic Hospital: Cases of Lachrymal Calculus. King's College, St. Bartholomew's, Guy's, and St. Thomas's Hospitals: Cases of Epidemic Cholera.—**EDITORIAL ARTICLES.**—Medical Officers of Health. Medical Reform a Public Question. Drugs, their Impurities and Adulterations. The Cholera: The Laws of Cholera—Royal College of Physicians—Cholera in the Metropolis, the Provinces, and in Foreign Parts.—**REVIEWS.**—The Principles of Surgery. By James Miller, F.R.S.E., etc. Valentin's Text-Book of Physiology. Translated by W. Brinton, M.D. Part II. Sandgate as a Residence for Invalids. By George Moseley. A Practical Treatise on Sea-Bathing and Sea-Air. By Geo. Hartwig, M.D.—**PROGRESS OF MEDICAL SCIENCE.**—Selections from Foreign Journals: Treatment of Typhus by Bleeding at the Commencement of the Disease, and by the Use of Cold Water, both Externally and Internally, compared with the Treatment by Emetics and Evacuants; Belladonna in Salivation; Thlaspi Bursa Pastoris in Haemorrhage.—**REPORTS OF SOCIETIES.**—Pathological Society of London. Medical Society of London.

**Association Medical Journal.**—(No. XLII. October 21, 1853).—**LEADING ARTICLES.**—The Numerical Strength of the Association. List of the Members of the Association for 1853, revised to 15th October. The Prevalent Treatment of Disease. First Meeting of the East Surrey Cholera Society.—**ORIGINAL COMMUNICATIONS.**—Atmospheric Phenomena in relation to Cholera. By J. A. Hingeston, Esq. Case of Poisoning by Creasote: with Remarks. By J. D. Jeffrey, Esq. Another Singular Case of Alopecia. By G. S. Morris, Esq.—**PERISCOPIC REVIEW.**—Midwifery and Diseases of Women; The Internal Surface of the Uterus after Delivery; Fœtus in Utero supposed to be killed by Lightning; Arrest of Development in one foot ascribed by the Mother to fright: Inability to swallow in an Infant; Congenital Displacement of the Head of the Femur on both Sides.—**Practice of Medicine and Pathology:** External Use of Oil in Scrofula and Phthisis.—**REPORTS OF SOCIETIES.**—Medical Society of London: Paracentesis in an Infant. By J. M. Winn, M.D. Pyroligneous Oil of Juniper. By C. H. F. Routh, M.D. Imperforate Anus. By Henry Smith, Esq. Suppuration of Joints from Infection of the Blood. By W. Coulson, Esq.—**East Surrey Cholera Society:** Constitution, Organization, and Objects of the Society.—**ASSOCIATION INTELLIGENCE.**—Medico-Ethical Committee. Metropolitan Counties Branch: Committee on Gratuitous Advice.

**Dublin Medical Press.**—(No. DCCLXXII. Vol. XXX. October 19, 1853).—**ORIGINAL COMMUNICATIONS.**—Pericarditis; Types of Pericarditis; Anatomical Characters of Acute Pericarditis. By O'B. Bellingham, M.D., one of the Medical Officers of St. Vincent's Hospital, &c.—**CONTRIBUTIONS ON CHOLERA.**—Choleraic Diarrhoea—Rough Cider in Cholera—Croton Oil in Cholera. Treatment of Cholera by Acids—Prevention of Cholera. Treatment of Cholera.—**SELECTIONS FROM MEDICAL JOURNALS.**—Long Umbilical Cord; A Practical Sketch of Low Inflammation; Chemical Substitutes for the Fermentation of Bread.—

**LEADING ARTICLES.**—Leading Article. Surgical Education.—**MISCELLANEA.**—City of Limerick Dispensary; Medical Manslaughter. Table-Turning and Spirit-Rapping; Health of London during the Week ending Saturday, October 1; Belfast Branch of the Medical Benevolent Fund Society of Ireland.

#### BOOKS RECEIVED FOR REVIEW.

Cholera: its Nature and Treatment, Pathologically and Therapeutically Considered. By Edward Baseome, M.D. London: J. Churchill.

#### BIBLIOGRAPHY.

NEW WORKS IN MEDICINE AND THE COLLATERAL SCIENCES, PUBLISHED FROM THE 30TH OF SEPTEMBER TO THE 14TH OF OCTOBER.

- A few Practical Observations on Deafness, and Diseases of the Ear, arising from Small Pox, Scarlet Fever, and Measles. By P. Allen. 8vo. pp. 70, sewed, 2s. 6d.
- The Pathology and Treatment of Pulmonary Tuberculosis. By John Hughes Bennett. 8vo. (Edinburgh), pp. 142, cloth, 6s.
- How shall we Guard against Cholera? Plain Advice, for Parochial Distribution, by a Physician. Packet of 30 tracts and 3 papers of instruction, 1s.
- Cholera; its Nature, Treatment, and Sanitary Requirements. By S. S. Alison. 8vo. sewed, 6d.
- The Causes of Cholera, its Treatment and Cure. By W. Grove Grady. 8vo. sewed, 1s.
- Cholera; the Cure and the Prevention. Also the Reason why Birmingham in England, and Nos Beh in Madagascar, were never visited with this Pestilence. By Frederic Batchelour. 2d.
- The Physiological and Scientific Treatment of Cholera, advocated by William Parker, Barnstaple, Devon, before the Medical Staff at Gwydyr House, in August, 1849, and subsequently pursued at Pilton, Marwood, &c. 12mo. pp. 16, sewed, 1s.
- Homœopathic Treatment of Diarrhoea, Dysentery, Cholera Morbus, and the Cholera. By B. F. Joslin. 18mo. pp. 170, cloth, 2s.
- On the Physiological Uses of the Ganglionic Nervous System. By J. G. Davey. 8vo. pp. 20, sewed, 1s.
- Nuisances Removal and Diseases Prevention Acts, 1848 and 1849; with Practical Notes and Appendix, containing the Directions and Regulations of the General Board of Health, Circulars of Poor Law Board to Inspectors, with Index. By W. C. Glen. 4th edition, pp. 146, bds. 3s.
- Table Moving and Table Talking reduced to Natural Causes. 12mo. (Bath), sewed, 3d.
- Handbook of Organic Analysis; containing a Detailed Account of the various Methods used in Determining the Elementary Composition of Organic Substances. By Justus Liebig. Edited by A. W. Hofmann. 12mo. pp. 135, with illustrations, cloth, 5s.
- Principles of Surgery. By James Miller. 3d edition, 8vo. (Edinburgh), 240 illustrations, cloth, 16s.
- Parent's (The) and Nurse's Household Medical Guide, for Family Use. By an Old Hospital Surgeon. 18mo. sewed, 6d.
- A Treatise on the Cause and Nature of Vital Heat. By William Parker. 12mo. pp. 60, sewed, 1s.
- A Report on the Progress of Improvement in the Treatment of Consumption and other Pulmonary Diseases. By James Turnbull. 8vo. pp. 74, 4s.

#### TRANSACTIONS OF SOCIETIES.

- Chemical, Journal of, N.S. No. 1, 1s.
- Entomological. Vol. 2, part 6, 3s.
- Microscopical. No. 5, 4s.
- Pharmaceutical. No. 148, 1s.
- Psychological Medicine. No. 24, 3s. 6d.

#### AMERICAN.

- Hallucinations; or, the Rational History of Apparitions,



Visions, Dreams, Ecstasy, Magnetism, and Somnambulism. 8vo. pp. 553.

A Discussion on the Facts and Philosophy of Ancient and Modern Spiritualism. 8vo. pp. 387.

Dr. C. J. B. Williams and others, on the Principles of the Water Cure: with Comments and Explanatory Remarks. 12mo. pp. 129.

FRENCH, GERMAN, ETC.

Atlas der pathologischen Anatomie m. besond. Rücksicht auf Diagnostik. Part I. (to be completed in 6 parts), folio, 8s.

Mikroskopische Bilder. 8vo. 430 illustrations, 7s. 6d.

Lehrbuch der physiologischen Chemie. 2d edit. 3 vols. 8vo. 24s.

Lehrbuch der Ophthalmologie. 2d edit. Part I. (to be completed in 4 parts), 8vo. 3s. 6d.

## Reviews.

*On the Physiological Uses of the Ganglionic Nervous System.* By James George Davey, M.D.

We regard the views set forth in this pamphlet as of great importance, both physiologically and pathologically. The author thus enunciates his propositions:—

"It is my intention on this occasion to present to the Society a *résumé* of the principal facts and arguments collected and employed by me, as contained in the said papers; and designed to prove that the "*ganglionic nervous system*," with the SOLAR GANGLION for its central organ, not only exists altogether independently of the brain and spinal cord; but, what is more, that the *brain* and *spinal cord*, in connexion with all the viscera, and the whole organism, derive their very existence and vital integrity from the same *solar ganglion* and its dependencies."

The author supports his propositions by evidence obtained from foetal life, *e.g.*—the formation of the ganglia of the sympathetic nerve prior to the development of the brain, spinal cord, and other parts of the organism, and the occurrence of acephaloid monsters, &c., in whom, nevertheless, all the phenomena of growth and nutrition have been maintained. He brings forward some experiments on the frog, and cites also the experiments of Brodie, who demonstrated that the reparation of injuries was independent of cerebro-spinal influence.

The treatise exhibits much acuteness, and deserves the consideration of physiologists.

*Homœopathy: its Globules (Bubbles) Analysed.* 2nd Edition. By W. J. Cox, M.R.C.S., M.B.

This little work has been already noticed in our columns. This second edition has been much enlarged, but it preserves all the racy and caustic power that characterised the original work.

*Plain Advice about Cholera.* By W. J. Cox, M.R.C.S., &c.

This brochure is by the same author as the preceding. It is intended for the masses, and, therefore, if it circulate widely, may be productive of much good or evil. The greater number of its recommendations are judicious, but there are some of which we cannot fully approve. The author advises the use of good food, and an abstinence from intoxicating liquors;—good; the liberal use of common salt;—good again; the free use of sugar, because it is an antiseptic;—very questionable. A large quantity of sugar, honey, or treacle, taken habitually, will infallibly disorder the digestion, induce flatulence and relaxation, and prepare the subject for an attack of cholera. The antiseptic properties of sugar as a dietetic, or as a preventive of cholera, are of small importance. There are many more recommendations given with which we cannot find fault. With respect to the treatment of cholera, the recommendation of his favourite plan—of which, indeed, we

approve—is too enigmatically expressed to be beneficial to his readers, and will be of no advantage to himself. With the exceptions specified, the little pamphlet may be read with advantage.

## Original Communications.

### AN ANALYSIS OF THREE HUNDRED CASES OF MIDWIFERY (CONTINUED).

BY EDWARD YOUNG, M.D., M.R.C.P. OF IRELAND,  
LICENTIATE IN MIDWIFERY, DUBLIN, &c.

It will be remarked that the proportion of forceps cases (namely six in three hundred), which I have recorded, exceeds the average. This will be accounted for by the fact that my assistance has been occasionally requested by friends in my neighbourhood. Among the cases of natural labour terminating without any untoward symptom to mother or child, are *fourteen*, which I find from my memoranda were subject, in previous confinements, to postpartum hemorrhage more or less severe; when I have known this, it has been my habit to administer a dose of ergot to the patient towards the conclusion of the labour, and after the expulsion of the head to follow the lessening uterus downwards with a grasping purpose, which has been continued some little time after the expulsion of both foetus and placenta; and in all the fourteen cases there has been no hemorrhage whatever to excite the smallest alarm.

The ergot was administered on *thirty-two* occasions with various and uncertain results. Having given all the preparations a fair trial, I think the powdered secale, infused in boiling water, the most certain in its operation, and that which can be most safely depended on. It is, perhaps, not unworthy of remark that, in both cases of irregular or hour-glass contraction of the uterus which I have recorded, the ergot had been administered in repeated doses; and this fact is, I believe, noticed by obstetric writers as an inconvenience, occasionally following the use of the drug, but I have not found it to militate against the life of the child. In one case, the foetus was expelled by a "single pain," without any previous warning, and falling on the floor forcibly dragged away the placenta; there was no hemorrhage resulting, or any untoward symptom whatever to mother or child. My attention, in practice, has been more especially directed towards the prevention of a *too rapid expulsion of the foetal head*, than to any very long continued or active support to the perinæum, and I am happy to say I have no case of laceration to record.

With regard to the *questio vexata* of "mothers' marks," and their relation or non-relation to the mental emotions of the woman during pregnancy, I cannot refrain from transcribing the following memorandum from my notebook, which at all events is a most remarkable coincidence, and the only instance of the sort I ever met with or heard of: "The nurse having the child to dress in an adjoining room, exclaimed that it was "marked," to which the mother, who had not yet seen it, rejoined "I knew it would be—a bruise on the left arm, where my husband struck me the other day;" and, strange to say, the situations of the bruises on the arms of mother and child were identical. There could be no deception in the matter, as I had not left the room, and I am certain the woman had not seen her infant."

I have now gone through my memorandas of the three hundred cases of which I proposed to give a brief history and analysis, and rejoice that my mere matter-of-fact notes are deemed worthy a place in the columns of the "Circular."  
Gravesend, Oct. 14, 1853.

MEDICAL BENEVOLENT COLLEGE.—The Council met for the first time on Wednesday last, in their new and spacious offices, 37, Soho-square, on which occasion it was decided that the Second Festival, which is to be under most distinguished patronage, should take place in April next.



## Hospital Reports.

### UNIVERSITY COLLEGE HOSPITAL.

*Death from Chloroform during its Administration previous to an Operation for Hernia.*

[Under the care of Mr. QUAIN.]

Mr. Hillier, the resident medical officer, has favoured us with the following particulars of a case of death from chloroform which occurred recently. The administration of the drug was, as usual, under the care of Mr. Hillier, according to his appointment at the hospital. It will be seen that the patient had been of intemperate habits; and, as the autopsy revealed, the subject of extensive fatty degeneration of the muscular structure of the heart, and that, previous to the administration, she had been nearly three days ill, fasting, exhausted, and suffering ultimately from acute peritonitis. These considerations make the fatal result quite comprehensible.

*Particulars, &c.*—E. R., aged 40, a woman of moderate height, rather thin. Her general health has been pretty good; she had not been liable to palpitation or dyspnoea. Had been in the habit of drinking pretty freely. Admitted on October 5, at 11 p.m. She was suffering from the symptoms of strangulated femoral hernia, which had existed two days and a half. Efforts were made to reduce the hernia, both without and with a warm bath, in which she was for upwards of half an hour, without getting very faint. These efforts being unsuccessful, an operation was at once determined on. Her pulse was at this time regular, and of tolerable strength.

Chloroform was administered in the usual way, on a piece of lint, which was held at first three or four inches from the patient's face, and then brought to within an inch and a half of her nose and mouth, leaving space around for the admission of air.

For three or four minutes nothing unusual presented itself; the pulse and respirations proceeded normally. There was put on the lint, at first, one fluid drachm of chloroform; and, at the end of three or four minutes, 40 minims more were added. This was the whole quantity of chloroform employed. Within a minute after the second quantity of chloroform was added; the patient struggled violently both with her arms and legs. During these struggles I was holding her right hand, and was unable to feel the pulse, in consequence of her constant motions. The struggling lasted about a minute, and, on its ceasing, the patient commenced to breathe with loud, rough stertor. I at once removed the lint from before the face, and felt for the pulse, which I could not find. Immediately cold water was dashed to her face. She breathed with this stertor for two or three short inspirations, and then two or three long ones, and then breathing ceased. Immediately artificial respiration was resorted to, and within a minute galvanism was applied to the back of her neck and the diaphragm. Under the influence of these agencies, the patient gasped about three times at intervals; after this, no further signs of life were exhibited.

Tracheotomy was resorted to at the end of a few minutes, and the artificial respiration continued through this opening for about three-quarters of an hour.

At the time when the stertor commenced and the pulse failed, the pupils were dilated, and the face of the patient was only slightly altered. Her tongue was not retracted, for one of the bystanders at once put his fingers into her mouth to ascertain this.

Chloroform from the same bottle had been administered by me on the same day to five patients, in the same manner, without any unpleasant results.

*Autopsy made by Dr. Garrod, Thirteen Hours After Death.*—Rigor mortis well marked in all the limbs. The blood very fluid in all parts of the body.

Abdomen very tympanitic; diaphragm extends up to opposite the fourth rib on the left side, and to third

interspace on the right. About an ounce of colourless fluid in the pericardium. The heart quite collapsed and empty: this may have been due in some measure to the fluidity of the blood.

Anterior aspect of heart covered with fat, muscular substance being visible at one or two points only.

Weight of heart,  $7\frac{1}{4}$  oz.; valves healthy. Walls of right ventricle flabby and pale; mean thickness, one-eighth of an inch. At some parts the muscular substance is in a very thin layer, being much encroached on by fat. In several places there is scarcely any muscular fibre visible. This is chiefly the case near the apex. Examined by the microscope, much fatty degeneration of the muscular fibres of the right ventricle generally was discovered.

Wall of left ventricle flabby, dry in appearance and pale; very friable.

Old adhesions on both pleuræ. No appearance of aneurysm in thoracic aorta. Both lungs crepitant throughout; not much engorged. Brain not congested. The arachnoid exhibited marks of chronic thickening and opacity.

The intestines, above the strangulation, were much distended with flatus, and inflamed. The strangulated portion was of a very dark colour, and had blood effused into its coats.

Liver, kidneys, and spleen normal.

[*Note.*—We are sorry to have to state, that another death from chloroform has occurred since the above was written. The patient, a woman, aged 19, suffering from rodent ulcer of the vagina, under the care of Mr. Paget, in St. Bartholomew's Hospital, died on Thursday afternoon. The intended operation was the application of the actual cautery.

### ST. MARY'S HOSPITAL.

#### *Fatty Tumour of the Scalp.*

On Wednesday last, Mr. Haynes Walton operated on a tumour over the right eye, bearing much resemblance to a subcutaneous naevus. Setons had been passed through it, and an incision was made over it, before the patient came to the hospital, and its nature was doubtful. The patient—a domestic servant—was very desirous to be rid of the encumbrance, as it was obnoxious to her employment. Mr. Walton stated that his first incision must be exploratory, when, if the tumour were a naevus, he proposed (as we understood) to tie it beneath the integument, or otherwise to remove it, if possible. An incision having been made through the integuments over the whole length of the superciliary ridge, the tumour was exposed, and proved to be that *very rare form—a fatty tumour of the scalp*. Some careful deep dissection into the orbit, as far and even beyond the insertion of the superior oblique muscle, sufficed to free the tumour, and expose its nature. Four or five vessels were tied—branches of the temporal with which it was freely supplied, and they accounted for its unusually rapid development. This will, doubtless, prove a radical cure, and enable the patient to resume her occupation.

#### *Schirrus Tumour of the Lungs; Death.*

A man, aged 64, was admitted to St. Mary's Hospital on Oct. 17, with a swelling on the left side of the chest, about the region of the heart, dyspnoea, and hæmoptysis. He had been unable to work for above a week; the dyspnoea had been distressing for three or four days. Diagnosis *very doubtful*, possibly aneurism. The symptoms persisted, treatment of no avail. On the morning of the 21st he died of a sudden hæmoptysis (half-pint).

The examination of the body disclosed a flattened ovoid tumour, three inches long, by two and a half inches wide, lying between the fourth and fifth ribs of the left side, a little to the left of the ventricle, producing to the touch the impression of a dense fibro-cellular substance; firm adhesion of the pleura; beneath and around about the root of the lung itself was found a large tumour, about



the size of an orange, producing a similar impression when handled. Upon tracing the bronchial tubes into the tumour, they were found to have their parenchymatous structure replaced by *schirrus*, and the tumour of the ribs, entirely separate as it was, showed exactly the same formation. This case is recorded, not so much for its rarity, though that were cause enough, but as an instance of a difficult and necessarily doubtful diagnosis. The man was also the subject of a large hydrocele, which, from circumstances, was not examined. Was there *schirrus* of the testis?

## The Anatomy of Quackery.

### QUACK MEDICINES,

#### THEIR HISTORY, COMPOSITION, AND QUALITIES. NO. XXXI.

##### LA'MERT'S "SELF-PRESERVATION," &c.

After the Messrs. Perry, noticed in our former numbers, the most notorious of the crew of advertising "obscene M.D.'s" is Samuel La'Mert, residing at No. 37, Bedford-square. The name is a singular one; and a few years since, together with the doings of the hero who claims it, furnished the materials for a luscious dish served up in several numbers of "The Mysteries of London." Report says—and we leave the party referred to, to confirm or deny it, as he pleases—that this person possesses the qualities of ubiquity and double impersonation, at one time being Samuel La'Mert, M.D., of Bedford-square, and at another, his "alter ego," J. L. Curtis, "consulting surgeon," of Albemarle-street, Piccadilly. The reader probably recollects the trial, *La'Mert v. Dawson*, which took place at the last assizes held at Leicester, and which was fully reported in the "Times" and other newspapers of the day. At this trial the personal identity of these two advertising notabilities oozed out. Dr. Richard Dawson, of 15, Finsbury-circus, in his essay on "Spermatorrhœa" (p. 89), remarks:—"I have also another (case) sent to me by Dr. Chapman, of Grosvenor-street, Grosvenor-square. This gentleman is now proceeding against Curtis, the author of 'Manhood,' for a similar fraud. This case was set down to be tried on the 6th of this month (August, 1852), but Curtis prevented it coming on by refunding, at the last hour, the money, and paying the costs."... "This case had not been settled more than a few days, when Dr. Henry Bird, of Chelmsford, sent me a patient who also had the misfortune to fall into the hands of the same party. It has rarely occurred to me to see a person suffering more intensely from mental anxiety than this unfortunate patient, in consequence of a peremptory demand from Curtis for a payment of a part of the bond which he had obtained on the promise of a cure." Hereupon La'Mert, as the veritable J. L. Curtis, consulting surgeon, of Albemarle-street, brings his action for damages. The evidence on the trial was of a description too trite and disreputable to be noticed at length in our columns. The enraged defendant admitted the libel, and pleaded in justification under Lord Campbell's Act. An enlightened jury of twelve Englishmen, under the direction of the learned judge, then returned a verdict—*damages*;—Was it £10,000? No! Was it £1,000? No! £100? No! Let not the reader be too eager to anticipate, lest he may prove disappointed: an English jury exhibited their estimation of the plaintiff's character, and the injury that character had sustained by the alleged libel, by returning a verdict—*damages*—either ONE FARTHING or ONE SHILLING, we really now forget which; neither of which, however, would carry costs. Let facts speak for themselves.

In the advertisements and pamphlet of Mr. La'Mert continual reference is made to the medical qualifi-

cations of that individual. At pages 146-7 of "Self Preservation" we are even favoured with assumed copies of the certificates of the Apothecaries' Company of London, and the degree of Doctor of Medicine of the University of Erlangen, somewhere in the kingdom of Bavaria. We have carefully looked through the "London and Provincial Medical Directory," the only authority recognised in all courts of law and equity in this country, without finding the name of La'Mert among the list of duly qualified practitioners in medicine. We are therefore absolutely *driven* into one or other of two inferences. Leaving the good sense of the reader to anticipate the first, let us refer only to the second. Giving Mr. Samuel La'Mert the full benefit of his assertions, that he did, many years since, pass the Examination at Apothecaries' Hall, and that at some more recent date he purchased a doctorate in medicine from some German university, we shall content ourselves with looking at the simple facts before us. Mr. La'Mert is not *now* a recognised member of the medical profession. Merely passing an examination, or obtaining a degree, whether by purchase or otherwise, can only be regarded as evidence of certain qualifications which existed at the period to which it refers. It offers no clue to the subsequent professional or moral character of the man. These must depend entirely on the individual himself, and no certificate of knowledge or of respectability at one period of life can be taken, when opposed to facts of a later date, as a guarantee of the same at another. A clergyman of the Established Church, rich in university honours and the esteem of his parishioners, ceased to be a respectable man when he descended to acts of seduction and the purchase of dastards to procure abortion in his victims. Rush himself was a respectable man until, by the wholesale slaughter of the innocent inhabitants of Stanfield Hall, he fell to the degraded position of a knave and murderer. So in professional and business life, there is every grade of excellence and degradation, from that which excites the admiration of thousands, to that which arouses the indignation and disgust of every well-disposed member of the human race. Happily, at the present day, the mere possession of a certificate from any Board of Examiners, however learned and dignified it may be, is insufficient without subsequent gentlemanly conduct and moral character, to constitute its possessor a legitimate member of the medical profession, or cause him to be recognised in its ranks, either by its members or by society at large. The necessary qualifications of a medical practitioner are not comprised in his College diplomas and Hall certificates. Without the possession of an admirable amount of self-denial, a sound judgment, and high principles of truth and honour, no man can succeed, or be esteemed either as a Surgeon or Physician. Indeed, when these qualifications are absent, he has no right to expect success; it would be a calamity inflicted on society if he obtained it.

Our remarks have extended so far, that we must defer a notice of the clap-trap book deceptively entitled, "Self-Preservation," and of Mr. La'Mert's practice and medicines, to some future period, contenting ourselves now with merely observing that much of what we said respecting the Messrs. Perry and their "Silent Friend," also applies here. A few words more, however, before concluding, on the singular *nom-de-guerre* under which our hero, as Sam Slick says, "works the oracle." Etymology was always a favourite study of ours, and we cannot avoid indulging our old propensity whenever an opportunity occurs. We are told that the word La'Mert is derived from Lambert, the original name of the party who now assumes the former. Probably our readers may remember a Joe Lambert, who once kept a druggist's shop at the bottom of the Minories, and who now is said to assist his brother Samuel in "doing the amiable," under the name of Curtis, in Albemarle-street.



## Biographical Notices.

WM. CULVERWELL, ESQ.  
LAWRENCE T. CUMBERBATCH, ESQ.  
FREDERICK CUMMING, ESQ.  
JAMES C. CUMMING, ESQ.  
WM. SPINK CUMMING, ESQ.  
WM. CUMMING, ESQ.  
OSBERT CUNDY, ESQ.  
HUGH CUOLAHAN, ESQ.

(Vide "London and Provincial Medical Directory," 1853.)

### PAUL FRANCIS CURIE, ESQ.

This gentleman, a well-known homœopathic practitioner, has recently died: a notice of him appeared in the obituary in our last number.

### T. BLIZARD CURLING, ESQ.

As it is our intention to publish a portrait with a biographical memoir of Mr. Curling, we shall defer our notice to a future number.

### GEORGE CURSHAM, ESQ.

Dr. Cursham is a graduate of Paris, and took his degree in 1828: he is also a Fellow of the Royal College of Physicians. He is physician to the Hospital for Consumption and Diseases of the Chest and a joint author of the report published by this institution. He also holds the office of physician to the Asylum for Female Orphans. His residence is at 5, Savile-row.

### EDWARD CUTLER, ESQ.

Our learned contributor, Dr. Samuel Thomson, is busy at his analysis of the qualifications and labours, literary, scientific, and practical, of the members of our profession; and it cannot be denied that he has given us much curious information. There are many men in our profession, especially "eminent" surgeons, who, notwithstanding that they stand high in office, and hold important appointments, have never published a line in their lives. This argues a sublime indifference to the usual popularity-hunting arts in vogue among our brethren. After all, what is all this writing about? Cast a look down the labyrinth of type filling our quarterly, monthly, and weekly periodicals—setting aside altogether those ten-penny pamphlets and ponderous tomes that make Mr. Churchill's fortune and beggar the writers, and confess the daily marvel that among a profession so limited in numbers and practical as ours, such a vast amount of literary composition should be given to the world. There must be always at work a large number of busy brains, spinning their cobwebs to entangle those innocent flies who are easily caught by the sparkling attractions of a new book. These *chevaliers d'industrie* write, review, translate, condense, amplify, illustrate, correct, annotate, revise, rescind, and write again: and what is it all about? An article of sixteen pages shall be laboriously composed on the nucleus of a corpusele, and a tome of a hundred on the operculum of a pilchard, to set off the illustrious name of Podalirius Popkins, M.D., on the title-page.

How severely virtuous we can be on that vulgar sinner who puts his name at the bottom of an advertising circular professing, in the terms of Dr. Batchelour's fly-catcher, to cure cancer with a synovitic lotion, for 11s.—but it is highly respectable to establish a cancer hospital at Westminster, and to figure in its prospectus as its founder or physician; still more honourable to march into the world on the patronising arm of our friend John Churchill, holding forth an 11s. volume, in which the surpassing abilities and experience of the author are, with becoming modesty but not less assurance, daily and duly displayed. For one

man who writes a good book—we care not about its size—there are a dozen who publish—we will say nothing about the writing—what they know is not worth the cost of the advertisement in which it is announced.

But we must not be critical. The "ways of the world" have ever been a problem that has gruelled the speculations of the wisest philosophers. Life, with them, has always been an impracticable proposition: Zeno snubbed it, Epicurus coquetted with it, Democritus laughed at it, Heraclitus wept over it, Socrates despised it, Plato ignored it, and the Editor of the "Medical Circular" thinks it a very excellent thing, as using and not abusing it. Now that we have given you the sum of our philosophy, we will return to the subject with which we set out.

It is certain that writing a book is not always the evidence of professional talent; on the other hand, writing a bad book is pretty tolerable evidence of no talent at all; so that those who are in doubt about their qualifications, had better not submit to the criterion. It is a foolish thing to be exposed to a judgment out of one's own mouth. That unfortunate physician, Guillotin, invented a machine to decapitate the enemies of the Republic, and his malignant genius was rewarded by becoming the victim of his own ingenuity. Better he had remained in his original obscurity, than made his name infamous for ever. So it is with those men who take pains to proclaim their own deficiencies. They invent an instrument for self-destruction; and any body of literary jurymen would return a verdict of "*felo de se*" on the mangled reputation of the victim.

It is not uncommon that a good surgeon—aye, and a sound philosopher—gains celebrity without writing at all, or, so little and so unambitiously, as to be a mere apology for idleness. Abernethy wrote a book, and made it a standing subject for oral advertising, until he became notorious as "Doctor My Book" among the dullest cockney jesters in this metropolis. Never before was so much made out of six letters since Cadmus invented the alphabet. Green has not perpetrated any extraordinary enterprise in letters or science, nor has he fulminated many brilliant speeches; but, somehow or other, we have agreed to award him the double honours of orator and philosopher, and far be it from us to say that he does not deserve them. He was the pupil of the great Gamaliel, S.T.C., and, in a literary sense, may be aptly enough characterised as a man of three letters. What would have been the wealth of Green had he not possessed himself of the property of Coleridge?

But we must stop here, and leave to the reader's suggestion the host of names that might be cited in evidence of our argument. Last, not to say least, comes the name of Edward Cutler, Surgeon to St. George's Hospital, Consulting Surgeon to the Lock Hospital, and late member of the Council of the Royal College of Surgeons. This gentleman, like Abernethy, has written "one" book—a work on Bandaging, of which it is our duty to say that it is a very useful volume.

Mr. Cutler began his professional career as a protégé of Sir Benjamin Brodie, whose assistant, for many years, he was, and who, doubtless, appreciating his abilities, exerted his interest to procure him the appointment of Assistant-Surgeon to St. George's Hospital. Mr. Lane, the present Surgeon to St. Mary's Hospital, was the rival candidate on this occasion; and, if long services as a public teacher in the St. George's School of Anatomy, amiability of character, and general talent, could be regarded as sufficient qualifications, ought to have received the appointment. Sir Benjamin, whose influence was paramount, willed otherwise; Mr. Lane was defeated, and Mr. Cutler, then unknown to fame, became Assistant-Surgeon to the aristocratic West-end Hospital.

Of Mr. Cutler's abilities as a Surgeon, we are unable to speak, for, except in the wards of the Hospital, which we have not for a long time visited, he has but once, as aforesaid, submitted his qualifications to public judgment; and



rumour has not trumpeted his celebrity to our ears. We believe, however, that he is a worthy and an amiable man, pleasing in his manners, unassuming, affable, and kind. So much it is our pleasure to say, and to say so much is honourable to any man. Mr. Cutler is now running close upon his climacteric; his once dark and well curled locks are becoming thickly interspersed with unwelcome white, but his figure has not lost much of its juvenility. Having received a good introduction from Sir Benjamin Brodie, it is probable that he is doing a fair practice among the higher metropolitan circles, but he is not very popularly known. He passed the College of Surgeons of England in 1820, and became an honorary Fellow in 1843. He resides at No. 15, New Burlington-street.

### Correspondence.

#### CHOLERA: ITS NATURE AND TREATMENT.

*To the Editor of the "Medical Circular."*

SIR,—I beg to send you the following observations on cholera, in the hope that you will deem them of sufficient importance to receive admission into your journal.

I have already presented my mode of treatment to the General Board of Health, as the most successful that has been adopted in the disease; but, as it is doubtful whether they may avail themselves thereof (and it is certain that, while they deliberate, the public are dying daily for want of an efficient remedy), I am anxious, therefore, to communicate it to the Profession at large. It has been the error of the Board of Health and a large body of the Profession to look upon Asiatic cholera in the light of a *bowel complaint*; they have consequently directed their treatment to that point; thus prescribing for symptoms, and the effects of a disease, instead of obviating the cause. Hence most of their remedies are composed of combinations of chalk and opium, spices, essential oils, and other powerful stimulants, all of which are decidedly injurious in the disease, and might with as much propriety be administered in that class of fevers derived from malaria, to which cholera is closely allied, and only a more malignant type. There is no doubt that cholera is a disease of the *BLOOD*, and not of the *bowels*, and is caused by the inhalation of an atmospheric poison acting directly thereon: hence, our first attention should be directed towards renovating the fountain of life, which is tainted at its source. I saw a good deal of the disease during the epidemics of 1833 and 1848, and found that it prevailed almost entirely in close and crowded districts or unhealthy localities, and that the first victims were those who were badly fed, in weak health, or of intemperate habits. In the worst cases there were apparently no premonitory symptoms; the attack commenced as suddenly as if a powerful poison had been taken into the stomach, and this was the order of the symptoms—*vertigo and sudden prostration of strength, severe cramps in the legs and abdominal muscles, with loud and violent vomiting of large quantities of a thin, gruel-like fluid, devoid of smell*; at the same time, *forcible and profuse ejection from the bowels of a precisely similar fluid*, and in such quantities as showed that all the watery portion of the blood was carried off; the heart, consequently, becomes paralysed, from the loss of its natural stimulus, the nervous system loses its power, and all the functions of the body are totally suspended. In this state the body becomes colder than an ordinary corpse, and often as pulseless, and the countenance far more cadaverous and ghastly than that of death under any other disease; the eyes are sunk deeply in their sockets, which are peculiarly hollow, from the abstraction of their natural fluids; the voice becomes a tremulous croak, or sunk to a deep, sepulchral whisper; the breath strikes your cheek like air from an ice-house, and the tongue has the feel of a frog; different parts of the body assume a leaden hue, owing to the dark and stagnant blood of the cutaneous vessels showing through

the attenuated skin; when a vein is opened in the arm the blood will rarely flow, and, on being squeezed out, has the colour and consistence of treacle, showing that the saline portion, on which depends its vitality, has been drained off, leaving but an inert residuum unfit for the purposes of life; add to this, that the thirst is insatiate, and restlessness extreme, and you will have so faithful a picture of the disease, that none who see it can fail to recognise the original.

Now, what is the indication of cure in this condition? *Why, simply to restore the vital functions, and stimulate the heart into renewed action.* And how is this to be effected? *Simply through restoring the loss of blood, by introducing into the system large quantities of a fluid assimilated, as nearly as possible, to the nature of that which has been discharged.* In the cure of cholera, then, the first thing to be done is to give the patient *large draughts of pure cold water*, which he will take eagerly; and to administer at the same time, in solution, from a *scruple to half a drachm* of the bicarbonate of potass, as often as either vomiting or purging occurs. This treatment will speedily produce a complete reaction in the system, and thus restore *animal heat*, which cannot be communicated by any outward application or external warmth, but through the medium of the *blood alone*. Having thus procured reaction of the system, you must not rest upon your oars, for the patient will be liable to slip through your fingers under the *consecutive fever*, arising from the congestion of the liver and total suppression of bile. To prevent this consummation, then, you must, in conjunction with the above treatment, administer *one grain of calomel* in a soft pill, or in a powder with sugar, put upon the tongue, *every hour, until bile appears in the evacuations*. You will then be perfectly safe, and the patient restored to permanent convalescence. (This plan is peculiarly applicable and successful in the rice-water diarrhoea and vomiting that occurs in children.) From eight to twelve doses of calomel will generally be found to produce the desired effect. I believe all stimulants to be injurious in this disease, especially opium, which, from its depressing effects and tendency to suppress the secretions, is the very worst: indeed, if any case of collapse recover under its use, it can only be in *spite of a medicine* which prolongs the disease, and entails a lingering recovery.

I believe that those cases in which opium has been found to be of such great utility, and where I have frequently experienced its magical effects, are purely violent spasmodic attacks of the ordinary autumnal cholera of the country, which is a bilious disorder, arising from the use of unripe fruit, over-ripe cucumbers, stale fish, bad pork, and stale beer: these excite abdominal spasms, with bilious vomiting and purging, until the offending matters be expelled. The Asiatic cholera, however, is totally different, being occasioned by an aerial poison acting directly on the blood, which becomes dissolved and decomposed and resulting in a total suppression of bile.

Such, then, is my remedy for Asiatic cholera; and, in offering it to your notice, I do so with the greatest confidence, from personal experience of its superiority over every other in use. I can also quote the experience of Mr. J. B. Walker, of Hamilton-place, St. John's-wood, who, during the late visitation of the disease, had the care of a large district in Buckinghamshire, where the cholera was of a very malignant character, and where his marked success in curing it was commented on by the Board of Guardians. I entreat, then, my medical brethren to dismiss their prejudices, and give it, when opportunity offers, a fair trial, and to pardon my presumption in endeavouring to enlighten them upon the nature of a malady in which mystery has so long prevailed. A deep family affliction, from this very scourge, first drew my attention to its nature and treatment. I have long and deeply reflected thereon; and my sole motive in publishing it now, is a sincere desire to benefit my suffering fellow-creatures. Heaven knows that medical men get little else than their



labour in this life in ministering to the relief of the poor, and no class of the community devote so much of their time cheerfully, though gratuitously, in their service. Honour and rewards wait upon those who kill upon a large scale—not upon those who cure. Nevertheless, they have their reward.

I am, Sir, your obedient servant,

WILLIAM MOSS.

Tunbridge Wells, October, 1853.

### TREATMENT OF CHOLERA.

*To the Editor of the "Medical Circular."*

SIR,—From the good effects I witnessed, produced by the application of a cupping-glass, at short intervals, to different parts of the chest, in a case of cholera under my care, in the workhouse here, on Monday last (10th inst.), I feel convinced Dr. Junod's apparatus, to which attention is directed in this week's "Circular," will be found useful in cases of that disease, even in the stage of collapse.

Mary Green, aged 15 years, was in good health when attacked, and had no warning whatever; her first symptoms of illness had appeared at eight in the morning, when she began to be violently sick. All the usual remedies resorted to, with a view of restoring heat and colour to the surface, had little effect; but, when the glass was applied, she perceived almost immediate relief from the great præcordial distress complained of, the temperature of the body increased, she became less restless, and other symptoms of improvement soon followed. She is now recovering from mild consecutive fever. I may mention, the glass was employed in the stage of collapse, marked by cramps, failure of the circulation, lividity of skin, cold, clammy perspiration, and other well-marked symptoms of the disease. The medicines administered internally were chloroform, creosote, ammonia, calomel, and opium.

Should a short allusion to this case, in next Number of "Circular," be considered worthy of notice, it will oblige,

Your obedient servant,

J. HARRISON, M.D.

Roscommon, October 14, 1853.

### ASIATIC CHOLERA: SALINE TREATMENT.

*To the Editor of the "Medical Circular."*

SIR,—The variety of opinions entertained in the Profession on the nature and treatment of cholera, produces a painful perplexity in the minds of many medical gentlemen as to the preferable treatment to be adopted should the pestilence assail their localities. Fortunately for me, the knowledge derived from successfully treating this disease, according to the views of Dr. Stevens, affords me great satisfaction; and the hope that my experience may prove as valuable to others as it is consolatory to myself, induces me to offer you this communication.

Between the 14th January and 18th March, 1849, I had charge of twenty cases, some of which were collapsed. The results were eighteen recoveries and two deaths; and I believe that even these two might have recovered had my instructions been fully carried out. The medicine that I gave was a draught, composed of two scruples of carbonate of soda, one drachm of chloride of soda, eight grains of chlorate of potass, repeated every half hour, or more or less frequently, according to symptoms of the case, with a free allowance of cold water. Friction with the hand, mustard poultices, and jars of hot water, were my external appliances. In two cases of extreme collapse I had the bowels injected with the same salines, at a proper temperature, with the greatest benefit. Ardent spirits and opium I have seen to be extremely pernicious, and interdicted them in my own cases. On account of the prejudice existing in relatives and nurses in favour of ardent spirits, it became necessary to watch the conduct of said persons most scrupulously. No consecutive fever fol-

lowed in the cases treated by the above salines. The nourishment I ordered consisted chiefly of beef-tea and arrow-root. Such is my conviction of the effects of the saline treatment, that I believe no case of diarrhœa or cholérine would become cholera if treated by the salines, and that comparatively few cases would perish if the foregoing plan were employed in true cholera.

All our former views of stopping the sickness and purging by astringents and opium are diametrically opposed to the modern cure of the disease, nor should any prejudice, formerly entertained, deter us in adopting *wholly*, and not *in part*, the views of Dr. Stevens, as verified in the above cases. The first natural effort of vital instinct is a curative one—namely, purging and vomiting out the poison from the body. This effort is unhappily followed by the separation of the very salts on which the integrity of the blood depends, and without which the heart dies asphyxiated. The medicinal effort is to supply the thirsty patient with aqueous fluid containing an equivalent of the salts extruded, in order to keep the blood fluid, the heart properly stimulated, and the albuminous and gelatinous constituents of the blood in a proper state of solution for nutritive purposes.

I will not add more, except my most earnest wish and anxious hope that what I have penned may induce many of your readers to peruse the work of Dr. Stevens, and rely solely on his principles of treating cholera.

I am, Sir, your's very respectfully,

A. LECKIE, C.M.

Bonhill, Dumbartonshire, Oct. 17, 1853.

### "TINCTURE OF GUACO" IN THE TREATMENT OF CHOLERA ASIATICA.

*To the Editor of the "Medical Circular."*

SIR,—In fourteen well-marked cases of Asiatic Cholera, I have exhibited as a remedy the tincture of Guaco, and with almost magic-like effect—the stage of collapse averted, and the sickness immediately checked—each case rapidly recovering under its influence. Its intensely bitter taste and peculiar action are most allied to the properties of quinine.

I am impressed with the belief that if taken by those exposed to the epidemic infection, it will be prophylactic in its use, and be the saving of many a valuable life. The tincture should be fresh prepared, and taken in its pure, undiluted state.

I feel firmly convinced that in the hands of those who have the opportunity of testing its qualities fairly, it will bear away the palm as the safest and only specific in treating this ghastly scourge of our race. I deem it my duty thus briefly to call the attention of my professional brethren to the fact of its success in my humble hands. Messrs. Hooper, Pall-mall East, London, will readily supply the "Guaco" to those anxious to test its merits; and it would be a most desirable end, that every one who administers it would report in the public press its extraordinary *modus operandi*.

I am &c.,

E. W. P., M.D., M.R.C.S.E., &c., late Royal Navy.  
Hunmanby, Scarborough, Oct. 17, 1853.

### LIME WATER IN CHOLERA.

*To the Editor of the "Medical Circular."*

SIR,—If you consider the following worth a trial in the treatment of cholera, perhaps you would give it insertion in your valuable "Circular," viz: Lime water and boiled milk, with the addition of a little brandy: to be taken in large and oft-repeated doses. The former of these is an excellent remedy in irritability of the stomach accompanied by vomiting, and the two latter calculated to restore the deficiency and correct the depression consequent on excessive discharges.

Your obedient servant,

LE JEUNE CHIRURGIEN.

October 16, 1853.



## SURGEONS OF MILITIA.

To the Editor of the "Medical Circular."

SIR,—In the "British Army Despatch" of the 14th inst. a notice appears that several militia regiments are to hold themselves in readiness for permanent service, in the event of the different regiments of the line being sent to Malta and Constantinople. As a militia-surgeon I should be glad to know, if called out, upon what condition Government intends to remunerate us? The surgeon of a regiment, as an officer, is indispensable, and, I regret to say, he is but very inadequately paid, for, according to the existing regulations, he is to accompany the adjutant at *any time* and to any place the commanding-officer may please to appoint for the purpose of examining and enrolling volunteers; he is obliged to leave his private practice and comfortable home, perhaps with only a very few hours' notice, to be absent for several days, during which *time only* he receives his *regular pay*. As a militia-surgeon I am anxious now, through the medium of your valuable journal, to draw the immediate attention of my brother medical officers to the necessity of agitating this question, until we are placed in a more independent condition either to receive the same permanent pay and allowance as the adjutant of the regiment, or, while disembodied, to receive half-pay. I beg to suggest a meeting in some central town, to canvas the matter over, and to petition the authorities upon the subject.

I am, Sir, your's obediently,  
A MILITIA SURGEON.

### Medical Societies.

#### MEDICAL SOCIETY OF LONDON.

October 15, 1853.

Dr. Forbes Winslow, President, in the Chair.

Several gentlemen were proposed or elected as ordinary Fellows of the Society.

Mr. Coulson read a paper

#### ON SUPPURATION OF THE JOINTS FROM INFECTION OF THE BLOOD.

In this paper, Mr. Coulson discussed the symptoms, nature, and treatment of a peculiar affection of the joints, which comes on after amputation, puerperal fever, operations on the genito-urinary organs, etc. This disease consists of suppuration within the joints, probably of an inflammatory nature, and generally ending in death. Not long ago, it was divided into nearly as many diseases as it had exciting causes; but the author remarked, that whether of puerperal, traumatic, or other origin, the disease is one and the same, or to speak more correctly, it makes part of one and the same constitutional affection. After having related some cases which illustrated the manner in which the disease may follow the introduction of a bougie for stricture, lithotrity, parturition, and glanders, the author proceeded to describe it, and commenced with one of the most interesting and important forms, namely, that accompanying parturition. Mr. Coulson first, however, observed that the origin, the course, the symptoms, and the morbid anatomy of articular disease, produced by purulent infection of the blood, are of a peculiar kind, different in many essential particulars from what are observed in any other form of disease in the joints. If we are to regard the disease as a mere local affection, it is impossible to understand the general symptoms which accompany the disease, its cause, or its rapidly fatal result, for these are quite different from what is observed in the most violent cases of articular inflammation, developed under ordinary circumstances. Everything on the contrary, in the history of the disease points to a special origin; its main features are always the same, and although many cases may be attended by symptoms which would seem to indicate a variety of origins,

and justify a distinction into several forms, yet these symptoms will be found to depend on accidental circumstances, and not to vary more in individual cases than we find occurring in examples of other diseases, which depend, as this one does, on contamination of the blood. The pathology of the disease was briefly, but clearly given. The joints affected during life, almost always contain more or less pus, and it bears no evident relation to the intensity of the local complaint, or to its duration. In many cases, purulent effusion takes place within a few hours after the first appearance of the local symptoms; and in many other cases, with so little pain, or tumefaction of the joint, as hardly to attract attention during life. The synovial membrane, however, generally presents traces of recent inflammation, though not of a severe degree; it is more or less injected, yet the false membranes of ordinary synovial inflammation are never found; one of the characters being the production of pus, in a rapid manner, with little or no inflammatory congestion of the tissues. In some cases, the synovial membrane has been found quite free from all trace of vascularity or other lesion. This has been regarded as a proof of the non-inflammatory nature of the disease; but it seems to Mr. Coulson more rational to conclude, that the injection of the vessels had disappeared after the secretion of pus; and it is known that purulent inflammation, under certain circumstances, is of a very evanescent character. In one case, the synovial membrane round the head of the thigh bone, was evidently injected before any effusion of pus had taken place, and it is easy to understand that this injection might have disappeared in a day or two, if the extremities of the capillary vessels had become modified by the changes which ensue on suppuration. The cartilages, ligaments, and other tissues composing the joint, are usually in a healthy state, for the disease is essentially a purulent inflammation of the synovial membrane. In many cases, the cartilaginous coverings of the bones are found to have been more or less eroded or absorbed, and in a very few examples the ulceration has involved the substance of the bone itself. The patient, however, is generally cut off before the disease proceeds so far. The peri-articular tissues are often the seat of sero-purulent infiltration, or of circumscribed abscesses, which are also found in the muscles of the limb, and sometimes with very extensive disorganization of the parts. Having thus pointed out the general morbid anatomy of the disease, Mr. Coulson proceeded to show that, when it occurs in puerperal females, it has generally been confounded, by accoucheurs, with puerperal fever, or described as a distinct complaint. This is an error. Puerperal women are often attacked by purulent inflammation of the joints, without any of the symptoms which really indicate puerperal fever; but the constitutional symptoms of the purulent infection on which the articular disease depends, have been mistaken for those of anomalous puerperal fever, which they resemble to a certain degree. On the other hand, puerperal fever, as is well known, is frequently complicated with purulent inflammation of the veins of the uterus, pelvis, etc., and in such cases there may be secondary articular disease excited, not by the fever, but by the inflammatory condition of the venous tissues which accompanies it as a complication. Here there is purulent infection of the blood superadded to puerperal fever; the disease is a complicated one, the symptoms peculiar to each element become masked, and they may be readily confounded. Yet, by remembering the course and symptoms of uncomplicated purulent infection, we generally arrive at the truth. That purulent inflammation of the joints does not essentially depend on puerperal fever, but on some other condition, is shown by the fact that it occurs after abortion, in the early months of pregnancy, when improper means have been employed to evacuate the uterus, and when nothing resembling puerperal fever occurs. Here there are all the essential symptoms of purulent infection followed by articular disease; and, although these unfortunate cases,



from obvious reasons, are seldom investigated after death, yet the symptoms during life leave no doubt of their identity with purulent infection of the blood. Having noticed the peculiar symptoms which distinguish this form of purulent inflammation of the joints, the author insists on the necessity of not confining our *post-mortem* examination to the affected joint, but extending it to other parts of the body. The true nature of the disease is then revealed, for circumscribed abscesses or purulent infiltrations are almost always found in the lungs, liver, kidneys, or brain, in the heart, in the cellular tissue or muscles, in the uterus or some of its appendages, and, finally, in the minute veins of the spongy tissues of the bones. It should also be taken into account, that this and other forms of secondary purulent inflammation of joints occur under circumstances quite different from those attending other forms of articular disease. General states of the constitution, such as those arising from gout, rheumatism, syphilis, scrofula, etc., have no influence here; nor can it be traced to any of the immediate causes of ordinary synovial inflammation, as external violence, cold, moisture, etc. It often attacks the healthiest individuals in the prime of life, after amputation of a limb for example. Unlike other articular diseases of constitutional origin, it is never chronic, but always of a most acute character; and when connected with the puerperal state, it may appear to be epidemic. In describing the symptoms, Mr. Coulson alluded to the shiverings which are one of the earliest symptoms of the disease. These are so severe, and recur in such a manner from day to day as successive depositions of pus takes place, that experienced practitioners have mistaken the disease for intermittent fever. The rigors continue sometimes for half-an-hour, and are followed by slight perspiration; they may recur at determined intervals, but generally cease at the second or third day; after which they appear at very uncertain periods, or are noticed no longer. The fever also may be mistaken for typhoid fever; but, as the author observes, no medical man accustomed to watch the slow development and gradual progress of true typhoid fever, could be deceived by the points of resemblance. In a great number of cases, the respiratory organs are involved; the breathing becomes irregular and accelerated in paroxysms; there is a dry, hacking cough, with subcrepitating rale, and, in some few cases, with the exhalation of a purulent odour from the breath. These paroxysms of oppressed and hurried breathing, with a short, dry cough, are extremely characteristic; they are often preceded at each return by rigors, and the author considers them as indicative of successive depositions of pus in the substance of the lungs. It is easy to understand that the symptoms may be modified, according to the peculiar circumstances under which the disease may have been developed in the first instance. It may arise, for example, after injuries of the brain, when the early symptoms will be complicated with, and masked by, those of cerebral irritation, or of actual inflammation of the meninges. In cases of this kind, the secondary deposit often occupies the substance of the liver to a great extent, and, if the cerebral symptoms be absent or slight, the disease may be mistaken for an acute affection of the liver. As for the puerperal form, Mr. Coulson drew a distinction which seems important for understanding the true nature of the disease. In many cases it appears as a complication of puerperal fever, especially in that form depending on uterine phlebitis, and then all the early symptoms are masked by those of the puerperal fever, from which it is almost impossible to separate them. But, in other cases, although the woman has been recently delivered, she does not present the ordinary symptoms of the fever just mentioned; she appears to be doing well for several days; there is no tenderness or tumefaction about the lower part of the belly; but after a few paroxysms of shivering, with anxiety of countenance and acceleration of the pulse, the joints suddenly become painful, the tongue gets dry, and the symptoms of purulent infection follow

the course already described. In this uncomplicated state, the disease receives no peculiar stamp from the puerperal state, but presents exactly the same symptoms, and runs the same course as it does when affecting males after injuries to, or operations on, the genito-urinary organs. There is, however, this difference in the results, that the disease is of a much more fatal character in puerperal females than in males,—a fact admitting of explanation from the circumstance of its being so frequently complicated in the female with puerperal fever; whereas, in the male, it arises from laceration of the urethra, irritation of that canal or of the bladder, and from other injuries which are not in themselves of a dangerous character. Puerperal synovitis in females recently delivered is a very fatal disease. Dr. Merriman, Professor Cruveilhier, and other writers state, that they never saw a patient recover. The author, however, quotes a case of recovery related by Mr. M'Whinnie. The nature of the disease was next discussed; and on this point, Mr. Coulson, after repeating the opinion which he gave many years ago, in his work on diseases of the hip-joint, observes: "I would add from further experience, that I now believe the contamination of the blood to depend on the admixture of pus, as such, circulating with the vital fluid. The pus is not absorbed, but admitted directly into the circulation through some breach of surface." The following reasons may be adduced in support of this view:—In the great majority of cases the formation of pus in some tissue primarily affected can be proved by dissection. A few cases are on record where no trace of pus could be discovered in those tissues supposed to be the primary seat of disease, and hence it has been argued that these cases are sufficient to justify us in removing the disease from purulent infection of the blood. To this it may be answered, that the identity of course, symptoms and results in various cases, naturally leads to the inference of an identity of immediate causes; and that as our knowledge extends under the influence of more careful and accurate *post-mortem* examinations, numerous cases are now shown to belong to this class of purulent infection; whereas, formerly, they were either inexplicable, or referred to causes from which no rational explanation of their phenomena could be obtained; thus Dr. Marshall Hall was unable to understand why the eye should become inflamed after parturition, and still less why inflammation of the globe should prove rapidly fatal. These points are now satisfactorily explained by showing, that such inflammation of the eye is not peculiar to puerperal females, but that it occurs in other cases of purulent infection. Again, the typhoid symptoms under which many patients sink after amputation, after trephining, etc.; and the abscesses discovered after death in their lungs, livers, etc., did not admit of explanation, until it was shown that suppurative inflammation existed in all these cases in the cancellous structure of the bones. The same remark applies to the few cases in which puerperal disease of the joints existed without any morbid alteration in the structure of the uterine veins. This exemption of the uterine veins has been considered sufficient by accoucheurs to reject the theory of purulent infection; but the surgeon not accustomed to confine his investigations to the uterus alone would not have remained satisfied unless every other organ in the pelvis and the whole genito-urinary system had been carefully examined. Inflammation of the mammary veins or of those of the rectum is just as capable of exciting purulent infection as inflammation of the vessels of the uterus or its appendages. If these views be correct, it is evident that the treatment of purulent synovitis from infection of the blood becomes a secondary consideration. The surgeon's chief efforts should be directed towards counteracting the poisonous condition of the blood which has given rise to the constitutional disease. The local malady is merely one of the effects of the constitutional one. Various modes of treatment, both general and local, have been tried by the author and by other practitioners, but it



is to be regretted that none have been attended with any benefit.

He mentioned three indications as to treatment. First, to support the system to the utmost extent; second, to neutralise or counteract the action of the contaminating matter; and third, to ameliorate the local symptoms. He believed that the last-mentioned indication is best fulfilled by the local application of cold turpentine, although it should induce vesication. The two former indications are applicable to almost every case, and are met by the free administration of the various forms of cinchona with alkalies and antiseptics. He particularly referred to the propriety of exhibiting serpentaria and capsicum with the tincture of cinchona, or of conjoining the chlorate or carbonate of potass with decoction of bark. He also commended every attempt to depurate the system by a free action of the liver, kidney, and bowels; and believed, that if this disease were recognised in its earliest manifestations, a decided plan of treatment might cure it.

### THE CHOLERA.

Royal College of Physicians, Oct. 15, 1853.

The Cholera Committee of the Royal College of Physicians have received from various quarters applications for some plain directions calculated to be of service to the public during the prevalence of Epidemic Cholera, when medical advice may not be immediately at hand, and before such advice can possibly be obtained.

For this reason the Committee deem it right to offer to the public some instructions, which, on account of an extended "Notification" having been issued by the General Board of Health, on the 20th of September 1853, may be brief, and are in no case intended either to supersede the necessity of having recourse, as speedily as possible, to further medical assistance, or to impose any authoritative restriction on medical Practitioners.

#### DURING THE PREVALENCE OF CHOLERA,—

1. No degree of looseness of the bowels should be neglected for a single hour. Medical advice should be at once sought when the looseness begins; and, previous to the arrival of a medical attendant, some of the medicines at other times used for checking diarrhoea should be taken; for example, the chalk mixture; the compound cinnamon powder; or the compound chalk powder with opium, in doses of from 20 to 40 grains for an adult.

2. No saline aperients or drastic purgatives should be taken without the advice of a medical man.

3. Intemperance in eating or drinking is highly dangerous. But the moderate use of vegetable as well as animal food may be recommended; and, in general, such a plan of diet as each individual has found by experience to be most conducive to his health. For any considerable change in the diet to which a person has been accustomed, is seldom advisable during the prevalence of an epidemic.

4. Debility, exhaustion, and exposure to damp, render the poor especially subject to the violence of the disease. The Committee urge upon the rich the necessity of supplying those in need with food, fuel, and clothing.

5. The extreme importance of removing or counteracting all impurities, whether in the air, water, or soil, as by ventilation, cleanliness, and the free use of the chloride of lime or chloride of zinc, cannot be too strongly insisted upon.

Lastly, since the reports made to the College of Physicians show, that of the persons who were engaged about the sick in the last epidemic, the number of those who were attacked by the disease was, in proportion, exceedingly small, the fear of infection may be practically disregarded.

The Committee forbear to dwell upon the extreme im-

portance of providing medical attendants at dispensaries for the treatment of the diarrhoea among the poor; of organizing in every district affected by cholera what is called the system of house-to-house visitation; and of establishing temporary hospitals for the reception of patients who cannot be properly treated at their own homes: because these measures have been strongly and properly enforced in the "Notification" published by the General Board of Health.

#### NEWCASTLE-UPON-TYNE.

Oct. 21, Cholera, deaths ..... 2  
 „ Diarrhoea, deaths ..... 1

The total number of cases of choleraic disease treated by the medical officers at Newcastle-upon-Tyne, from the 21st of September to the 18th of October, has been 4,688, of these 3,706 have been cases of diarrhoea, 534 approaching cholera, and 448 cholera. The total number of deaths from cholera and diarrhoea in Newcastle during the present outbreak has been 1,524. In the same period (viz., the first 51 days) during the prevalence of epidemic cholera in 1831-2, the number of deaths was 293.

#### LUTON.

Oct. 21, Diarrhoea, death..... 1

#### GATESHEAD.

Oct. 20, Cholera, death..... 1

#### GATESHEAD, (Heworth.)

Oct. 20, Cholera, death ..... 1

#### DUNDEE.

Oct. 20, Cholera, deaths ..... 3

#### DUNSE.

From the 27th of September to the 18th of October, there have been 11 cases of cholera, of which 8 died; also 4 cases of choleraic diarrhoea—all recovered.

#### THE METROPOLIS.

According to the reports of the Metropolitan Commissioners of Police, there have been, from the 16th to the 20th inst., 22 cases of cholera in the metropolis, of which 10 resulted fatally.

Cholera (the Registrar-General remarks), which has made its presence felt in various parts of the Metropolis, and, during the four weeks that followed Sept. 10, showed a small but continuous increase, does not appear latterly to have gained ground. The deaths from this disease were 66 in the first week of October; last week they declined to 45. It is a somewhat remarkable coincidence, that 45 was the number registered in the corresponding week (viz., the 42nd,) of 1848; for many weeks thereafter the deaths rose and fell, dropping so low as 1 and 2 in the spring of 1849, till the epidemic broke out with violence in summer. The fluctuations which mark its previous history, may attend its course again; but experience affords sufficient warning that a temporary abatement should not lull into security those whose business it is to prepare for the attack. The 45 deaths of last week (21 of which occurred to males, 24 to females—28 at the age of from 0 to 15, 16 from 15 to 60, and 1 at 60 or upwards)—were thus distributed over London:—In the West Districts 6, in the North 3, in the Central 2, in the East 6, and on the South side of the Thames 28.

The Board of Health says:—

"Forewarning of the necessity of measures of prevention is the best means of obviating panic.

"On referring to the former visitations of cholera, as far as regards the metropolis, it appears that in 1832 the attacks were 14,144 and the deaths 6,729, the population of London then being 1,681,641. In 1848-9, the attacks were about 30,000 and the deaths 14,601, the population at that time being 2,206,076; so that in the epidemic of 1832 one person died in every 250 of the inhabitants, or 4 per cent., whereas in 1848-9 one person died in every 151 of the inhabitants, or 66 per cent.; the mortality, therefore, in 1832-33, was about two-fifths less than in 1849—



that is, about 5,800 more perished of this epidemic in London in 1849 than in 1832.

"The epidemic of 1832 commenced in London on February 16, and ended September 7, 1833, including a period of about seventeen calendar months. But it appears that during this period there was a cessation of deaths for eight months; so that there were in fact two epidemics, the first commencing in February and lasting to November, and the second commencing in August and lasting to September, 1833. The epidemic came to its height in the week ending July 27, when the deaths were 445, the greatest weekly mortality recorded during that visitation.

"In the epidemic of 1848 the attack commenced in September, and the last death recorded in the return of the Registrar-General was in December, 1849; so that the whole progress of this epidemic occupied a period of 15 calendar months.

"During the first six months, namely, from the end of September, 1848, to the end of March, 1849, the disease advanced progressively, but irregularly, numbering in the whole of this period 988 deaths. During the following months of April and May there was a lull in the disease, the deaths sinking to one in some weeks, and never in any week exceeding five; but there was never, as in 1832, a complete cessation of the disease, for there was never a single week without at least one death.

"In the month of May, the total number of deaths did not exceed 13; but in the first week of June they suddenly rose to 9, increasing in the last week of the month to 124. From that period the epidemic went on rapidly and uninterruptedly, increasing till it came to its height in the week ending September 8, 1849, when the deaths together from cholera and diarrhoea amounted to 2298. From this time the disease declined, and ultimately ceased, as has been stated, in December, 1849. There was thus one epidemic with two well-marked periods, the first extending from September to March, and the second from June to December.

"In the first of these periods, the highest weekly mortality was 94, namely, in the week ending January 13, 1849, affording during that period a hope of a comparatively slight visitation; but in the second period, this hope was previously disappointed, for the weekly mortality then rose as high as 2298 in the week ending September 8.

"The following table shows a considerable parallelism between the early progress of cholera in the metropolis in 1848 and now in 1853; that progress is, however, in almost every week, more rapid now than it was in 1848, and, comparing the total number of deaths during the whole of the eleven weeks with the number of deaths in the corresponding weeks in 1848, it will be seen that the recent deaths have exceeded the former by nearly one-third.

DEATHS FROM CHOLERA DURING A PERIOD OF 11 WEEKS IN 1853.				DEATHS FROM CHOLERA DURING A LIKE PERIOD IN 1848.			
Week ending:—				Corresponding week, 1848			
August	6	.....	4				19
"	13	.....	19	"	"	"	17
"	20	.....	10	"	"	"	7
"	27	.....	18	"	"	"	7
Sept.	3	.....	16	"	"	"	7
"	10	.....	7	"	"	"	6
"	17	.....	16	"	"	"	7
"	24	.....	29	"	"	"	4
October	1	.....	48	"	"	"	13
"	8	.....	66	"	"	"	30
"	15	.....	45	"	"	"	45
Total .....				Total .....			
278				162			

"It will be thus further seen that the progress of the epidemic has been much more rapid during the whole of the present month than during the corresponding period in 1848.

"It is remarkable that, gradual and slow as the progress of the disease has been in the Metropolis in both visitations, there have been in both sudden and violent outbreaks in particular districts and localities. In 1848 it had scarcely appeared in the Metropolis, when in the very beginning of October it attacked Edinburgh with great violence, and spread, in the course of a few days, to the neighbouring towns of Newhaven, Portobello, Lunhead, and numerous other places in the vicinity. In the beginning of November it attacked Glasgow, and subsequently a large number of manufacturing towns and villages in Lanarkshire, Ayrshire, Dumfriesshire, and other counties in the south and west of Scotland. Now it has attacked, with the like suddenness and with increased violence, the northern English towns."

In the Millbank Penitentiary, where cholera was so peculiarly fatal in 1848-9, as compared with the mortality from the same cause in other Metropolitan prisons, there have been since the 24th of August last 9 cases of cholera and 3 deaths, 2 of which occurred on the 14th inst.

In the Notting-hill portion of Kensington parish there still exists that slough of abominations known as "the Potteries." Things are even worse now than in 1848-9, when loud complaints were made by all the respectable inhabitants of the neighbourhood of the horrible condition of the locality, and when the Medical Officer of the district proved that the ratio of mortality among the residents exceeded that of almost any part of England. No one who has visited the spot, where swine and human beings are suffered to remain immersed together in filth, can wonder at such a result.

GERMAN EMIGRANTS' LODGING-HOUSE, GLASSHOUSE-YARD, WHITECHAPEL.—During the last few days, several cases of cholera have occurred at this dépôt for the Germans emigrating from Germany to America; three have been removed to the German Hospital, three to St. Thomas's, and one to the London Hospital.

DANTZIC.—The recent visitation of cholera in this city and neighbourhood has been of milder character than on former occasions. The entire number of cases from its commencement, the 13th of July, to the 8th of October, 1853, are represented to have been,—

	Number Attacked.	Deaths.	Recovered.
Civilians .....	760	495	195
Military .....	140	60	69

There were still under medical care, at the date of the latest despatches, 81 persons.

RUSSIA.—The cholera is said to have subsided.

HAMBURG.—The present visitation of cholera at Hamburg appears to have been comparatively slight. There is ground for hope that the epidemic there is at an end, as only 15 fresh cases have occurred since the 26th of September, and no new case was notified to the authorities on the 6th of October, nor on the three preceding days. Up to the 2nd of October, the total number of persons attacked is stated to have been 537, of whom 279 died and 201 recovered; 51 remained, at that date, under treatment. The unmitigated force of the disease, however, in the developed cases, is shown by the high mortality, upwards of one-half of those who passed into cholera having perished.

SEAMAN'S HOSPITAL SOCIETY.—CHOLERA ON THE RIVER.

On Tuesday a quarterly general court of the governors of this charity was held at the offices, 74, King William-street, City. It was announced that the Government had been applied to with respect to "a cholera ship," for the purpose of receiving cases of cholera occurring amongst the sailors on the river. To this judicious request the Government has acceded; and her Majesty's ship the *Devonshire* has been granted for that purpose. It is moored near the *Dreadnought*, off Greenwich, and patients are received at all hours of the day and night. As yet there have been but 20 cases, as we are informed, on the river, and the prevalence of the disease is decreasing rather than otherwise, so far as the Thames is concerned. The *Devonshire*,



the "Cholera ship" has accommodation for two hundred. There are ample provisions in the way of nurses, physicians, &c. It will be remembered that the same course was adopted by this charity when the cholera last visited our shores. On that occasion the ship *Iphigenia* was granted for that purpose, and 250 cases were treated therein. The agents of the society are now also engaged in distributing a medicine found useful and adapted to sailors, gratuitously, at the sailors' homes, Thames church-ship, and other places that all may have recourse to it when the preliminary symptoms appear.

#### EAST SURREY CHOLERA SOCIETY.

Tuesday, October 18, 1853.

ROBERT WILLIS, M.D., in the Chair.

The first meeting of the East Surrey Cholera Society was held at Richmond, on Tuesday evening, Oct. 18th. Dr. Willis, of Barnes, was called to the chair.

Mr. Richardson, the honorary secretary and founder of the society, read a lengthened and appropriate report, in which the objects of the society were detailed as follow:

"1. To establish in the district called East Surrey, the parliamentary division being understood, a society, to be named the East Surrey Society for the Observation of Cholera. The society to consist of a President, Vice-Presidents, Secretary or Secretaries, a Treasurer, Councillors, Honorary Members, and Members.

"2. To have monthly meetings of this society, held at various towns in the district, so selected as to suit the convenience of all members.

"3. To originate and encourage the formation of local committees of the society, which should meet weekly during the period of the epidemic, and frame brief reports of all the cases of cholera that have occurred in their special localities.

"4. To arrange that, at the general meetings of the society, these local reports should be read and received, and that at each meeting some particular point connected with cholera should be set apart for discussion; a committee selected from the members of the whole society having been previously appointed to prepare a report on the subject to be discussed. The report to be read previous to the discussion.

"5. To make provision that the Council of the Society, after each general meeting, shall prepare a full report of all the labours of the society since the previous meeting. These reports to be printed in one or more of the medical periodicals.

"6. To fix on a small subscription to be paid by each member, to defray the expenses incurred by correspondence and other matters."

Various resolutions appointing the council and office-bearers were passed, and several excellent speeches in advocacy of the scheme were delivered by the gentlemen present.

#### Obituary.

Aug. 25.—SIR JAMES THOMSON, K.C.B., Physician-General of the Bengal Army. Sir James Thomson had been upwards of forty-two years in the service, during which long period he had never been absent from his duties, excepting for a few months after his return from Java; and, like a true soldier, he has died at his post. He was seized with a fit of apoplexy whilst at the meeting of the Medical Board, on the 25th of August, at about 11 A.M. He was removed to his own house, and though he continued to receive all the aid that the greatest skill and attention could afford, he gradually sunk, and expired at half-past ten, P.M., without having spoken, or manifesting a sign of consciousness from the commencement of the attack. The record of his services is concise;—He "served in Java; medal: in Afghanistan with the 2nd

Cavalry; medal: and as Superintending Surgeon in China, present at the capture of Nankin; medal." Had every action at which he was present been enumerated, the record would have been as lengthy as that of others who have received a like number of decorations. The medical service has lost one of its greatest ornaments, society a most accomplished member, and one whose worth and amiability had justly won the respect and esteem of all who were acquainted with him. The demise of Sir James Thomson will bring Senior Surgeon Clapperton, the Superintending Surgeon at Barrackpore, into the Medical Board, and Senior Surgeon Forsyth, the Apothecary to the East India Company, will succeed Surgeon Clapperton at Barrackpore.

October 9.—JOHN GLOVER LOY MERRYWEATHER, M.D. St. Andrews, and L.R.C.S. Edin. 1851, at Flowergate, Whitby, after two years' lingering illness, aged 23. The deceased was the eldest son of Dr. George Merryweather, and grandson of Dr. John Glover Loy, of Yew Court, near Whitby.

Oct. 11.—WILLIAM JAMES, M.D. Aberdeen, 1845; M.R.C.S. Eng., 1834; L.S.A. 1833; at his residence, 18, Park-street, Bristol. Dr. James held the office of Surgeon Accoucheur to the Bristol Dispensary and the Lying-in Institution.

Lately.—FRANCIS GOOLD, Esq., Surgeon, by the wreck of the *Amie Jane*.

Lately.—MALCOMBE, Esq., at Newcastle-on-Tyne, of cholera.

#### Medical News.

OXFORD UNIVERSITY.—The Regius Professor of Physic commences a course of lectures on Anatomy and Physiology on Monday, the 31st inst. Gentlemen desiring to attend these lectures are to call on the Professor, at his residence, on or before Saturday, the 29th inst. The Clinical Professor of Medicine commences his next course of instruction at the Radcliffe Infirmary, at one o'clock, on Tuesday, Nov. 1. Those students of medicine (non-academics) who desire to attend these lectures will be required to exhibit the written consent of the parties to whom their services, as pupils, are legally due.

CAMBRIDGE UNIVERSITY.—The following Grace passed the Senate:—To appoint Dr. Paget, Caius College, Examiner for Medical Degrees during the ensuing year. The Woodwardian Professor will commence his course of Geological Lectures on Friday, October 28, at twelve o'clock. The lectures will be given five days a-week, *i.e.*, Monday, Tuesday, Wednesday, Friday, and Saturday, at the same hour, in the Geological Museum, till the end of the course.

FELLOWSHIP OF THE COLLEGE.—The following members of the Royal College of Surgeons were elected "Fellows" at a meeting of the Council on the 13th inst., *viz.*:—Francis Bennett, Gateshead, date of diploma, Feb. 3, 1832; H. Bickersteth, Cape Town, South Africa, Jan. 5, 1838; Samuel William Brown, Lewisham, June 1, 1827; William Henry Brown, Lewisham, Aug. 26, 1836; Thomas Burlton, Leominster, Nov. 20, 1835; John Strange Chapman, Army, Dec. 9, 1825; Oscar Moore Passey Clayton, Percy-street, May 11, 1838; Thomas Coc, Bury St. Edmunds, July 4, 1838; John Crouch, Bruton, Somerset, Nov. 15, 1833; George Daglish, Wigan, Lancashire, April 20, 1827; John Dickenson, Wrexham, March 20, 1835; Benjamin Dulley, Wellingborough, Jan. 28, 1829; Charles Edwards, Cheltenham, Aug. 24, 1838; Edward Evans, Cardiff, March 21, 1834; Frederic Fry, Maidstone, July 2, 1830; Benjamin Hands, Hornsey, Middlesex, Sept. 3, 1819; Thomas Haslehurst, Claverley, Salop, Aug. 18, 1826; Henry Hayward, Aylesbury, May 8, 1835; Thomas Howitt, Lancaster, April 29, 1831; William Howitt, Preston, April 3, 1833; Mark Wilson Jackson, Stamford-Baron, May 26, 1826; William Jackson, Penrith, Dec. 2, 1814; Robert Jones, Long Melford,



Dec. 1, 1820; Thomas Lewis Gosport, Aug. 20, 1813; William Major, Camberwell, Oct. 4, 1833; Stephen Edward Piper, Darlington, June 22, 1838; Arnold Rogers, Hanover-square, April 16, 1830; Thomas Siddeley, Leigh, Lancashire, Dec. 15, 1820; Henry Lindsell Sopwith, Tunbridge Wells, April 28, 1835; George Southam, Salford, Manchester, July 20, 1838; Warrick Walter Wells, Bengal Army, May 8, 1835; W. H. B. Winchester, Westbourne-terrace-road, Feb. 16, 1838.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 14th inst.:—George Augustus Fulcher, Finchley, Middlesex; James Hadaway, St. Nicholas, Isle of Thanet; James Kearney, Calcutta; Frank Powell, Chichester, Sussex; George Edmund Smale, Plymouth; St. John Stanley, Shifnal, Shropshire; Charles Sturges, Sidney-square, Mile-end; Richard Henry Thomas, Ibstock, Leicestershire.

**LICENTIATES IN MIDWIFERY.**—At a meeting of the Board of Examiners in Midwifery of the Royal College of Surgeons of England, on the 12th inst., the following gentlemen having undergone the necessary examinations, were admitted Licentiates:—John Samuel Beal, Harrow-road, diploma of membership, dated December 11, 1846; Theodore Duka, India, October 7, 1853; James Hester, Oxford, October 7, 1853; Benjamin Kerr, Cowes, Isle of Wight, November 5, 1852; Robert Knaggs, Swindon, July 19, 1852; Henry Frederick Marley, Padstowe, April 29, 1853; Thomas Peete, Cannon-street-road, July 17, 1851; George Whitefield Sparke, Finsbury, October 7, 1853; Thomas Tomlinson, Maldon, July 11, 1853; Thomas Wigglesworth, Coleford, June 18, 1852.

**THE COLLEGE OF SURGEONS.**—The improvements at the Royal College of Surgeons are nearly completed. In the last session, as appears by a recently issued Parliamentary paper, 15,000*l.* was paid for enlarging the theatre.

**MEDICAL APPOINTMENT.**—Mr. George Simpson was elected on the 14th inst., Resident Medical Officer of Queen Adelaide's General Dispensary, St. Luke's.

**PARIS.—GYMNASIUM IN THE HOSPITAL FOR CHILDREN.**—For several years past, first in a humble and unobtrusive way, the "Administration de l'assistance publique," a body to be compared to the Poor-law Commissioners of London, have had erected a roofed gymnasium at the above hospital. It has been observed with astonishment, that by reverting to these bodily exercises many of the ailments hitherto so obstinate to the arts of medicine, as scrofula, rachitis, epilepsy, &c., yielded in a very short time, and that the children became also physically more gay and vigorous. A distribution of prizes is also held once a year at this medical gymnasium for the children of the poor, which this year was attended by the highest civic authorities of the French capital.—*The Press.*

**DR. DANIELL.**—We regret to announce that Dr. Daniell, of Grosvenor-street, has been for some time in a very precarious state of health, through attendance on fever from sewage effluvia connected with choleraic symptoms.

## Notices to Correspondents.

**NOTICE.**—In order to facilitate the transaction of the rapidly-increasing business of the "Medical Circular," and to meet the wishes of those gentlemen desirous of a personal interview, the EDITOR has arranged to attend at the OFFICE, 128, STRAND, every WEDNESDAY, between the hours of Twelve and Two, p.m.

The "Medical Circular" may be procured by an order on any Newsvendor or Bookseller; or it will be sent direct by post from the Office, to subscribers for one year, on receipt of Sixteen shillings; half-yearly subscription, 8*s.*; quarterly, 4*s.* Cases for containing the numbers, bound in cloth, 1*s.* 6*d.*, or by post, 2*s.* Post-office Orders to be drawn in favour of Thomas Rolfe, Post-office, Charing-cross.

**THE GLASGOW MEDICAL JOURNAL.**—The last number of this periodical has not been received.

**MR. J. S.**—Private persons could, undoubtedly, interfere—the husband consenting or not. The proper course would be to inform the Coroner, who would summon an inquest. We assume that your suspicions are founded in truth.

**MR. WESTON (Regent's Park).**—We have received your note, and wish you success in your undertaking. If one or two active men in every parish would follow the admirable example you have set, we should soon see Local Medical Boards established in every part of the country, and an organization established for scientific purposes, the full ultimate advantages of which we can hardly yet foresee. All the assistance we can offer shall be at the service of gentlemen engaged in such an honourable enterprise.

**MR. R. CLARK.**—We thank you for your information that the lines lately published in our journal, entitled a "Country Surgeon," were attributed to Mungo Park, who was himself a surgeon. We have not forgotten the other subject alluded to, but have kept the Regulations for reference, so soon as we may be able to give them our attention. We hope that we shall soon have an opportunity.

**DR. SAMUEL THOMSON.**—The seventh part of the "Medical Men of the Three Kingdoms" has been received, and will shortly appear.

**E. W. P. (Hunmanby).**—Communication received.

**MR. W.**—The Edinburgh Infirmary contains 550 beds; but we believe that the average number of in-patients is not more than 400.

**HIPPOCRATES.**—Received.

**W. R. C.**—Sufficient has already appeared on the subject referred to. We cannot quite agree with you in your opinion respecting the judgment of the public.

**A SUBSCRIBER.**—The Manchester Schools of Medicine are as good as any in England. The official information our correspondent requires is contained in our "Synoptical Chart," which can be had from the publisher.

A correspondent has sent us the following modest advertisement, which requires no comment:—

*To the Editor of the "Medical Circular."*

**SIR,**—I fancy the enclosed will attract your attention when introduced to your notice, *vide* page 43, "London Medical Directory," 1853; can this be the same as therein described? Perhaps you will furnish your readers with an analysis of this wonderful Synovitic Lotion.—Yours obediently, M.R.C.S.E.  
Die Solis, 16mo Octobris, 1853.

**"EXTRAORDINARY DISCOVERY.—A CERTAIN CURE FOR CANCER, &c.**—To Dr. Batchelour has been communicated (from abroad) one of the most astounding discoveries of our age. By an external application, without pain, Cancers, even in the last stage, are completely eradicated, White Swellings, Enlarged, Stiff, and Contracted Joints, Rheumatism, Tic Doloroux, Lumbago, Fistula, Piles, Corns, Spinal Complaints, and Neuralgic Pains are cured by Major's Synovitic Lotion, as modified for the human subject by Dr. Batchelour, M.D., M.R.C.S.E., & L.A.C. Dr. Batchelour may be seen at No. 12, Finsbury-place South, Finsbury-square, from 12 till 3; and at Mr. Watts', druggist, No. 17, Strand, every Tuesday and Friday, from 3 to 5. For Cancers, Dr. Batchelour must be consulted; but for the other complaints, the Lotion may be applied by invalids themselves. The Lotion is sold in bottles at 1*l.*s. and 2*l.*s. each, at No. 12, Finsbury-place, and at Mr. Watts', 17, Strand. Orders to be pre-paid."—*Lloyd's Weekly*, Sept. 25, 1853.

**J. E. B.**—We cannot undertake to answer questions that involve the sending of a messenger from our office to a distant part of London to procure the information. If we undertook such duties, we should soon be obliged to establish an agency to perform them, and get no repayment for our expenditure. Rather an unprofitable business! In the present instance, a penny-post letter sent direct to the office will, without doubt, be immediately attended to by the secretary.

**VERITAS.**—The strictures are too severe for insertion.

**MEDICUS (Camberwell).**—The communication is an advertisement.

**MR. S.**—The idea is not new, but it is highly fruitful. It is a question whether the remedies referred to act directly on the nerves at their extremities, or influence the system through the cerebrum. A few well devised experiments might prove the point.

**AN APPRENTICE.**—We do not think that you have stated anything against the gentleman with whom you reside to justify your strictures. Young men are apt to think more of them-



selves and their fancied rights, than of their studies and their duties. If you are really subjected to a series of petty annoyances, meet them in a manly spirit, but we suspect that you are touched with melancholy and discontent, and have, in truth, little to complain of. Your master would, doubtless, allow you to walk out every day if your health required it, and you applied for it in a becoming manner.

**SOCIUS.**—We have not heard of such an intention. Go into whatever society you may, you will find bigots and other unpleasant people. It is not in the power of any society to root them out, without changing the nature of mankind. The practical course is toleration.

**MR. W.**—The Spongio-Piline is composed of sponge and wool, felted together in three bodies, and lined on one side with a coating of caoutchouc. It is an excellent substitute for poultices, and, impregnated with hartshorn, ammonia, &c., might be used advantageously in the place of sinapisms and vesicatories.

**R. C.**—The "Cases" should be forwarded.

**JONATHAN.**—1st, Ycs. 2nd, Yes. 3rd, We do not know.

**ANTIQUACKERY.**—We do not see the name of the individual in the College list. The secretary of Guy's hospital would readily give you the information you want.

**A CONSTANT SUBSCRIBER AND OCCASIONAL CONTRIBUTOR TO THE "MEDICAL CIRCULAR."**—Had your communication been authenticated with your name, or had we a belief that you really are what you represent yourself, we should not hesitate to publish your letter. We doubt that any father—himself a medical man—has been silly enough to enter his

son at the Royal Free Hospital School; and we doubt also that you are an "occasional contributor to the "Medical Circular." Were you so, your hand-writing would be known to us; and we must confess that we do not remember to have seen it before. The scurrility of your note proves to us that you are one of the lecturers or understrappers at this precious college, and have resorted to this "dodge" to deter us from pursuing the line of our duty. We did not style the "Hospital" the "Refuge for the Destitute," for we should be sorry to stigmatise humble and suffering poverty with contempt; but we applied this phrase to the "School:" and we trust that by this cognomen it will continue to be known. For the rest, you have altogether misrepresented our motives; of which, from the knowledge you possess of the school, you must have been fully aware. Were the school so independent of us as you imply, we should never have received your letter. We reiterate that it is a paltry job, and no puffing will make it respectable.

**HIBERNICUS.**—We are apprehensive that, at the present moment, while peoples heads are filled with cholera fears and cholera notions, there is but little probability of fixing attention on the subject. So soon as a fair opportunity arrives, we will assist your object with all our power.

**DELTA.**—The debt is recoverable in a County Court, but if the debtor remove from the district, you will be obliged to take out a fresh summons, and you may be robbed at last.

**MEDICUS (Burlington Quay.)**—The publisher of the "Anti-Silent Friend" is Mr. Appleyard, of Farringdon-street, and the price is 1s. 6d.

## ADVERTISEMENTS.

### Rumble's Improved Elastic Bodice,

recommended by eminent Physicians.—This superior and much improved Elastic Bodice can with confidence be offered to ladies, as surpassing any yet made; it fastens easily in front, retains its firmness and elasticity, and by a peculiar system, adopted by Mrs. Rumble, a perfect fit is ensured. To be obtained only of the manufacturer, M. Rumble, 2, Welbeck-street, Cavendish-square, opposite the Savings Bank.

STAYS SUPERSEDED.

### Great Exhibition Elastic Bodice.

—Stiff Stays destroy natural grace, produce deformity, and implant disease. Curvature of the spine, consumption, and a host of evils arise from their use. **MARTIN'S ELASTIC BODICE** is without whalebone or lacing, at the same time furnishing a sufficient support, and imparting to the figure that natural elegance, which is quite impossible under the pressure which is the great aim, as mischief is the certain end, of all kinds of stays. The time and patience of the wearer are also spared, by a simple fastening in front, to obviate the trouble of lacing. As there are several imitations of these celebrated Bodice, it is necessary to inform the Public that they can be obtained only of the Inventors and Manufacturers, E. AND E. H. MARTIN, 504, New Oxford-street.

A Prospectus, &c., on receipt of a stamp, can be sent by post.

### For Varicose Veins & Weakness.—

**SURGICAL ELASTIC STOCKINGS, AND KNEE-CAPS** on a New Principle, pervious, light in texture, and *inexpensive*, yielding a permanent, efficient, and unvarying support under any temperature, without the trouble of Lacing and Bandaging: likewise, a Strong, Low-priced Article for Hospitals and the Working Classes: **ELASTIC NET CORSETS** of the same beautiful fabric, **ABDOMINAL SUPPORTING BELTS**, for both sexes, those for ladies' use before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instructions for measurement, and prices on application, and the articles sent by post, from the Manufacturers, **POPE and PLANTE, 4, WATERLOO-PLACE, PALM-MALL, LONDON.**

The Profession, Trade, and Hospitals supplied.

### Horne, Thornthwaite, and Wood,

PHILOSOPHICAL AND CHEMICAL INSTRUMENT MAKERS, 122, and 123, NEWGATE-STREET, LONDON.

Medical Achromatic Microscopes, in Case, for Anatomical Urinary Deposits, &c., £2 2s., £5 5s., and upwards.

Electro-Galvanic Machines, giving a uniform Current of Galvanism of great quantity, in one direction only, and of the only form and construction suitable for medical application, in portable case, £3 3s., £5 5s., and £8 8s.

Urinometers, gilt metal, 14s.; glass, 4s. 6d.; in case for pocket with Thermometer, Acid, &c., 21s. and 35s.

Apparatus and Tests for Analyses of Urine, and Toxicology. In Cases, £3 3s., £5 5s., and £10 10s.

TO GENTLEMEN SEEKING APPOINTMENTS.

### The Civil Service Gazette (Weekly

Family Journal, Price Sixpence) contains each week a List of all Vacancies and Appointments in the Treasury, Post Office, Admiralty, Audit Office, Royal Dockyards, War Office, Home and Colonial Departments, Foreign Office, Customs, Coast Guard, and all other Departments of the State, both in England and the Colonies. The information is official and authentic. The **CIVIL SERVICE GAZETTE** is also a complete Newspaper, with the usual Parliamentary, Legal, Home and Foreign News, Literary Notices, and Theatrical Critiques. Its Ecclesiastical Intelligence supplies a List of Clerical Vacancies, with the name of the Patron and Value of each Living. It contains the usual Naval and Military Gazettes; and in the General News will be found an account of Vacancies in Railways and Dockyards, and all the great Incorporated Companies. Office—5, Catherine-street, Strand.

### Dr. Pereira.—This late Eminent

Physician's opinion of **HARDS' FARINACEOUS FOOD** for Infants and Invalids:—

"I have carefully examined, and repeatedly prescribed 'Hards' Farinaceous Food' (See Pereira's 'Treatise on Food and Diet,' pp. 309 and 473, &c.), which is prepared from the most nutritious of the cereal grains. It combines both nitrogenised and non-nitrogenised alimentary principles, and forms a very valuable food for children and invalids.

"**JOHN PEREIRA, M.D., F.R.S.,**

"Assistant-Physician to the London Hospital.

"47, Finsbury-square, July 1, 1843."

Sold by Chemists and Druggists, Patent Medicine Vendors, Tea Dealers, and Italian Warehousemen, in 1s. and 2s. packets, and tin cases, 7s. 6d. each. Observe—all genuine packets and cases are signed "Jas. Hards," and manufactured at the Royal Victoria Mill Dartford, Kent.

### Argyll Baths, 10, Argyll-place,

REGENT-STREET,

AND AT 5, NEW BROAD-STREET, CITY.

TERMS:

WARM BATHS—ONE SHILLING EACH.

Reserved Rooms, including the Ladies' Department, One-and-Sixpence each; Twenty-one Transferable Tickets, One Guinea. Vapour, Sulphur, and Harrowgate Baths, 3s. 6d. each—8 for 21s. Hot Air, Mercurial, and other dry Fumigating Baths, 5s. each—6 for 21s.

Portable Warm Baths sent out within ten miles of London. Single Bath (with hot linen, &c.), within one mile of Argyll-place, 5s.; every additional mile, 1s. extra.

An idea may be formed of the capacity of these Establishments when it is stated that upon their erection and completion upwards of £30,000 has been expended, and that at each place one hundred Baths can be given in an hour.



## Taraxacum (Davenport's) Liqueur,

or FLUID EXTRACT, Prepared by Spontaneous Inspissation, possesses every characteristic of the fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm. 6s. per lb.

COTYLEDON UMBILICUS.—The Solid and Fluid Extracts, 1s. 3d. and 1s. per oz.; also, the Preserved Juice, 5s. 4d. per lb., as recommended by Mr. Salter, of Poole, in Epilepsy.—J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 33, Great Russell-street, Bloomsbury.—A List of Preparations forwarded on application.

## Indian Bael.—“As to the Bael Fruit,”

says a professional friend in Calcutta, “I consider it the most certain remedy we possess for Dysentery and Diarrhoea. I have frequently seen it arrest the progress of these diseases in twenty-four hours, after all other medical treatment had failed.—See “Practical Observations,” by J. R. Martin, Esq. F.R.S., “Lancet,” July 16.

The Bael is imported and sold Wholesale, both in the ripe and unripe state, and in the form of Concentrated Decoction, by M. POUND, Chemist, 198, Oxford-street.

## Drug Price Currents forwarded, free

of Postage, on application, by Messrs. HEWLETT and GODDARD, Wholesale Druggists, 6, Arthur-street West, Upper Thames-street, near London-bridge, containing the ready-cash prices for Drugs and Pharmaceutical Preparations of the purest quality. Messrs. H. and G. solicit the attention of the Medical Profession resident in the Provinces, Infirmary Committees, Dispensaries, &c., &c., to the advantages attendant upon the above Price Current.

## W. Twinberrow begs to draw the

attention of the Medical Profession to his

### EXTRACT OF INDIAN HEMP,

Prepared expressly for him at Calcutta, its peculiarly sedative properties being so beneficial where opiates are inadmissible; also to his

#### MEDICINAL EXTRACTS,

Prepared from the fresh plants (*Hyoscyamus Niger*, *Conium Maculatum*, *Atropo*, *Belladonna*, *Cotyledon Umbilicus*, &c.), also to his Liqueur, *Taraxaci*, Liqueur, *Galli Aparinis* (a valuable alterative), Liqueur, *Parietaria* (diuretic), and Liqueur, *Belæ* (prepared from the *Ægle Marmelos* or Indian Bael), for Dysentery and Diarrhoea.

W. T. has a large supply of INDIAN BAEL, and PURE COD'S LIVER OIL of his own manufacture on hand.

2, Edwards-street, Portman-square.

## BROWN'S CANTHARIDINE BLISTERING TISSUE,

Prepared from pure Cantharidine.

## An Elegant Preparation, Vesicating

in much less time than the Emp. Lytta. P.L., easily applied and removed, and will not produce stranguary or troublesome after-sores. It has received the sanction and commendation of the most eminent practitioners in the kingdom.—In Tin Cases, containing twelve square feet, 6s. 6d.; and small Cases of six feet, 3s. 6d. each.

### BROWN'S TISSUE DRESSING,

An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the “New York Journal of Medicine,” March 1st, 1850.

“BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharidis are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the medical profession.

“Accompanying this article is a very simple and neat dressing.” From the “Medical Examiner and Record of Medical Science,” for May, 1850, published in Philadelphia.

“We have received from Mr. George D. Phelps of New York, specimens of Brown's Cantharidine Blistering Plaster and Dressing, with which our readers are doubtless familiar as a new and exceedingly neat preparation, easy of application and certain in their effects. We have given them a fair trial, and find they fully answer our expectations.”

“Army Medical Department, January 16th, 1847.

“The Principal Medical Officer of the General Hospital, Port Pitt, Chatham, reports that Mr. Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of stranguary.”

ANDREW SMITH, M.D.

“Deputy Inspector-General of Hospitals.”

“Mr. T. E. Brown, Druggist.”

Prepared by THOMAS B. BROWN, PHARMACEUTICAL CHEMIST, 42, ADMIRAL-TERRACE, VAUXHALL-BRIDGE-ROAD, LONDON; and sold by the Sole Consignee, Mr. William Bailey, Wolverhampton, and all Wholesale and Retail Druggists and Medicine Agents throughout the British Empire.

## Jozeau's Copahine-mege, or Sac-

charated CAPSULES, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhoea, Gleet, and Leucorrhoeal Discharges, on an average of six days (see “Lancet” of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by G. Jozeau, sole French Chemist, 49, Haymarket, London; and Jozeau, Pharmacien, 161, Rue Montmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with the name of Gabriel Jozeau printed thereon.

TO SURGEONS, CHEMISTS, &c.

## Sulphate of Quinine (without

Alcohol). Patented 28th of July, 1853, by EDWARD HERRING, Chemical Works, Trinity-street, Southwark, London.

These Sulphates of Quinine are prepared by extracting the coloring of the bark by means of a caustic solution of Soda or Potash; thus avoiding the necessity of the usual bleaching Agent, impure Animal Charcoal—and dispensing with the use of Alcohol. The Patent has, therefore, the advantage of manufacturing a Sulphate of a Quality very superior to that produced by the ordinary Spirit process.

The WHITE (Bleached) SULPHATE is the usual article of commerce, but being manufactured by the patent Caustic Alkali process, requires the agency only of pure Animal Charcoal, for the perfect bleaching of the Salt, producing a whiteness which is scarcely possible to be attained by the hitherto known processes. Put up in the usual 10z. bottles; also in 4oz. bottles (free).

THE UNBLEACHED SULPHATE, although of such recent introduction, has not only been chemically attested and approved, but already put into extensive application by the large London and Provincial Hospitals and Dispensaries.

The Crystalline form is the same, and is, in every respect, identical with the usual white article, with the exception of the one being bleached and the other unbleached.

Independently, therefore, of its commercial points, the vast saving of about 20 per cent. in price, is not the least of its recommendations. Put up in bottles (free) of 3 oz. each, also 1 oz. sample bottles.

THE PATENTED SULPHATES to be had of the leading Drug-gists in London and the United Kingdom, and in quantities of not less than 100 ounces, from the Manufactory, Chemical Works, Trinity-street, Southwark, London.

July 28, 1853.

## Hats perfectly ventilating, pliant

to the head, many ounces lighter than those in present use, yet equally durable. These Hats, as exhibited by MESSRS. GAIMES, SANDERS, & NICHOLL, at the Great Exhibition, 1851; and which are now so extensively patronised by the nobility and gentry, by the leading members of the legal and medical professions, and by many of the most eminent literary men, can be obtained in London, at 22, BIRCHIN-LANE, CORNHILL, and 111, Strand; or of their agents in most of the principal towns in England, Scotland, and the Colonies. The usual discount allowed to shippers.

## Mayall's Daguerreotype Portrait

GALLERIES, 224, Regent-street, corner of Argyle-place, and 443, West Strand.—Mr. Mayall invites inspection of his newly patented process for producing crayon effects in daguerreotype miniatures, also his extensive collection of original portraits of parliamentary, scientific, literary, and theatrical celebrities. Portraits taken daily in the highest style of art. “Mr. Mayall's crayon pictures are much distinguished for the beauty of their execution, the tint being harmonious and neutral, the various textures of flesh, hair, drapery, &c., discriminated with a painter's taste, and an entire absence of a certain commonness of aspect which has tended hitherto to disparage this art.”—Athenæum.

## To Authors, Publishers, etc.—Wood

ENGRAVINGS.—Illustrations for Books, Periodicals, Newspapers, and every class of Wood Engravings executed in a superior style, at reasonable prices, by GEORGE DORRINGTON, Designer and Engraver on Wood, 4, Ampton-street. Gray's Inn-road.

TESTIMONIALS.—“We are much pleased with your Engraving, and are obliged by your punctuality.”—Cambridge Advertiser. “We are quite satisfied with your workmanship.”—Edinburgh Evening Post. “The Engraving does you great credit.”—Leicester Chronicle. “The Engraving has worked admirably, we are perfectly satisfied with it.”—Cambridge Independent Press. “Your acclarity, business-like tact and system are admirable.”—Sheffield Times. “We are quite satisfied with the Engravings; they have our entire approval.”—Derbyshire Courier. “The workmanship is very creditable to you, and worthy of the patronage of the press.”—Nottingham Review. “We can fully bear out the eulogiums of other newspapers on your ability and punctuality.”—Shebourne Journal. “We have much pleasure in bearing testimony to your promptitude in the execution of Engravings, and also to the general excellence of the work.”—Leicester Mercury.

ESTIMATES AND SPECIMENS POST-FREE.



## Medical Agency & Lunatic Asylum

REGISTRATION.—MESSRS. LANE AND LARA, 14, JOHN-STREET, ADELPHI (Established A.D. 1828), have always for disposal, Practices, Partnerships, Asylums and such Businesses as are usually carried on by Professional men, of all kinds, in every locality. Commission is charged only to vendors for successfully conducting a negotiation, payable out of the purchase money. Any description of business transacted for medical gentlemen, at a fixed and moderate cost.

Assistants are provided without expense to principals. Messrs. LANE and LARA have also much pleasure in respectfully inviting the attention of the profession to their LUNATIC ASYLUM REGISTRY, by which the friends of the Insane and of Invalids may obtain, gratuitously, the Terms and Prospectuses of establishments adapted to every class of the community, and the fullest information on every point connected with them. A list is kept of Superintendents, Medical Officers, Matrons, and Male and Female Attendants.—(Vide "The Lancet," May 10, and "Medical Times," May 17, 1851. \* \* \* Office hours from Twelve till Four.

## Eastgate House, Lincoln. a Private

Establishment for the residence of a limited number of Ladies of the Upper and Middle Classes. Conducted by MR. GARDINER HILL, M.R.C.S., Eng., originator of the system of Non-restraint in Lunacy, and Mrs. HILL.—Physician, R. ELMHIRST, Esq., M.D., Cantab.

## The Richmond Surgical, Whitworth

MEDICAL, and HARDWICKE FEVER HOSPITALS, NORTH BRUNSWICK STREET.—The Course of Attendance and Clinical Lectures at the above-mentioned Hospitals will commence on MONDAY, the 31st of OCTOBER, 1853, and will be continued during the Winter and Summer Sessions.

These Hospitals contain 300 beds, and have attached to them the Talbot General Dispensary, the Lunatic Asylum at Island Bridge, and the Truss Establishment for the Relief of the Ruptured Poor of Ireland; also a well-selected Medical and Surgical Library. There is, also, an extensive Museum, containing nearly four thousand Morbid Preparations, Casts and Drawings, available for Clinical Instruction, and always accessible to the Hospital Class.

The Surgeons visit daily at half-past Eight o'clock, and the Physicians daily at Ten o'clock, A.M.

Two Surgical and Two Medical Clinical Lectures will be delivered in each Week.

The Resident Pupils and Clinical Clerks of the Richmond, Whitworth, and Hardwicke Hospitals are selected from the Class, according to merit.

The Instruction in CLINICAL MEDICINE is given by—D. CORRIGAN, M.D., T.C.D., Physician in Ordinary to the Queen in Ireland, &c.; J. BANKS, M.D., T.C.D., Honorary Fellow of the King's and Queen's College of Physicians in Ireland, King's Professor of the Practice of Medicine, Examiner in Medicine to the Queen's University, Physician Extraordinary to the Richmond Lunatic Asylum, &c.; B. G. McDOWELL, M.D. F.R.C.S.I., Lecturer on Anatomy and Physiology in the Carmichael School of Medicine, &c.; S. GORDON, M.D., F.R.C.S.I., Physician to the Government Lunatic Asylum at Island Bridge.

The Instruction in CLINICAL SURGERY is given by—E. HUTTON, M.D., T.C.D., F.R.C.S.I., Surgeon to Simpson's Hospital, &c.; R. ADAMS, M.D., T.C.D., F.R.C.S.I. &c.; J. HAMILTON, F.R.C.S.I., Lecturer on Surgery in the Carmichael School of Medicine, &c.; R. W. SMITH, M.D., T.C.D., F.R.C.S.I., M.R.I.A., Professor of Surgery in the University of Dublin, Surgeon to Sir P. Dun's Hospital; C. FLEMING, M.D., T.C.D., F.R.C.S.I., Surgeon to the Netterville Institution, Examiner in Surgery, R.C.S.I., &c.

In the immediate vicinity of these Hospitals is the Carmichael (late the Richmond Hospital) School of Medicine, where regular Courses of Lectures are delivered on the several subjects of Medical Science.

Attendance for nine months on the practice of a General Hospital, with attendance on the Clinical Lectures on Medicine and Surgery therein delivered, is, by a regulation of the Board of Trinity College, required from Candidates for the Degree of M.B.

The London College of Surgeons require a list of the Pupils entering for the Winter Session, to be transmitted to their Secretary on or before the 25th of November next.

TERMS OF ATTENDANCE.—For the Winter Session of Six Months, Eight Guineas; for the Summer Session of Three Months, Three Guineas.

For further particulars, apply to the Secretary, Dr. HUTTON, 29, Gardiner's-place, or at the Hospitals.

## Members of the Medical Profession

and the Public are respectfully requested, before furnishing, to inspect the extensive and well-selected Stock at RICHARD A. C. LOADER'S CABINET AND UPHOLSTERY WAREHOUSES, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

The Stock comprises every requisite for furnishing, at as low a price as goods of a guaranteed quality can be supplied. Catalogues gratis.

RICHARD A. C. LOADER, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

## Medical Agency, 50, Lincoln's-inn-

fields, Conducted by

MR. BOWMER, M.R.C.S.L.

All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.

(OFFICE HOURS, 11 TILL 4.)

## Royal College of Physicians, Degree

OF M.D., APOTHECARIES' HALL, &c.—DR. COOKE continues to assist (personally or by correspondence) Gentlemen desirous of Graduating in Medicine or Surgery, or of Matriculating at British or Continental Examining Boards.—For terms, &c., apply to DR. COOKE, East Temple Chambers, 2, Whitefriars-street, Fleet-street.

NEMO SIBI VIVAT.

## Medical, Legal, and General Mutual

LIFE ASSURANCE SOCIETY.

126, Strand, London.

FOR HEALTHY AND DISEASED LIVES.

Established A.D. 1846.

TRUSTEES.

JAMES COPLAND, M.D., F.R.S., 5, Old Burlington-street.

VERE FANE, Esq., 189, Fleet-street.

JOHN B. PARRY, Esq., Q.C., Lincoln's-inn.

THE RIGHT HON. THE MASTER OF THE ROLLS, Hyde-park-terrace.

JAMES RUSSELL, Esq., Q.C., Lincoln's-inn.

DIRECTORS.

John B. Parry, Esq., Q.C., Chairman.

\*George H. Barlow, M.D., Guy's Hospital.

Daniel Cornthwaite, Esq., 14, Old Jewry Chambers.

\*F. J. Farre, M.D., St. Bartholomew's Hospital.

T. W. Greene, Esq., 2, New-square, Lincoln's-inn.

Richard Jebb, Esq., Greek-street, Soho.

\*J. C. W. Lever, M.D., Guy's Hospital.

\*William J. Little, M.D., London Hospital.

John Parrott, Esq., Clapham-common.

\*R. Partridge, Esq., F.R.S., King's College Hospital.

\*R. Quain, Esq., F.R.S., University College Hospital.

R. Smith, Esq., Endsleigh-street, Tavistock-square.

F. T. White, Esq., Stone-buildings, Lincoln's-inn.

J. H. Whiteway, Esq., Lincoln's-inn-fields.

Policies never disputed in the absence of wilful fraud; they are a sure and safe provision for settlements, renewal of leases, security of debts, &c.

The Medical Attendant consulted as the Medical Adviser and Examiner of the Society, and awarded a fee of £2 2s. when the sum assured amounts to £250, and £1 1s. when under that sum. The Medical Practitioner also receives for business introduced by him, the usual commission of ten per cent. on the first payment, and five per cent. on the payments of subsequent years.

The Society also claims the support of the Medical Profession on the following grounds:—

1. For several years the "Medical Legal and General" was the only MUTUAL Life Assurance Society connected with the Medical Profession.

2. The Rates are lower than those of any other Medical Life Office.

3. This is the only MUTUAL Life Assurance Society now actually declaring its bonuses once every year.

4. Persons desirous of assuring Diseased or Rejected Lives will find that from the experience acquired by this Society it is enabled to accept such lives at rates both equitable and safe.

5. From the outset the expenses of management have been kept within the narrowest limit consistent with the efficient working of the establishment.

Annuities, endowments, and every form of assurance contingent upon Life transacted at moderate rates.

Annual Premium for assuring £100 at death, with profits.

Age.	Premium.	Age.	Premium.	Age.	Premium.	Age.	Premium.
15	£1 10 10	30	£2 6 2	45	£3 12 3	60	£6 19 0
20	1 15 0	35	2 13 0	50	4 7 8	65	8 17 6
25	2 0 1	40	3 1 2	55	5 9 11	70	11 10 6

Prospectuses, forms, and any further information may be obtained of FREDERICK JAMES BIGG, Actuary and Secretary.

\* The Directors marked with an asterisk are the Medical Examiners of the Society, one of whom is always in attendance on Mondays at 3 o'clock, and on Fridays at 4 o'clock.

The Publisher of the "MEDICAL CIRCULAR," in answer to several enquiries from the country, begs to state that the following are the terms for inserting Advertisements:—

Four lines and under	£0 2 6
Every additional line	0 0 6
Whole Column	2 15 0
Whole Page	5 5 0

London: Printed by WILLIAM TROUNCER, at his Office, No. 9, Corsitor-street, Chancery-lane, in the Parish of St. Andrew, Holborn, in the County of Middlesex; and published by CHARLES JAMES HARRIS, at No. 128, Strand in the City of Westminster.—October 26th, 1853.



THE  
MEDICAL CIRCULAR  
AND  
General Medical Advertiser.

No. 44, NEW SERIES. }  
No. 70. }

WEDNESDAY, NOVEMBER 2, 1853.

{THREEPENCE.  
STAMPED, 4d.

TABLE OF CONTENTS.

	Page		Page
Leading Articles:		Reviews ... ..	345
The Cholera and the Government ... ..	333	Correspondence ... ..	347
A Few more Words on the Lunacy Acts ... ..	334	Medical Notes and Queries ... ..	347
Mirror of Periodical Literature ... ..	334	Dr. W. Kramer, of Berlin, against Mr. Wilde, of Dudlin ... ..	348
Contents of the Medical Journals ... ..	337	The Cholera ... ..	349
Deaf-Dumbness ... ..	338	Obituary ... ..	350
Hospital Reports ... ..	340	Medical News ... ..	350
Anatomy of Quackery, No. XXXII. ... ..	342	Notices to Correspondents ... ..	351
Biographical Notices ... ..	343		

On the First of January next will be published, most carefully revised, and with many new features, which will add greatly to the utility of the Works,

THE LONDON AND PROVINCIAL MEDICAL DIRECTORY. Price to Subscribers, 6s.  
Non-Subscribers, 7s. 6d.

THE MEDICAL DIRECTORY FOR IRELAND. Price to Subscribers, 4s.; Non-Subscribers, 5s.

THE MEDICAL DIRECTORY FOR SCOTLAND. Price to Subscribers, 4s.; Non-Subscribers, 5s.

OBSERVE, that the above are the only Medical Directories, published by Mr. John Churchill, Princes-st., Soho, one of which (the London and Provincial) has been the Index to the Profession for the last eight years, and has received the warmest commendations both from the medical and general press. The utmost pains are taken in the compilation of these works, which are found in all Public Offices, Scientific Institutions, &c., and are constantly referred to in the Courts of Law. Office, 128, Strand, where all communications are to be addressed. C. J. Harris, Secretary.

New Work by Dr. Copland.—In

One Vol. 8vo. price 10s. 6d. cloth, ON THE CAUSES, NATURE, AND TREATMENT OF PALSY AND APOPLEXY: Of the Forms, Seats, Complications, and Morbid Relations of Paralytic and Apoplectic Diseases. By JAMES COPLAND, M.D., F.R.S., Fellow of the Royal College of Physicians, and President of the Royal Medical and Chirurgical Society, &c.

London: Longman, Brown, Green, and Longmans.

The Synoptical Chart of the "Medical Circular" is now ready, with considerable additions,

marginal notes, and explanations, giving at a *coup d'œil* a complete Synopsis of the Classes, Lecturers, Hours, Fees, &c., of every recognised Medical School in England. To be had at the Office of this Journal, price 6d.

TO GENTLEMEN SEEKING APPOINTMENTS.

The Civil Service Gazette (Weekly

Family Journal, Price Sixpence) contains each week a List of all Vacancies and Appointments in the Treasury, Post Office, Admiralty, Audit Office, Royal Dockyards, War Office, Home and Colonial Departments, Foreign Office, Customs, Coast Guard, and all other Departments of the State, both in England and the Colonies. The information is official and authentic. The CIVIL SERVICE GAZETTE is also a complete Newspaper, with the usual Parliamentary, Legal, Home and Foreign News, Literary Notices, and Theatrical Critiques. Its Ecclesiastical Intelligence supplies a List of Clerical Vacancies, with the name of the Patron and Value of each Living. It contains the usual Naval and Military Gazettes; and in the General News will be found an account of Vacancies in Railways and Dockyards, and all the great Incorporated Companies. Office—5, Catherine street, Strand.

To Dentists.—To be disposed of, a

small but increasing Practice, at the West End. Residence, with an excellent workshop, fixtures, and everything requisite for carrying on an extensive business. The advertiser is compelled to retire in consequence of ill-health. For particulars, apply to E. Riego, 106, New Bond Street.

To all Bad Writers.—Mr. T. H.

CARSTAIRS continues to give LESSONS to Ladies and Gentlemen in his highly improved METHOD OF WRITING, enabling all those who require it to obtain a command and freedom seldom (if ever) equalled. Prospectuses of terms, &c., may be had at the Establishment, 81, Lombard-street, City.

Dr. Pereira.—This late Eminent

Physician's opinion of HARDS' FARINACEOUS FOOD for Infants and Invalids:—

"I have carefully examined, and repeatedly prescribed 'Hards' Farinaceous Food' (See Pereira's 'Treatise on Food and Diet,' pp. 309 and 473, &c.), which is prepared from the most nutritious of the cereal grains. It combines both nitrogenised and non-nitrogenised alimentary principles, and forms a very valuable food for children and invalids.

"JOHN PEREIRA, M.D., F.R.S.,

"Assistant-Physician to the London Hospital.

"47, Finsbury-square, July 1, 1843."

Sold by Chemists and Druggists, Patent Medicine Vendors, Tea Dealers, and Italian Warehousemen, in 1s. and 2s. packets, and tin cases, 7s. 6d. each. Observe—all genuine packets and cases are signed "Jas. Hards," and manufactured at the Royal Victoria Mill, Dartford, Kent.



## Sacred Music.—An extensive Ca-

TALOGUE OF SACRED MUSIC, vocal and for the organ, with copious tables of the contents of the very numerous works, may be had gratis and postage free by applying to Robert Cocks and Co., New Burlington-street, London, Music Publishers to the Queen.

## Truth in Absence: Canzonet. Com-

posed by EDMUND B. HARPER. Price 2s. "It is a most charming canzonet, and so captivated are we by it, that we have been deaf to the wishes of a particular friend who has positively asked for it. The melody is purely beautiful, and must charm all who hear it."—*Eliza Cook's Journal*. London: Robert Cocks and Co.

## Fading Away! Song. Written and

Composed by Miss ANNE FRICKER. 2s. "There is a touching sentiment in this song quite removed from triteness. The air and the words seem to have been born together, so well are they matched." London: Robert Cocks and Co.

## Sir Henry R. Bishop's New Duets.

The Last Night (words by J. E. Carpenter, Esq.). 2s. 6d.—The Star of Freedom (words by the same). 3s.—Where are the Plains of Zion (words by the same). 2s. 6d.—The musical critics say that these productions are as fresh and full of genius as Sir Henry's earlier productions.—London: Robert Cocks and Co., New Burlington-street, Publishers to the Queen.

## New Songs by Sir Henry R. Bishop.

—He deems that I can Love again (the Young Widow's Song, the words by J. E. Carpenter, Esq.). 2s. 6d.—The Mother's Last Farewell, 2s.—Her Bright Smile Haunts Me Still. 2s. 6d.—On the Banks of a Beautiful River. 2s. (Words all by the same gifted writer.)—Also the celebrated "Mourn for the Mighty Dead," written by Charles Mackay, and composed by Sir Henry R. Bishop.—London: Robert Cocks and Co., New Burlington-street, Publishers to the Queen.

## Stephen Glover's Vocal Duets.

Words by MRS. CRAWFORD, ANDREW PARK, and J. E. CARPENTER, Esq. Price 2s. 6d. and 3s. each:—Voices of the Day; What are the Wild Waves Saying? Tell me where do Fairies dwell? There's a Sweet Wild Rose; 'Tis Music hath the magic power; Murmuring Sea; The Flower-Gatherers; and 40 others. Three Sacred Duets; words by J. E. Carpenter, Esq., music by Stephen Glover:—No. 1. Ruth and Naomi, 2s. 6d.; No. 2. The Wilderness shall Blossom as the Rose, 2s. 6d.; No. 3. Ho! every one that Thirsteth, 2s. 6d. London: Robert Cocks and Co., 6, New Burlington-street, Publishers to the Queen.

## Hats perfectly ventilating, pliant

to the head, many ounces lighter than those in present use, yet equally durable. These Hats, as exhibited by MESSRS. GAIMES, SANDERS, & NICHOLL, at the Great Exhibition, 1851; and which are now so extensively patronised by the nobility and gentry, by the leading members of the legal and medical professions, and by many of the most eminent literary men, can be obtained in London, at 22, BIRCHIN-LANE, CORNHILL, and 111, Strand; or of their agents in most of the principal towns in England, Scotland, and the Colonies. The usual discount allowed to shippers.

## Indian Bael.—"As to the Bael Fruit,"

says a professional friend in Calcutta, "I consider it the most certain remedy we possess for Dysentery and Diarrhoea. I have frequently seen it arrest the progress of these diseases in twenty-four hours, after all other medical treatment had failed.—See "Practical Observations," by J. R. Martin, Esq. F.R.S., "Lancet," July 16.

The Bael is imported and sold Wholesale, both in the ripe and unripe state, and in the form of Concentrated Decoction, by M. POUND, Chemist, 198, Oxford-street.

## W. Twinberrow begs to draw the

attention of the Medical Profession to his

### EXTRACT OF INDIAN HEMP,

Prepared expressly for him at Calcutta, its peculiarly sedative properties being so beneficial where opiates are inadmissible; also to his

### MEDICINAL EXTRACTS.

Prepared from the fresh plants (*Hyoscyamus Niger*, *Conium Maculatum*, *Atropa*, *Belladonna*, *Cotyledon Umbilicus*, &c.), also to his Liq. Taraxaci, Liq. Galli Aparinis (a valuable alternative), Liq. Parietaræ (diuretic), and Liq. Belœ (prepared from the *Ægle Marmelos* or Indian Bael), for Dysentery and Diarrhoea.

W. & T. has a large supply of INDIAN BÆL, and PURE COD'S LIVER OIL of his own manufacture on hand.  
2, Edwards-street, Portman-square.

## Rymer's Preservative Dentifrice,

and RYMER'S CLEANSING POWDER, for Artificial Teeth, being respectively the most elegant and efficient preparations before the public, are compounded only by Samuel Lee Rymer, Dentist, Croydon, Surrey. Wholesale Agents: Sutton and Co., Bow Church Yard, Dietrichsen and Hannay, 53, and Sanger, 150, Oxford street, London, and sold by most respectable medicine vendors throughout the kingdom. Price 2s. 9d.

## Jozeau's Copahine-mege, or Sac-

charated CAPSULES, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhœa, Gleet, and Leucorrhœal Discharges, on an average of six days (see "Lancet" of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by G. Jozeau, sole French Chemist, 49, Haymarket, London; and Jozeau, Pharmacien, 161, Rue Montmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with the name of Gabriel Jozeau printed thereon.

## Teeth.—By Her Majesty's Royal

Letters Patent.—Newly-invented and Patented application of Chemically prepared White India-rubber in the construction of Artificial Teeth, Gums, and Palates.—MR. EPHRAIM MOSELY, Surgeon Dentist, 61, Grosvenor-street, Grosvenor-square, sole Inventor and Patentee.—A new original, and invaluable invention, consisting in the adaptation, with the most absolute perfection and success, of CHEMICALLY-PREPARED WHITE INDIA-RUBBER as a lining to the ordinary gold or bone frame. The extraordinary results of this application may be briefly noted in a few of their most prominent features, as the following:—All sharp edges are avoided; no springs, wires, or fastenings are required; a greatly increased freedom of suction is supplied; a natural elasticity, hitherto wholly unattainable, and a fit perfected with the most unerring accuracy, is secured; while, from the softness and flexibility of the agent employed, the greatest support is given to the adjoining teeth when loose, or rendered tender by the absorption of the gums. The acids of the mouth exert no agency on the chemically-prepared white India-rubber, and as it is a non-conductor, fluids of any temperature may with thorough comfort be imbibed and retained in the mouth, all unpleasantness of smell or taste being at the same time wholly provided against by the peculiar nature of its preparation. To be obtained only at 61, Grosvenor-street, London; 22, Gay-street, Bath; 34 Grainger-street, Newcastle-on-Tyne

### IMPORTANT TO THE MEDICAL PROFESSION.

## Davenport's Syrup of the Iodide of QUININE AND IRON.

FROM DR. GOLDING BIRD.—"48, Russell-square.—I have now for some time employed pretty largely the triple Compound of Iodide, Quinine, and Iron, prepared by Mr. John T. Davenport, in the form of Syrup. I do not hesitate to express my opinion of its great value as a therapeutic agent. It has appeared to me, that the Quinine assisted the assimilation of the Iron, and I have found it to be of very great value in cases in which the Iodide of Iron is recognised. This triple Compound possesses many advantages over the simple Iodide, and not the least of them is, the satisfactory manner in which it is tolerated by the stomach, especially if administered (as all preparations of Iron ought to be) immediately after a meal.—"GOLDING BIRD, A.M., M.D., F.R.S., Fellow of the Royal College of Physicians, Physician and Professor of Materia Medica at Guy's."

FROM DR. GEO. P. MAY.—"Having for some time past extensively used the ternary compound of Quinine, Iodide, and Iron, prepared by Mr. J. T. Davenport, I can with confidence testify to its marked efficacy in cases of Struma and Anæmia, and, indeed, in all instances in which the exhibition of Iron and its compounds is indicated. This preparation appears to combine all the therapeutic powers of its constituents without their nauseous qualities, which renders it an admirable medicine in the treatment of some of the disorders of childhood.—GEO. P. MAY, M.D.—Maldon."

SYRUP OF THE IODIDE OF ZINC, as prepared for Dr. Barlow, of Guy's Hospital.

TARAXACUM (Davenport's) LIQUOR, or FLUID EXTRACT, Prepared by Spontaneous Insipissation, possesses every characteristic of the fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm. 6s. per lb.

CITRATE OF QUININE AND IRON. 25 per Cent. Quinine, 4s. 6d. per oz.

SYRUP OF THE IODIDE OF IRON. P. L. 3s. per lb. BIMECONATE SOLUTION OF OPIUM. Professional testimonials acknowledge this preparation to be the most efficient sedative extant. The unpleasant effects of ordinary opiates are entirely obviated. Dose, fifteen to thirty drops. 8d. per oz.

COTYLEDON UMBILICUS. The Solid and Fluid Extracts, 1s. 3d. and 1s. per oz.; also, the Preserved Juice, 5s. 4d. per lb., as recommended by Mr. Salter, of Poole, in Epilepsy.

J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 33, Great Russell-street, Bloomsbury. A List of Preparations forwarded on application.



## The Medical Circular.

WEDNESDAY, NOVEMBER 2, 1853.

### THE CHOLERA AND THE GOVERNMENT.

THE necessity of united action to investigate the cause and the relations of the phenomena of Cholera is provable from the fact that, although during a period of thirty-six years tens of thousands of persons have succumbed to the epidemic in this country, and many millions probably throughout the globe, yet we are as ignorant of its essential nature and cause, as we were on the first day that it was noticed in the Sunderbunds of Bengal. Suffering has taught us nothing; death has offered to science its victims in vain. The scalpel has divided the gorged structures, the microscope has searched the recesses of the intimate tissues, and the balance has computed the changes in the elements of secretion, but the agent of evil has successfully eluded the eye of the inquirer. When we say that Dr. Stevens has demonstrated the absence of the saline constituents of the blood in the stage of collapse, and that others have established the influence of locality in the propagation of the epidemic, what more can we add to swell the account of positive knowledge deserving of our reliance?

The treatment of Cholera, if not quite so repugnant to physiological principle as formerly, is still nearly as various. We now find, indeed, so far as our reading enables us to judge, that excessive stimulation is abandoned, and that the lancet is also relinquished. During the first epidemic a large and influential number of practitioners abetted the treatment by brandy and opium, but the results of their practice, as collated by Mr. Ross, disproved its asserted success. During the second epidemic the supporters of stimulation were few, and, during the last two months, we have scarcely found one medical man—if one—professing his faith in the exhibition of this class of remedies. In this respect, therefore, we have made an important advance towards the adoption of sound physiological principles.

Nevertheless great contrariety in the treatment of Cholera still exists; many remedies, of which our predecessors were unaware, are offered rather, indeed, as specifics, than in accordance with the prescribed rules of practice. Thus some gentlemen countenanced by the Board of Health administer strychnia, which is evidently growing into fashion; others the mineral acids; and some declare the efficacy of metals worn in contact with the body, so as (we presume), to liberate electricity, and thus to bring another galvanic charm into vogue among the timid and the credulous. We do not deny that some of these plans of treatment may be beneficial, but they are employed and recommended empirically; thus helping to prove that medical men have lost their anchorage on the old ground of experience, and are floating on a sea of conjecture and experiment.

Order and certainty can be formed out of this chaos only by a history of cases, with their treatment recorded upon a prescribed plan, and duly returned to some central board to be revised, collated, and compared. It is desirable that a CHOLERA BOARD should be established, with power to examine and tabulate these returns. It is important that, in forming a history of cases, separate columns should be made for the record of cases in different stages or phases of the complaint, thus:—Spasm, Bilious Vomiting, Vomiting and Diarrhoea, Rice-water Purging, Collapse, &c., and the treatment should be appended to the cases treated under these several heads. Marginal explanations, giving the number of hours of collapse, &c., should be added. In this way the vagueness and obscurity which invalidate the value of a large number of cases reported as Cholera would be removed, and the exact importance of the method of treatment adopted ascertained.

The age, sex, temperament, occupation, and residence of every patient treated should form part of such return, as well as a note of previous attacks either in his own instance or that of his family; and, in the case of algide Cholera, of the medicines administered from the moment of attack, commencing, perhaps, a week before with flatulency and spasm, and ending ultimately in death. Thus so far as treatment is concerned, accurate and comprehensive tables might be formed of the utmost importance.

The sanitary condition of the neighbourhood in which the epidemic prevails, its geological and atmospheric peculiarities, should be equally recorded, and memoranda made daily, or as often as needful, of the meteorological changes in connexion with the advent, increase, and decline of the epidemic.

It is obvious that in order to carry out a great scheme of this kind the aid and direction of a CENTRAL CHOLERA BOARD is necessary; and we earnestly hope that before the epidemic recommence its ravages the Government will be induced to establish such a Commission, and procure a parliamentary grant to enable it to prosecute its labours with spirit and energy. When the Irish famine desolated the sister island, the Government expended eight millions of money to meet the exigencies of that fatal epoch. Is not the march of a deadly pestilence as serious a consideration as the curse of famine? Is not human life as precious when directly exposed to the blasting breath of malaria as when indirectly assailed by the same miasm tainting and poisoning the sources of our supplies of vegetable food? Shall fifteen hundred people fall in Newcastle in six weeks, and shall two myriads be permitted to writhe in their last agony on a future occasion in this metropolis, and the Government stand idly by unheeding the terrible devastation? God forbid! The Government and the Legislature must do their duty, and actively co-operate with our profession in the endeavour to mitigate if not altogether avert the perils of this fearful plague.



## A FEW MORE WORDS ON THE LUNACY ACTS.

Why is it that the medical profession is singled out from all others as that one alone upon which burdens can be heaped with impunity? Why is it that the medical profession should be called upon to perform duties by those who have no claim upon them for services, and for which they are to receive no remuneration? Why is it that Government has the power to extract from medical practitioners alone services for which either they give no recompense, or one totally inadequate to the importance of the equivalent rendered? Is it that the profession, as a mass, is so well off, so independent, so well paid by the public in general, in regard either of money or gratitude, that it would scorn to accept such remuneration as might meet the justice of the case? Is it that the salary of such as have the good fortune (!) to be *employes* of the public pauper establishments of our land is such as amply to cover the expense and labour due to the discharge of any additional duties which may be imposed upon them? Or is it simply that the strong will oppress the weak, that medical men are made the scapegoats of imperfect legislation, and compelled to help our labouring legislators in carrying out their hasty and immature conceptions?

These observations are forced from us by the perusal of a circular just issued to Union Medical Officers by the Poor-law Board, in reference to the working of a clause in one of the new Lunacy Acts. Scarcely had the indignation of the profession at the unwarrantable attempt just made to extract gratuitously from it the multitudinous records of a life-long service, which the new compulsory Vaccination Act attempts, been allowed to cool, ere its members are inundated with a fresh packet of documents relating to one of the new Lunacy Acts, and which requires the Union Officer periodically to visit every pauper lunatic residing in his district who shall not be at the time in a licensed Asylum. For this duty the Act allows the munificent fee of half-a-crown for every pauper so visited and certified to, but carefully excludes those who happen to be residing in any workhouse, where alone pauper lunatics, not in licensed Asylums, are to be found.

The Poor-law circular above referred to points out the *immense advantages (!)* which this clause confers upon its medical officers, and which it defines to be, 1st, that it specifies more clearly the class of pauper lunatics he is to visit; 2nd, It computes for him the days upon which his quarters for certifying terminate; 3rd, He is only required to sign his name once instead of three times; all of these are, without doubt, solid advantages; and lastly, he is to be paid a certain fee,—at least, so says the circular. But the Board must be well aware that in a vast number of districts there are no pauper lunatics except in workhouses, yet in these the medical officer will be required to certify without remuneration, at the

same time that, as the circular pleasantly observes, a pecuniary penalty of £20 is imposed in case of non-compliance with the provisions of the act.

Surely, then, it is monstrous so to legislate, as to treat medical men as the slaves or scapegoats of society; to impose penalties at random, and out of all proportion to the remuneration. And surely, if a quarterly return of lunatics at large is so important to the welfare of society as to require its enforcement by a £20 penalty, the value of the services rendered in drawing it out can scarcely be honestly set down at *nil*, or at most, at the aggregate amount of a few half-crowns. If the return be of no value, let it not be called for. If it be necessary, let those who furnish it have a fair *quid pro quo*;—a fair day's wages for a fair day's work.

## Mirror

OF

## PERIODICAL LITERATURE.

(From the "Lancet," Oct. 22, 1853.)

## ON THE TREATMENT OF DIARRHŒA AND CHOLERA BY ACIDS.

Mr. Tucker, of Berners-street, makes the following observations on this interesting subject:—

"I feel that I should be much to blame if I did not, at the present moment, when the treatment of cholera occupies the thoughts of many, forward to your journal the impression made upon my mind as regards one of the *rational* modes of treatment of diarrhœa, and perhaps cholera.

"On this subject I wrote a letter intended for the 'Lancet' in September, 1852; but for reasons I need not explain, it was not forwarded.

"I find, on referring to the article written on that occasion, that my object was to direct the attention of the Profession to the possibility of the remedy, which had proved so efficacious in the hands of some in diarrhœa, being rendered available in cholera, should the disease visit this country again.

"I began, as I shall now do, by directing attention to Mr. Herapath's letter published in the number of the 'Lancet' for Aug. 2, 1851, 'On the Austrian Remedy for Cholera.' Mr. Herapath's letter was also published in the 'Times' for Sept. 27, 1853.

"On reading the letter in the 'Times,' I felt that a portion of what had appeared in the 'Lancet' had been omitted, to which I beg to draw the attention of your readers—those in the provinces in particular.

"Mr. Herapath concludes his letter thus:—'This horrible complaint has hitherto baffled all practitioners, and eluded every mode of treatment that I have seen practised; but this remedy comes with so good a character, and is so unlike any of those I have hitherto heard of, that I think it well worth a trial; nor can I refrain from mentioning that it has been remarked that Asiatic cholera does not prevail in cyder counties, where the general beverage has some resemblance to this medicine, though weaker in degree.'

"Sulphuric and nitric acids, sugar, and water, are the component parts of the 'Austrian remedy,' according to Mr. Herapath's analysis.

"I was much interested with Mr. Herapath's remarks as regarded cyder districts being free from attacks of cholera, as it was a subject which had engrossed my attention.

"I had read of the exemption from cholera of some localities in Herefordshire, and wishing to ascertain if



the same existed in my native county, Somersetshire, I wrote to some friends for that purpose. The results of my inquiries were published in your journal for Aug. 3, 1850, a portion of which, for the sake of those who cannot refer to the 'Lancet,' I hope you will publish again, as follows:—

“ ‘From Mr. Sharpe, Surgeon, Wedmore, Somersetshire.

“ ‘I beg to state, in answer to your inquiries respecting the late visitation of the cholera, that I believe that in the parish of Wedmore, comprising a population of upwards of 4,000, there have not been more than three cases of true Asiatic cholera, and very few cases of diarrhoea. Why such was the case I cannot give an opinion, for in some of the districts the inhabitants are both badly fed and clothed. The principal beverage is acid cyder, of which they take an immoderate quantity. The habitations are of the most wretched description. I am led to believe, from what little information I can glean, there were only a few cases of the disease in 1832.’ ”

“ ‘From Mr. Millard, Surgeon, Churchill, Somersetshire.

“ ‘I have been surgeon for eight years to District No. 5 in the Axbridge Union, consisting of the parishes of Churchill and Windcombe, and during that period there has not been a single case of cholera. Cyder is chiefly drank, which, in my opinion, is a more wholesome beverage than malt liquor, as beer, if drank too new or too old, which is frequently the case, is almost sure to produce bad reaction of bile. The air in this locality is particularly healthy, and the dwellings of the poor not much crowded, its population being about 3,000.’ ”

“ ‘Since the publication of Mr. Herapath's letter in the 'Lancet,' I have tried the acids as recommended by him for cholera, in diarrhoea, and in one case so nearly resembling Asiatic cholera, that I am of opinion the 'remedy' is 'well worth a trial,' and beg therefore to direct the attention of your readers to the subject.

“ ‘Having read that sulphuric acid alone, in cases of diarrhoea, had proved efficacious in the hands of those who had written on the subject, I omitted the nitric, and am prepared to state, from my own experience and that of others, whose attention I have drawn to the acid treatment, that it is by far the best and most speedy medicine to control diarrhoea that I have ever prescribed.

“ ‘I have many recorded cases which would serve to prove my assertion as regards the treatment of diarrhoea by sulphuric acid, but for the present they must remain for a purpose intended. There are many on record, however, in the medical journals, which I have read with much interest, and which your readers may refer to, should they desire better authority than mine for the adoption of this simple remedy.

“ ‘During the prevalence of cholera in 1849, I found some of my patients who had suffered from diarrhoea liable to occasional relapses, and that much debility ensued. For such I prescribed dilute hydrochloric acid, one drachm; dilute nitric acid, one drachm; compound tincture of cardamoms, four drachms; compound infusion of gentian, five ounces and a half: the fourth part to be taken three times a day,—which, in every case, restored them to health.”

(October 29.)

#### AN INSTANCE OF TRIPLETS.

Mr. Green has communicated the following to the 'Lancet':—

“ ‘On the 13th of March, 1851, I was requested by her husband to visit Mrs. D—, who was ill, as he stated, with bowel complaint, remarking incidentally that as his wife was advanced in pregnancy, the otherwise trivial complaint required professional attendance. At two P.M. I found my patient reclining upon the bed, and, in answer to my inquiries, stated that she had experienced griping pains in the bowels and looseness since the preceding evening; that she was six months advanced in pregnancy, but was sure the pains she felt were in no way connected

with that condition, and that her complaint was that of the bowels only. He acknowledge, however, she had not had frequent alvine evacuations during the night. On closely watching her, I found the pains came on in distinct exacerbations every few minutes, with intervals of ease. These, with other circumstances, led me to suspect that labour might at least be approaching; on therefore making an examination I found the soft parts relaxed; the os uteri low down, and dilated to the size of a half-crown piece, the membranes entire; a feet presentation, but unusually *masked* and indistinct. The membrane soon gave way, with escape of liquor amnii, when another bag of waters protruded from the os, and the presentation became more distinct; this, having given way, was immediately followed by the birth of the first (male) infant, feet foremost, at half-past three P.M. I next detected a bag of waters with the head presentation; as the pains were energetic, the second child, a female, was born in about twenty minutes after. Before another pain came on, I found a head presentation, but no bag of waters; the child, a male, was born in about ten minutes. The uterus, at first rather lax, by firmly grasping the hand over the abdominal parietes and a tight binder, contracted well. The placenta, a large triple one united at the edges, was readily removed at the usual time. The mother was much exhausted. I gave an opiate draught, and repeated it in four hours. The labour terminated at about half-past four P.M. The patient quickly rallied, and ultimately recovered perfectly. The three children, two males and a female, presented the characteristics of the sixth month of intra-uterine life. All died within an hour of their birth.

“ ‘There are two curious particulars connected with this case: the first, that the bag of membranes of the infant last born should have over- (or, rather, under-) lapped the bag of waters of the child born first,—as the presentation of the third child was not observed to be preceded by any bag of liquor amnii, it is presumed that a portion of it first gave way, and before the birth of the first-born child; the second, that a patient who had been twice confined should be in labour of triplets for several hours, all the while considering herself to be suffering from bowel complaint only, for there could be no doubt whatever of the patient's veracity. This incident may be of some value in a medico-legal point of view, and as such I consider it worth recording.”

(From the "British and Foreign Medico-Chirurgical Review," Oct., 1853.)

ON A CASE IN WHICH THE SARCINA VENTRICULI, SEU SARCINA GOODSIRII, WAS FOUND IN THE FLUID REMOVED FROM THE VENTRICLES OF THE HUMAN BRAIN.

Dr. Jenner communicates the following interesting article to the "Quarterly":—

“ ‘The sarcina Goodsirii has been found, not only in adults and children, but also in the lower animals—viz., the rabbit, the dog, and the tortoise. It is by no means rarely present in the matters ejected from the human stomach and intestinal canal. In 1847, Heller described a case in which he discovered sarcinae in the urine; subsequently, Dr. Mackay detected them in the same fluid; and Virchow and Zencker in the lungs.

“ ‘To all of the last-mentioned cases it has been objected that the sarcinae were in reality derived from the stomach; that when found in the urine, some of the vomited matters had been accidentally mixed with that fluid after its escape from the bladder; that when found in the lungs, the sarcinae had passed into them during the act of vomiting. The more recent observations of Heller have, however, placed beyond a doubt the fact that sarcinae Goodsirii are occasionally present in the urine when that fluid is free from admixture with vomited matters. In one of the two cases last described by Heller, the urine was examined for many weeks in succession, and a sediment in it of an inch in depth sometimes observed, com-



posed of sarcinæ only, or of sarcinæ mingled with a little carbonate of lime. The following case lends support to the foregoing evidence in favour of the opinion that the stomach and intestinal canal are not the exclusive seats of the development of the sarcinæ Goodsirii.

"A boy, aged four years, was admitted under my care into the Hospital for Sick Children, June 24th, 1852; he died July 3rd. The child was of fair complexion, well-made, and moderately stout. His illness was reported to have commenced on June 17th, with pain in the head. On the 19th, he was taken as an out-patient to King's College Hospital; subsequently to that time he never complained of headache, only he seemed heavy. He did not keep to his bed till the 23rd. After his admission into the children's hospital, the most prominent symptoms were, drowsiness, talking in sleep, an irregularly diffused scarlet rash on the skin, redness and swelling of the tonsils, with a white patch on the left tonsil, frequent pulse, sordes about the teeth, and some dryness and brownness of the tongue. On the 30th my notes say, 'Almost incessant grinding of the teeth; seems quite sensible when awake; asks for the cold wash to be applied to his head.'

"Between the 30th of June and the day of the child's death,—i.e., July 3rd,—restlessness, strabismus, inequality of the pupils, and redness of the conjunctivæ. General convulsions commenced about four A.M. on the 3rd, and continued till the child's death at half-past four A.M.

"The examination of the body was commenced ten and a half hours after death. The vessels of the dura mater were more filled with blood than is usual. Numerous semi-transparent grey granulations were seated on the arachnoid lining the dura mater, and a few similar granulations on the visceral arachnoid. The arachnoid itself was dry; the cerebral convolutions were flattened; the minute vessels of the pia mater, on the surface of the convolutions, were abnormally injected with blood. In the grey matter of the cerebrum were about fifteen masses of yellow tubercle—the largest was oval, half an inch by a quarter of an inch—the smallest about the size of a very large pin's head. The pia mater, dipping between the convolutions, was studded with grey granulations. Four ounces of colourless serosity were removed from the lateral ventricles—that which first escaped on opening the ventricles was transparent, that which flowed towards the last was turbid. The fornix and septum lucidum were white, and of a creamy consistence. Viewed from within, the floor of the third ventricle was highly vascular. The membranes covering the base of the brain were opaque, tough, and loaded with serosity. The fluid removed from the ventricles was alkaline and albuminous; after standing twenty-four hours the deposit of albumen constituted one-seventh of the fluid tested. In the cerebellum were several masses of yellow tubercle.

"*Microscopical Characters of the softened Fornix and Septum Lucidum*—There were no granular corpuscles, no free fat-granules, detected in the softened septum lucidum and fornix. In the cerebral substance, adjacent to some of the tubercles, were numerous large granular corpuscles.

"The peritonæum was studded with grey granulations; it was abnormally vascular. Grey granulations studded the pleuræ, pericardium, and lungs; the bronchial glands were stuffed with tubercle; the liver was dotted throughout with small transparent, grey granulations; yellow tubercles, in considerable number, were found in the spleen and kidneys; there was an ulcer on either tonsil. The small and large intestines were extensively ulcerated; the edge and floor of some of the ulcers were covered with tubercles.

"July 5th, 11 A.M.—The fluid removed from the lateral ventricles of the brain was examined more particularly than it had previously been. After its removal from the cerebrum, on the 3rd, the fluid had been kept in an open glass vessel, in a large, light, and airy room. It turned turneric paper brown; its odour was sickly, brain-like, not ammoniacal; it seemed as if just beginning to

decompose. There was a little sediment at the bottom of the vessel.

"A drop of the fluid containing some of the sediment was examined with a magnifying power of about 200 diameters; the following objects, and those ONLY, were contained in it:—

"1. A considerable number of spherical bodies 1-4000th of an inch in diameter, of a pale yellowish colour, (blood-discs altered in form?)

"2. Square bodies, each side of which measured 1-2000th of an inch; some were a little larger than this, others a little smaller. The surface of each body was divided by cross lines into four equally-sized compartments, and each of these quarters was again divided into four. In some of the bodies the lines producing the secondary quarterings were well, in others, imperfectly, marked; while in others, these secondary quarters were themselves divided by cross lines into four parts. The angles of the bodies were somewhat rounded. Some of these bodies were, my notes state, 'as well-formed sarcinæ as I have ever seen.'

"3. Oval bodies about 1-5000th of an inch in breadth, and 1-2500th of an inch in length, distinctly divided by a transverse line into two equal parts; each of these two parts being very obscurely divided by a longitudinal line into two other parts.

"The fluid removed from the pericardium had been standing side by side with that removed from the ventricles of the brain; it was alkaline, but contained no sarcinæ.

"It was a question, when this child came under observation, whether or not he was suffering from scarlatina. The fatal termination was evidently the result of acute tuberculosis. Unfortunately, the fluid from the ventricles of the brain was not examined for forty-eight hours after its removal from the body. The questions, therefore, arise—Were the sarcinæ in this case developed after the fluid in which they were found was taken from the cerebral ventricles? Were they developed after death, but within the body? Did they exist in the ventricles while the child was yet living? To whichever of these questions the answer be in the affirmative, the occurrence of sarcinæ under the conditions mentioned is remarkable.

"The fluid in which sarcinæ have been found in the stomach has been on all occasions acid; and in the same situation vinous fermentation has been their constant concomitant. So invariably have the torulæ cerevisiæ, and sarcinæ Goodsirii been found together, that Simon of Halle has maintained that the latter are merely an advanced stage of the development of the yeast plant. In the case I have detailed, as in one of Heller's cases, the fluid in which the sarcinæ formed was alkaline, and in it there was no trace of torulæ, and no evolution of gas. Supposing the sarcinæ to have been developed in the fluid after its removal from the body, then this case stands alone, inasmuch as they have never heretofore been known to form, except in the interior of the bodies of animals.

"As to the stages in the development of the sarcinæ, they would appear from this case to be briefly these:—A simple cell is divided into two parts by a transverse line; each of the two cells thus formed are again divided into two by a longitudinal line; each quarter of the primary cell subsequently experiences the same changes as the primary cell itself. This description of the mode of development of the sarcinæ differs *in toto* from that given by Simon of Halle, who states that the primary cell increases its size and changes its form by the formation of nuclei in its interior; and as widely from that given by Pockel, who affirms that the increase in size of the primary cell is partly the effect of endogenous cell-formation, and partly of gemination; while, comparatively, it differs but little from that given by Frerichs."

YORK SCHOOL OF MEDICINE.—The Winter Session of this school commenced on Saturday week, when Dr. Simpson delivered the usual introductory address to the students.



## CONTENTS OF THE MEDICAL JOURNALS.

**Lancet.**—(No. XVII. Vol. II. October 29, 1853).—HOSPITAL REPORTS.—University College and St. Bartholomew's Hospitals: Deaths from the Inhalation of Chloroform. St. Bartholomew's Hospital: Death from the Inhalation of Chloroform. On the use of Chloroform Inhalations in the Treatment of certain Classes of Spasms. By Russell Reynolds, M.D. Lond. A Case of Lithotomy. By Arthur J. Cumming, Esq., Surgeon, Exeter. On an Instance of Triplets. By J. Lardner Green, M.R.C.S.E. and L.A.C.—MEDICAL SOCIETIES.—Medical Society of London: On the Preservative Power of Copper in Cholera.—On Pericarditis. North London Medical Society: Mr. Quain's Introductory Address.—REVIEWS AND NOTICES OF BOOKS.—Notes worth Noticing relative to the Cholera, which has for some Years past occupied the Public Attention. By Dr. Gillkrest. Thoughts on Cholera. By Edwin Hearne, M.D. Lond. Cholera, its Nature, Treatment, and Sanitary Requirements. By S. Scott Alison, M.D. Sanitary Measures and their Results; being a Sequel to the "History of Cholera in Exeter in 1832." By Thomas Shapter, M.D. Practical Remarks on the Prevention of Cholera, &c. By R. B. Richmond, M.D. Cholera, its Nature and Treatment Pathologically and Therapeutically considered. By Edw. Bascome, M.D. Cholera, its Physical Phenomena, Causes, and Treatment. By Joseph Thos. Mitchell, F.R.C.S. The Successful Treatment of Asiatic and English Cholera. By Felix W. Richardson, M.R.C.S. On the Prevalent Treatment of Disease. Two Lectures delivered in the Theatre of the Royal College of Surgeons in July, 1853. By Frederick C. Skey, F.R.S. An Introductory Lecture delivered in the Grant Medical College, at Bombay, on the 15th of June, 1853. By C. Morehead, M.D. Logical Science considered as an Educational Element; an Inaugural Address delivered in the Theatre of the Royal College of Surgeons in Ireland, on Monday, May, 23rd, 1853. By John Murray, A.M., L.L.D. A Manual of Domestic Medicine, for the Use of Clergymen's Wives, all Benevolent Visitors of the Poor, and for Emigrants. By a Doctor's Daughter. Handbook of Organic Analysis, containing a Detailed Account of the various Methods used in determining the Elementary Composition of Organic Substances. By Justus Liebig. Edited by A. W. Hofmann, Ph. D. An Explanation of Chemical and Pharmaceutical Processes, with the Methods of Testing the Purity of the Preparations: Deduced from Original Experiments. By Dr. G. C. Wittstein. The A B C Railway Guide.—NEW INVENTIONS.—Nickel's Elastic Adhesive Plaster.—LEADING ARTICLES.—The Imperative Necessity of Appointing a Government Cholera Commission. Results of the last Census of Great Britain: Importance of the Inquiry.

**Medical Times and Gazette.**—(No. CLXXIII. October 29, 1853).—ORIGINAL LECTURES.—A Course of Lectures on Organic Chemistry. Delivered in the Laboratory of the Royal Institution of Great Britain. By Dr. A. W. Hofmann, F.R.S. Lecture XIV. (With Engravings).—ORIGINAL COMMUNICATIONS.—Navy Medical Reports. No. VIII.—On Elephantiasis Græcorum, or Lepa Tuberculosa, as it is seen in the Island of Crete. By William R. E. Smart, M.D. R.N. History of the Recent Epidemic of Infantile Leucorrhœa; with an Account of Five Cases of Alleged Felonious Assaults recently tried in Dublin. By W. R. Wilde, F.R.C.S.—HOSPITAL REPORTS.—St. Bartholomew's Hospital: Death from the Administration of Chloroform; Autopsy. St. Bartholomew's, Guy's, and Charing-cross Hospitals: Cases of Epidemic Cholera. Cases Illustrative of the Modern Treatment of External Aneurism.—EDITORIAL ARTICLES.—The Cholera and the Drainage of London. Clinical Medicine at the London Schools. Important Decision in a County Court. The Cholera. Sanitary Notabilia; Cholera in Scotland, the Metropolis, the Provinces, and in Berlin.—REVIEWS.—1. Cholera: its Nature, Treatment, and Sanitary Requirements. By S. Scott Alison, M.D. 2. Cholera: its Physical Phenomena, Causes, and Treatment, together with the Sanitary Arrangements and Appliances for preserving Health, necessary to be Adopted at the Time of the Epidemic. By Joseph Thomas Mitchell, F.R.C.S. 3. Thoughts on Cholera. By Edward Hearne, M.B., London. The Diseases of the Chest and Air-Passages of the Horse. By W. Percivall, M.R.C.S.—PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals: Upon Fatty Liver; Observations upon Canceroid Disease of the Dorsal Surface of the Hand.—REPORTS OF SOCIETIES.—Medical Society of London: Pure Metals a Remedy in Cholera; Cancer from Inoculation; Pericarditis. Newcastle and Gateshead

Pathological Society: Rupture of the Small Intestine, and Cirrhosis of the Liver; Large Encysted Calcareous Tumour; Stone in Bladder; Fungoid Tumour; Lung Compressed by Hydrothorax.

**Association Medical Journal.**—(No. XLIII. October 28, 1853).—LEADING ARTICLES.—The Ethics of the Medical Profession. The Amalgamation of Societies. The Medical Profession and the British Constitution.—ORIGINAL COMMUNICATIONS.—The Causes and Treatment of Diarrhoea. By Thomas Hunt, Esq. Madeira as a Residence for Invalids: with a Series of Meteorological Observations made in the Island. By F. D. Dyster, M.D.—PERISCOPIC REVIEW.—Chemistry: Milk and its Constituents; Paralbumen; Propyl, Propylamin; Inosite, or Flesh-Sugar; New Animal Acid; Animal Electricity. Toxicology: Detection of the Organic Alkaloids in Cases of Poisoning; Distinctive Characters of Arsenic and Antimony; Antidotes to Copper, Arsenic, and Strychnine.—ASSOCIATION INTELLIGENCE.—Medico-Ethical Committee. Metropolitan Counties Branch: Committee on Gratuitous Advice.—METEOROLOGY.—Medico-Meteorological Observations for the week ending October 15, 1853, taken at Guernsey; Erratum; Explanatory Matter. Medico-Meteorological Observations for the week ending October 22, 1853, taken at Wakefield, Hawarden, Grantham, Bedford, Uckfield, Exeter, Ryde, and Guernsey.

**Dublin Medical Press.**—(No. DCCLXXIII. Vol. XXX. October 26, 1853).—ORIGINAL COMMUNICATIONS.—Two Cases of Wounds from Human Bites: with Remarks. By William Moore, A.B., M.B., T.C.D., L.R.C.S.I., Surgeon to the Ballymoney Dispensary District and Bridewell. On some Unrecognised Forms of Mental Disorders. By Forbes Winslow, M.D. Surgical Cases in the Practice of Professor Syme: Erectile Tumour of Tongue; Cancerous Ulcer in Temporal Religion; Rupture of Ligamentum Patellæ; Fibrous Polypus of Antrum; Cancerous Tumour of Conjunctiva; Polypus of Rectum; Compound Comminuted Fracture of Radius and Ulna; Caries of Wrist-joint; Polypus of Epiglottis.—SELECTIONS FROM MEDICAL JOURNALS.—Variola in the Fœtus; Cinnamon in Menorrhagia; Case of Alopecia; Soot as a Deodorizer of Privies.—REVIEWS AND NOTICES OF BOOKS.—The Pathology and Treatment of Pulmonary Tuberculosis. By John Hughes Bennett, M.D., F.R.S.E., Professor of the Institutes of Medicine and of Clinical Medicine in the University of Edinburgh.—LEADING ARTICLES.—Leading Article. Extracts from an Introductory Lecture by Sir George Ballingall. Medical Law.—CONTRIBUTIONS ON CHOLERA.—Quinine in Cholera. Cholera in London; in the Provinces; in Foreign Parts.

**The Glasgow Medical Journal.**—(No. III. October, 1853).—ORIGINAL COMMUNICATIONS.—Notes on the Transportability of Yellow Fever, or Black Vomit. By D. Jaime Ardevol, M.D. Translated from the Spanish, with Notes, by Mathie Hamilton, M.D. 2. Contributions to the Pathology and Treatment of Diseases of the Chest. By Eben. Watson, M.D. On the Lobular Pneumonia of Children. 3. On the Therapeutical Properties of some of the more important Articles of the Materia Medica. By William Davidson, M.D. 1. Opium, 2. Chloroform, 3. Wine and Alcohol. 4. Case of Diarrhoea Adiposa, with Observations. By Jeffery A. Marston, Esq. 5. On Excision of the Shoulder Joint. By M. S. Buchanan, M.D. 6. On the Treatment of Oxaluria. By James Gray, M.D. 7. Case of Difficult Labour arising from Extensive Contraction of the Vagina and Os Tincæ. By William Prichard, M.D. 8. Case of Attempted Induction of Premature Labour, by means of the Hot and Cold Water Douche. By Robert Kirkwood, Esq. 9. Observations on the Construction and Ventilation of Hospitals for the Sick. By J. C. Steele, M.D. 10. On the Method of Preserving Vaccine Lymph in Capillary Tubes, and of rendering Vaccination more General. By Robert T. Corbett, M.D. 11. Clinical Notes. By James A. Lawrie, M.D. Statistics of Tetanus. 12. On the Stable-Nuisance in Glasgow. By Professor Andrew Buchanan, M.D.—REVIEWS AND BIBLIOGRAPHICAL NOTICES.—1. On the Use of an Artificial Membrana Tympani in Cases of Deafness. By Joseph Toynbee, F.R.S. 2. Researches on the Conduct of the Human Uterus after Delivery. By Dr. R. Heschl. 3. A Treatise on Diseases of the Heart. By O.B. Bellingham, M.D.—SELECTIONS FROM MEDICAL JOURNALS.—1. Dr. Shaw on Crystals in Blood Globules. 2. Dr. Buhrlen on Intestinal Hæmorrhage in New-Born Infants. 3. Dr. Walz on Scarlatina. 4. What is a "Fluid Pound?" By Mr. Murdoch. 5. Dr. Putnam on Poisoning by Aconite. 6. Mr. H. Bowe on the Administration of Chloroform in Epileptic Convulsions.



## Deaf-Dumbness.

ON THE MEDICAL AND PHILOSOPHICAL STUDY OF  
DEAF-DUMBNESS.

BY

M. E. HUBERT-VALLEROUX.

Docteur en Médecine de la Faculté de Paris, Membre de la  
Société Médico-Pratique, etc.

TRANSLATED BY JAMES YEARSLEY, M.R.C.S. ENG.,  
Surgeon to the Metropolitan Ear Infirmary, Sackville-street, etc.

(Continued from page 301.)

### CHAP. VI.

ON THE TREATMENT OF DEAF-DUMBNESS.

*Reflections on the Treatment of Diseases in general, and on that of Diseases of the Ear in particular.—Circumspection of Practitioners in the use of heroic Remedies in Diseases with which they are acquainted, contrasted with the activity of their Treatment in Diseases of the Ear, of which they are ignorant.—Evil Results of such Procedure.—Empiricism of the Treatment pursued in some of the preceding Cases.—General Rules of Aural Therapeutics.—Necessity of Circumspection.—Desirableness of a Medical and pedagogic Establishment for the Deaf and Dumb.*

As I hope soon to publish several complete cases of deaf-dumbness treated with success, I shall not, in order to avoid repetition as well as deviation from the object of this work, relate any such in this place, but continue to present the reader with *general considerations* on various points having reference to this infirmity. However, the treatment—the end of every medical inquiry—is of such importance, and presents in deaf-dumbness such a complete want of principles and rules, that to pass it over in silence would be, so to speak, to decollate this introduction. Besides, no one is sure of the morrow; and as I have obtained curative results which have greatly surpassed, if not my wishes, at least my hopes, I should think myself wanting in the first duty I owe to science, did I fail to make known the means I have made use of. And this indication will, I hope, enable those who enter on the same path to avoid the difficulties I experienced at the commencement, while at the same time it may facilitate their discovery of new processes.

What strikes as remarkable in reading most of the cases related in the preceding chapter is the entire want of everything like diagnosis, in the cases of Coutanceau and Varroine, no less than in those of Amatus Lusitanus and those of Itard himself. Without investigating the origin or even the nature and character of their infirmity, Felix Merle takes the twenty-seven deaf-mutes whom he found in the school at Bordeaux, and, without regard either to the nature of the affection, to the temperament or idiosyncrasy of an individual among them, fills the ears of one and all with his drug, and goes on repeating this practice during an entire month. As might be expected, an inflammation of the most painful kind was the consequence of this treatment, the effect of which was to aggravate the infirmity in most, although it effected amendment in one instance, and a cure in another.

The treatment of Merle, more energetic still than that of Varroine, was equally directed against single symptoms, and not against the disease itself. In pointing out the thickness of the tongue as the cause of the patient's dumbness, this practitioner, as Itard has remarked, fell evidently into an error in diagnosis. There were, moreover, many chances in favour of the remedies carrying off the patient rather than the disease. And yet the example of Varroine had so inflated the hopes of physicians, that of the deaf-mutes admitted at that period into the Institution of Paris, many bore numerous cicatrices of moxas, as Itard has informed us. (a)

Itard, though himself a worthy and honest practitioner, was, in his treatment of the deaf and dumb, far from

making use of that logical precision and that circumspection which he exacted from others. When a remedy was mentioned to him, such as that of Merle or Varroine, he tried it on a series of subjects. Thus he made use of moxas on nine or ten deaf-mutes, and recommended them a number of times without obtaining success "in a single case. It was thus, too, that he used the remedy of Merle to all those deaf-mutes whom he knew to have lost their hearing when children, and in whom he tried or recommended, at different times, the instillation of this preparation; and always with the same want of success. Nay, more; after having obtained an amelioration by the use of the actual cautery, this author afterwards tried thirty times the same treatment in congenital deafness, without deriving from it the slightest advantage." After producing amelioration and a cure by the combined use of blisters and the potential cautery, he failed in "more than forty deaf-mutes." Nor was he more fortunate in the thirty subjects the membrana tympani of whose ears he perforated after the manner of Dietz. And these empirical procedures were not only in every case useless, but they gave rise to more than one kind of accident, of which some were very severe, as is still remembered by those who witnessed the experiments.

I have raised my voice too loudly against the painful modes of treatment usually had recourse to in deaf-dumbness to become in my turn their apologist. As with surgical operations so in the employment of heroic medicines—the practitioner should have recourse to such means only when milder remedies have failed, or where we see they must fail. It is not allowable to inflict great suffering on a patient but with the view of removing sufferings still greater, or removing him from dangers otherwise inevitable. Except in such cases the use of energetic remedies, as well as the having recourse to surgical mutilations, should be severely interdicted. Taking my stand on these grounds, I hesitate not to blame the conduct of Varroine and Merle, and even that of my upright master, Itard. Although deaf-dumbness be, without doubt, the greatest of human infirmities, it nevertheless leaves safe and sound the principles of life, and no one has a right lightly to touch this sacred dépôt. Our aural science of the present day is too restricted to authorise the use of heroic remedies. It is painful, indeed, to remain inactive in the presence of such great calamities; but here no blame can attach to the expectant practice, whilst unseasonable activity may soon become culpable.

The rigid observance of these rules may have hindered me, perhaps, from obtaining success in cases where it seemed to me possible; but it has also safely preserved me from dangers which I knew to be inevitable had I pursued a different line of conduct.

The partial excision of enlarged tonsils is the most painful operation I have yet practised in the treatment of deafness; and to this I have yet but rarely had recourse. I have made much use of catheterism of the eustachian tubes, and of injections of medicated gases into the cavity of the drum. The substances I have most frequently had recourse to for this purpose are the resins, the gum resins, and the essential oils of thyme, lavender, mint, rosemary, balm, &c., &c. (a), which experience teaches how to vary so as to render their use efficacious. I have also employed, but very rarely, the vapours of ether, either pure or more frequently combined with those of ammonia. I have sometimes touched the throat with a crayon of nitrate of silver, or with a pencil dipped in a solution of that salt; and in this manner also I daily use a saturated solution of tannin.

I have not yet had occasion to employ eutaneous revulsives of greater activity than a mixture of three parts oil of almonds and one of croton oil, with which I touch the skin towards the angle of the lower maxilla, so as to induce such a degree of redness as may last from two to five days.

I have experienced the advantages of a practice recom-

(a) See Itard's work, already quoted, vol. ii. p. 339.

(a) In reference to this subject see my *Essai Théorique*.



mended by Itard, which consists in acting on the scalp by means of friction and lotions. This succeeds often when the deafness supervenes on the disappearance of *la gourme*, or on the sudden retrocession of an exanthem. In such cases I commence by causing the hair to be cut; and then I order, for the evening, friction with lotions for ten minutes, over the whole extent of the cranium. The substances used are black soap, alkaline solutions of greater or less strength, &c., or, lastly, a rubefacient ointment, according to the effect to be obtained; after which the head is thoroughly wiped dry, a flannel cap is then put on, and the whole enveloped in a covering of oiled silk. Moisture ere long breaks out; then transpiration succeeds, and continues often the whole night.

In the morning the patient is wiped dry with flannel, and the head is carefully kept covered during the day. I still prescribe lotions of water, at first slightly warm, but afterwards quite cold, to the shoulders, the chest, and even the whole body, in such as are liable on slight occasions to catarrhal attacks. I do not know any more certain method of preventing catarrhal and rheumatic affections, which so often retard and interfere with the happiest cures of deafness.

In certain cases of pharyngo-laryngeal engorgement I prescribe emetics—the good effects of which have been so highly extolled by Itard—as well as laxatives and purgatives, alteratives, tonics, &c. &c. But these remedies, as the reader sees, have no other object than the fulfilment of general indications of treatment. After a time I may, perhaps, think myself sufficiently authorised, either by the experience of others or by my own, to act with greater energy, but at present I think it my duty not to exceed the limits I have laid down for myself (a).

The grand error—and it may be said to be the error common to those who devote themselves to the practice of a speciality—is to make of each of the particular diseases of which it is composed, a sort of pathological type or entity, to which all the others are referred. They thus commit that fault in logic which consists in reasoning from individual instances to general conclusions, in place of reversing this proceeding;—a fault the consequences of which are still more serious in medicine than in philosophy, since both the health and life of man are at stake in such practice.

In like manner a previous knowledge of the organs and of their tissues generally is necessary, in order to be able to study with advantage the intimate anatomy of an organ or of a particular tissue; just as a previous knowledge of diseases and their treatment is indispensably necessary to him who would study with success special diseases and their appropriate treatment. The various specialities, particularly aural medicine, cannot advance a step but in adopting this practice. It has been by applying, in the chronic catarrhal affections of the middle ear, resinous fumigations, so happily used by Hufeland and Rapau in similar lesions of the respiratory passages, that I have obtained the happy results which the practice of every day goes to confirm. It is thus, too, that nervous and rheumatic affections of the auditory organ, so frequent and still so little known, cannot, it may be asserted, be treated with advantage, unless we cause to fall on them a ray from the focus of general pathology.

It must no longer be forgotten that in the treatment of deaf-dumbness, even more, perhaps, than in the treatment of other infirmities, the first condition of success consists in surrounding the patient with such hygienic precautions and care as experience has proved to be necessary. If the deaf-mute be left in the unfavourable circumstances in which he contracted his disease; or if you do not at once attack the scrofulous, syphilitic, or other idiosyncrasy, under the influence of which his infirmity became deve-

loped and continuous, a wretched failure will await all your efforts. On the contrary, the chances of success multiply in proportion as you neutralize adverse influences and obtain a preponderance of the good; and where you succeed in maintaining this, you yourself will be surprised at the success you obtain.

If, among the true friends of humanity (more numerous, we thank God, than is generally thought), there could be found a physician and institutor, young, affluent, and enthusiastic enough to devote their lives and fortunes to a labour of simple utility that would confer on them neither distinction nor social dignities, here is the counsel I would give them:—In one of those beautiful sites, so common on the southern side of the Alps and Pyrenees, let them erect, at half their elevation, that is, at an equal distance from the region of perpetual snow and the oppressive atmosphere of the valley, an establishment destined to the medical and pedagogic treatment of the deaf and dumb, exposed to the east and south, and protected, as it would be, by mountains and well-disposed plantations, from the frosts and winds of the north. The soil, being perfectly permeable, would be dry, and well-devised declivities would always give ready and complete passage to rain-water.

The interior of the edifice should be simple and in good taste, and if there should be nothing sumptuous, neither should there be anything denied to hygiene. Rooms spacious, dry, and well ventilated, ready communication, interior arrangements well understood, order and economy everywhere, and profusion and negligence nowhere. The water should be wholesome and abundant, and distributed throughout every part of the establishment for the various uses of life, as well as the preservation of cleanliness. The dormitories should be numerous rather than large: the beds roomy, from which softness should be proscribed as being altogether hurtful to children.

The food should be simple, excellent in quality, light, and strengthening. The wine should be in larger quantity than is usually accorded to children, for the deaf and dumb are of a lymphatic constitution, and require corroborants. On an extensive playground, for various games, beyond the walls of the institution, there should be especially gymnastic apparatus, and a covered gallery for the same purposes in rainy weather.

The pupils admitted into the institution should be chosen from such of the deaf and dumb as present the greatest chances of cure. The neighbouring valleys would furnish a number more than sufficient.

The mere change from the humid and unhealthy habitations in which they contracted their infirmity, to a salubrious establishment would modify in a happy manner the conditions of their existence. Nor would the advantages to them be less as regards clothing, food, and corporeal exercise. Cleanliness, abundance, and judicious care, in place of wretchedness, privation, and neglect, would thus be the first step in ascending the scale which at present separates them from those who speak.

The aids of medicine and education would naturally be called in to complete the work. The duties of the physician would not be difficult, for he would have to treat none but chosen subjects, whose history would be known to him, and as he himself would superintend the preparation of his prescriptions, the only thing he could fear would be neglect in their administration. As to the teacher, he might be greatly assisted by some of those demi-mutes, with whom such pains have been taken in some of our special schools to render them perfect mutes. Little deaf-mutes, more than they who speak, are proud of their knowledge and fond of showing it. They would thus officially stimulate their less advanced companions, teach them what they themselves know, and themselves be led to acquire new knowledge, in order the better to fulfil their office as monitors. In this constant mutual instruction, in this emulation kept within such bounds as not to become a vice, would be found the most favourable conditions of education. Assuredly if analogy and induction

(a) I am at this moment occupied in inquiries into the therapeutic properties of several agents which I hope to turn to account in the treatment of deafness. If I succeed, the results will appear in the medical journals.



have in medicine and education the same value as in the other sciences, it may be fearlessly predicted that the success of such an establishment would be in no degree inferior to that realised by Doctor Guggenbühl in the treatment of cretinism.

## Hospital Reports.

### CHARING CROSS HOSPITAL.

*Softening of the Brain, attended by Epilepsy and followed by Apoplectic Effusion into the Pons Varolii.—Death.—Autopsy.*

[Under the care of Dr. ROWLAND.]

John Woodley, aged 43, a painter, admitted June 28, 1853. For the last six months he has been subject to epileptic paroxysms, which have recurred at intervals of five or six weeks. Some hours previous to these attacks, he is accustomed to feel confused and giddy, and unable to find the words that express his wants; and at all times, since his illness, the memory and judgment have been seriously impaired.

It is also stated, that he has had several attacks of painter's colic, and on one occasion palsy of the right hand; that his habits have been intemperate, so much so as to have once brought on delirium tremens, and that he has repeatedly sustained violent injuries to the head.

On the 2nd of March last, he was in the hospital for severe pleurodynia. There were, however, at that time, evident symptoms of cerebral disease. The intelligence was rather weakened, and he suffered from frequent attacks of vertigo.

A few days prior to his re-admission, he had a violent convulsive seizure, in which the right side was deprived of voluntary motion, and, for several days, there was considerable stupor; the limbs have now in a great measure recovered their strength, although not completely; the memory, especially of words, is still evidently enfeebled. He complains much of a constant, distressing apprehension of danger, feeling as if a fit was coming on. A pill of sulphate of zinc and hyoscyamus is to be given three times a day, and an aperient mixture.

July 10.—A blister having been applied to the nape, he felt better, and the giddiness and other uncomfortable sensations had in some measure subsided. At his own desire, he attended the service of the chapel in the afternoon. Almost immediately on returning to the wards, he was attacked with violent convulsive strugglings, foaming at the mouth, and other epileptic symptoms. In a little while this state gave place to deep coma, stertorous breathing, and total insensibility. The pulse was full and bounding. He was immediately bled, and other means were resorted to without benefit. He died at half-past twelve, without showing any return of consciousness, about eight hours after the seizure commenced.

Upon examination, the membranes of the brain were found slightly injected, with partial and loose adhesions to the surface. Cloudiness of the arachnoid, marked and nearly universal. The ventricles widely distended with thin limpid fluid. The parts within these cavities, and the whole general substance of the brain, of normal consistence, and free from undue vascularity.

The pons Varolii on the whole of its left side, the left crus cerebelli, and a portion of the pons on the right side, immediately beyond the mesial line, were completely broken down, and in some parts diffuent. In this softened material a large sanguineous exudation was found; the effused blood was loosely coagulated, and mingled with shreds of nervous matter; a portion of blood had escaped into the base of the cranium. The vessels going to the softened matter had a white shining appearance.

The microscope showed the exudation corpuscles thickly planted at some points of the diseased structure, but they were very unequally distributed.

The *post-mortem* examination was performed under the

superintendence of Mr. Avery, and at its conclusion, Dr. Rowland made some very instructive comments on the case, of which the following statement comprises the more important:—

*Remarks.*—The mass of the brain having been perfectly sound in this case, and the morbid change almost strictly limited to the pons Varolii, an opportunity seems to be afforded of learning the peculiar symptoms belonging to affections of that portion of the encephalon, which are still very unsatisfactorily made out. It would be difficult, however, to point out any sign belonging exclusively to this lesion, and which might serve in its diagnosis, from affections of other cerebral regions. Some of the symptoms, however, supposed to indicate disease of the pons Varolii, were absent in the present example.

The extravasation of blood, there can be little doubt, did not occur at the commencement of the last seizure, but in the struggles of the epileptic paroxysm. The exact moment of this accident is even clearly marked by the change in the character of the symptoms; thus the convulsive movements, foaming at the mouth, and facial distortions of epilepsy were suddenly replaced by deep coma and stertorous breathing; the latter symptoms announcing the escape of blood into the texture. The history of this case was indeed beautifully illustrated in the morbid appearances found after death.

In a disorder so obscure in its pathology as epilepsy, any well-ascertained fact is valuable. In this instance, the complaint is found in connexion with morbid changes at the base of the brain. It will be remarked, that although death followed immediately on the epileptic fit, there was no cerebral congestion, which is supposed by some to be the immediate cause of the paroxysm; while others imagine that this condition arises during the struggle, and gives rise to many of the attendant symptoms. In this instance, at least, the brain was free from undue vascularity; and in many cases of epilepsy it is difficult to sustain this theory of its origin.

Among the symptoms which, it is asserted, arise from diseases of this portion of the brain, is palsy of the superior extremities. The paralysis, however, in this patient took the hemiplegic form, affecting the limbs opposite the brain-lesion. The function of sensation was not impaired.

It is remarkable that, although the great bulk of the brain and the whole of the hemispherical ganglia escaped all injury, the memory was so seriously affected. It is still more curious, that this absence of recollection was more particularly evident in regard to words and expressions. When agitated, this patient could not recollect names most familiar to him; but, at other times, he could express himself correctly, although always with hesitation and doubt.

In this we have another example, proving the incorrectness of Bouillaud's opinion, that loss of memory of words is dependent on disease of the anterior cerebral lobes. This symptom, on the contrary, seems to belong, in a remarkable degree, to cerebral softening, under all circumstances, and irrespective of locality.

The symptomatology of apoplexy of the pons Varolii usually given in systematic works is "palsy of the four extremities, tetanic rigidity, almost instantaneous death." This definition is far from being borne out in the example under consideration, in which there was nothing to distinguish it from apoplexy of other regions. The symptoms would be likely to vary, however, according to the extent of the injury. In Woodley, it was almost limited to one side of the pons. When the whole of that body is involved, palsy might attack all the limbs, and death take place suddenly.

### ST. BARTHOLOMEW'S HOSPITAL.

*Death from the Inhalation of Chloroform.*

(The patient under the surgical care of Mr. Paget.)

(We reported in our last number a death from chloro-



form under Mr. Quain of University College Hospital; we now record the following.)

The patient was a girl of loose habits, twenty-two years of age, who had been in this hospital two years before the present admission. She was then labouring under an affection which was long looked upon as of a syphilitic character; there was, in fact, considerable discharge from the vulva, and within the vagina was seen an ulcer which was thought to be of a specific nature; but it turned out to be a canceroid growth, situated just at the entrance of the vagina. It had on former occasions been observed that no secondary symptoms were occurring, though the sore presented a certain amount of induration; there was no pain, but the discharge was pretty considerable, and harassed the patient much.

Mr. Paget, having resolved to destroy the tumour, gave the preference to the actual cautery, and hoped that by this means he should succeed in freeing the patient from the inconvenience she was suffering. A fortnight before the day when the inhalations of chloroform had a fatal issue, the ulcerated surface was touched for the first time, when the patient had also inhaled chloroform. She had been thrown into an incomplete state of anæsthesia, for she started when the heated iron came in contact with the sore; she was therefore made to inhale more chloroform, and fell into perfect narcotism, from which she subsequently recovered very well.

On the 21st of October, 1853, it was thought advisable to repeat the operation, and the girl was brought into the operating-theatre. Dr. Black, warden to the college, who administers chloroform by appointment, placed upon the patient's mouth the ordinary tin and leather inhaler, which covers nose and mouth, and which is always used in this hospital. When she had been placed on the table, Dr. Black applied the apparatus, and she continued to inhale the anæsthetic agent very quietly for about ten minutes before it took any effect upon her. All at once the patient was noticed to present an unusually dusky countenance, the pulse became weak and fluttering, and the breathing irregular. Mr. Paget had not as yet begun to operate, and the whole attention was now turned to the state of the girl, and every effort used to recall her to life. Artificial respiration was first employed in the manner advised by Ricord, the air being thrown into the lungs from mouth to mouth. As this, however, did not succeed, an opening was made between the thyroid and cricoid cartilage, and artificial respiration continued by means of a tube passed into the aperture, to which a pair of bellows was adapted. In order to rouse the system brandy-and-water was thrown up the rectum. Whilst these measures were energetically carried out, a warm bath was being prepared, and the patient was placed into it as soon as it was ready, artificial respiration being persevered in while she was immersed. During the continuance of these efforts, Dr. Burrows and Dr. Black detected now and then a pulsation at the wrist; but all these endeavours proving useless, galvanism was had recourse to. The shocks produced very strong spasms, but no efforts at breathing, and it was plain that the only measure which could be relied upon was artificial respiration. This was continued with the greatest perseverance, but to no avail, and it soon became apparent that all efforts at reviving the poor girl were perfectly useless. The whole amount of chloroform which had been inhaled was below two drachms, and the apparatus was the usual one, viz., the leather and tin case for nose and mouth, with the upper aperture and sponge for pouring in the chloroform.

*Post-mortem examination made twenty-four hours after death, conducted by Mr. Paget.*—There was general congestion of the brain, but not very marked, the only veins much congested being those at the posterior part, the blood being in a very liquid state. The puncta was not larger than usual, and the blood, which had been placed in a jar, did not coagulate. The ventricles contained an ordinary amount of fluid, and the pons Varolii presented normal features on a section being made through it. The only peculiarity worth noticing (and the same had been observed

in the patient who died from the effects of chloroform some time ago, under the surgical care of Mr. Lloyd) is that the blood was found liquid in the veins, and remained so after it had been put aside. The kidneys were somewhat congested: the left one was found scarred from previous disease, when the proper tunic was drawn off, and it was supposed that this might be the result of disease in early life. The peritonæum was thickened on the surface of the liver, and the left kidney was full of fluid blood. The spleen was adherent to the diaphragm from previous general peritonitis. The stomach was full of undigested food, and still the patient had stated that she had had no dinner; it is supposed that she took bread from her locker, and had potatoes given her by her fellow-patients. On the mucous membrane of the stomach some coagulated milk was adherent, but the viscus itself was quite healthy, as was also the pancreas, of which there was a small offset attached to the serous surface of the jejunum. The heart was altogether flabby, but decidedly *not fatty*; the right ventricle was of the ordinary size, and slightly mottled at the upper part, the muscular tissue being rather of a thin texture, and generally pale. The lining membrane of the ventricle was rather thickened, and the paleness of the heart formed rather a contrast with the florid tint of the voluntary muscles, but the viscus did not present the characters of fatty degeneration.

Now what do we learn by these accidental deaths, and the account of the post-mortem examinations? 1st, that the fatal effects may ensue in a very short or comparatively long time (three minutes in one case, and ten in the other); 2nd, that a fatty heart will cause death to occur in a much shorter time than is necessary when this organ is sound; 3rd, that a perfectly healthy heart is no preservative from the fatal effects of chloroform; 4th, that a previous complete anæsthesia by chloroform is no guarantee that a subsequent one will be harmless; 5th, that even the artificial respiration from mouth to mouth, which has been much extolled, may fail at a certain advanced period of anæsthesia; 6th, that patients may fall victims to chloroform, though in an excellent state of general health; 7th, that habitual intemperance seems a counter-indication to the use of chloroform; 8th, and lastly, that accidents of the kind described above will happen with the best and most practised hands.

The next question is—Whether we can offer any suggestion as to the means of avoiding the sad results which we have just mentioned? On this point we gladly refer our readers to the excellent papers which from time to time have been published on the subject, and shall just extract from Mr. Bauden's memoir such advice as may be considered of value under the present circumstances:—

1. Never go, intentionally, beyond the limit of cutaneous insensibility.
2. The management of chloroform may be divided into three stages—before, during, and after the inhalations.
3. *Before: Counter-indications.*—Study the patient's constitution; find out whether there exists organic lesions of the heart or lungs: these would be a counter-indication, as are also asthma, aneurism, phthisis, chlorosis, anæmia, chorea, &c., and predisposition to cerebral congestion.
4. The patient's mind should be perfectly calm, and the medical attendant should speak of chloroform as a boon, when carefully administered.
5. The patient should be wishing for anæsthesia, and have full confidence in his medical adviser. If he should feel any apprehension or gloomy forebodings, chloroform should be steadfastly refused.
6. Patients have in all times died from the fear or pain of operations; but the influence of *fear* is now no longer taken into account, and chloroform accused of all the mischief.
7. Chloroform must never be given but for operations of a certain importance, and patients should be fasting.
8. Attention should be paid to the debility which naturally follows serious operations and considerable loss of blood, for the organism thus loses its power of resisting the influence of anæsthetic agents.



9. The operating-room should be of good dimensions, easy of ventilation, and every article necessary in case of danger should be at hand.

10. *During the Inhalation.*—Chloroform should be administered in hospitals by persons specially appointed for the purpose; and in town by practitioners who make it their exclusive occupation.

11. The quantity of chloroform given should be carefully measured, about fifteen minims being taken at once.

12. The length of time during which the patient is inhaling should be counted upon the watch, as also the pulse and the number of respirations. Note should be taken of the force and frequency of the pulsations of the heart; if the latter fall *below sixty*, the inhalation should be stopped.

13. The patient should be in the recumbent position, the head slightly raised by a pillow; and should be given doses of fifteen minims, the time between them being made gradually shorter.

14. The handkerchief should be first held at a little distance, and gradually brought nearer the face, the patient being spoken to in a kind and encouraging manner.

15. The latter should be frequently asked, whilst he is being pinched, what is done to him; and when he begins to answer with ill-humour, you pinch him, he is on the point of losing the faculty of sensation.

16. As soon as he answers no more, feeling is abolished; the handkerchief should immediately be taken away, and the operation begun, for we should never wait until muscular resolution is complete.

17. Excitement which often marks the first degree, is a mark that the handkerchief should be *removed*, far from being kept on as is generally practised.

18. The time has now come to watch the heart and the respiration. On the slightest retardation, and if the symptoms of anæsthesia go on or are even increased, means should be immediately taken to bring back the insensibility to the first degree.

19. When spasms of the larynx or much cough occur, if foam come to the mouth, if the pulse falls, if breathing becomes embarrassed, if there appears any mark of syncope or cerebral congestion, the inhalations should at once cease.

20. Slight struggling may be resisted, but violent excitement and the exclamation of "I am choking," should be followed by the immediate removal of the handkerchief.

21. For long operations the inhalations should be intermitted, and the chloroform may be resumed as soon as the patient begins to sigh or move about. Anæsthesia has in this manner been kept up for one hour.

As to the means to be used in case of threatened death, M. Baudens enumerates most of those which were used in the two cases which we have adduced above.—*Lancet*, Oct. 29.

## The Anatomy of Quackery.

LA'MERT'S "SELF-PRESERVATION," &c.

(Continued from page 322.)

The author of a quaint old book commences his preface with the public announcement that *he* is "the honestest soul living." Now, by a very slight change in the construction of this sentence, we can seriously assure our readers that it would apply most truly to *ourselves*. This is indubitable; as every one who peruses our pages well knows, and as the quacks and charlatans who surround us also know to their confusion and sorrow. Our unceasing desire is to promote justice, and to utter truth only; and, in the execution of our onerous task, we have endeavoured to "temper justice with mercy." Indeed, our exactitude on these points is proverbial. Moreover, our conscience is of that tender character, and we are surrounded with such an atmosphere of benevolence and Christian philanthropy, that, whilst we scrupulously endeavour to defend the defenceless

and deserving, we are never so happy as when placing our foot upon the head of every venomous human reptile that crosses our path. But even with the latter we desire to fight fairly, and with neither the one nor the other would we "extenuate or set down aught in malice." To use a vulgar but a very expressive adage, for which liberty, good reader, pardon us, we would "give even the d— his due;" and, if by any unfortunate error of ours, we might chance to misrepresent his dusky majesty, why what could we do more penitent or satisfactory than to make the "amende honorable" in the columns of our immaculate and world-renowned "Circular." Now! it *does* so happen, and with grief we confess it, that in the last number of the "*Anatomy of Quackery*" we perpetrated an error, from which "good Lord deliver us." We unconsciously gave a new reading of the "Corsican Brothers." We unwittingly described "brother Sam" as performing the misdeeds of "brother Joe," and represented a resident of Bedford-square as ubiquitous, who had, we are seriously informed, no pretensions to that character. Now! although it may be "all in the family," it is certainly not right,—nor would we do it for the world,—to place the burden on the wrong shoulders, more especially, when we are well satisfied, that the right party has got a back "brawny enough," a face "brassy enough," and a soul "conscienceless" and "remorseless," that can bear the load. The truth is, it is very difficult to get at the real names of the notabilities who flourish on the follies and the vices of the public. Smiths become Browns, Levis become Baillies, Hunters, and Hamiltons, Jordans turn into Perrys and Brodies, &c., &c., just as fancy, time, convenience, or the part they locate in, may suit. Hence, the names on the cards and doors, and in the advertisements of these worthies, offer no key to those of their parents, or those under which they may have sailed at some previous period, or under which they perform their "sleights of hand" at the present time at some other part of the town. This will account for our error in mistaking Samuel La'Mert for Joseph La'Mert, and which mistake we now beg leave to rectify. The reader will please, therefore, to accept our assurance that—

The author of "Self-Preservation," Mr. Samuel La'Mert, or Lambert, was not the "Surteis" or "La'Vert" alluded to in the "Mysteries of London;"—nor was he the plaintiff in the suit *La'Mert v Dawson*, tried recently at Leicester;—nor does he officiate under the name of Curtis, at Albemarle-street, nor even assist "Joe Lambert," of immortal memory, in doing so. On the contrary, he carries on an independent trade of his own at No. 37, Bedford-square, and, beyond an occasional ride in his brother's brougham, we are told has nothing to do with him; certainly nothing in the way of business. We, therefore, beg the reader distinctly to understand that Mr. Joseph La'Mert, *alias* Lambert, is the individual to whom our remarks on those points referred, and not to Mr. Samuel La'Mert, or Lambert, before alluded to. This will prevent confusion.

Mr. Samuel La'Mert, the advertising proprietor of "Self-Preservation," we understand, originally practised, after his own peculiar fashion, in Manchester; but, lured by the success of Joseph Lambert, *alias* "J. L. Curtis, Consulting Surgeon," he some time since quitted the provinces for the metropolis. His book, which we have already alluded to, we are also told was made up by a person at Manchester from previous works of its class, ready to its present reputed author's hands. Of this infamous *brochure*, which has reached its fifty-first edition, we can only say that our previous strictures on it, merely faintly represent our feeling of disgust and contempt towards both itself and proprietor.

We have a vast amount of information yet to give the public respecting this worthy, but must reserve it for a future occasion, when we shall devote an article to him. Next week we shall notice Curtis's "Manhood," and its notable proprietor.





PORTRAIT OF EDWIN SAUNDERS, ESQ.

### Biographical Notices.

#### EDWIN SAUNDERS, ESQ.

Stepping aside a little from the regular ranks of professional service, we this week take by the hand and introduce to the notice of our brethren, a distinguished "specialist," Mr. Edwin Saunders, M.R.C.S. of England, Surgeon Dentist to her Majesty, and Lecturer on Anatomy and Diseases of the Teeth at St. Thomas's Hospital.

This gentleman was born in London, March 12th, 1814, and is the son of the eminent publisher and librarian of the same name. From the earliest age Mr. Saunders took great delight in all mechanical arrangements and contrivances. From twelve to fourteen years of age he was engaged in experimental attempts to supersede steam in the propulsion of vessels by hydraulic power. He also made a model of an improved crane for raising great weights,

and a sweeping machine for the city thoroughfares, which differed chiefly from those now in use in not carrying away the soil. This, in his machine, was left in an even line at the side of the road, to be carted away in the usual manner. The great objection to the proper cleansing of the streets, at this period being, the time occupied, and the obstruction caused in effecting it by manual labour. After he had perfected his model, however, he was discouraged by the then not-exploded doctrine of being the poor man's enemy by superseding labour. Of these and other small results of untaught handiwork, one still remains—an automaton boatman—which it always affords him pride and pleasure to show to his friends.

With such tendencies and predilections, it was not surprising that, when the time arrived that the choice of a



profession must be made, he inclined very strongly to civil engineering. At this time, however, the railway system was yet undeveloped; and as it was necessary that he should be able, in the shortest possible period, to maintain himself, he was compelled to abandon a profession for which he felt great yearnings, but the returns of which were uncertain and remote. Some members of his family having been compelled to seek the restorative resources of the dentist's art, he had an opportunity of observing the niceties of adjustment, and the ingenious mechanical contrivances which that art displays, and he resolved, if an opportunity could be found, to make himself master of its mysteries. This soon presented itself in the *atelier* of Mr. Lemale, a gentleman who, to great urbanity and kindness of heart, united a thorough knowledge not only of his profession, but of mechanical science in general. It was in this school that, during three years of assiduous application, Mr. Saunders became thoroughly grounded in the mechanical department of the art, and being led to consider this to be of paramount importance, contented himself with a course of Anatomy and Physiology at Guy's. About this time, however, a circumstance occurred, which, as it led to a material change in his views, may be regarded as a crisis, or turning-point, in life. Literary and Mechanics Institutions were springing up in most parts of London, and these in their infancy were kept up by the voluntary aid, pecuniary and otherwise, of their promoters. Mr. Saunders had already begun to practise, and was glad to dissipate the *ennui* of early struggles by giving some, of course, purely elementary lectures. The first was a series of three, on the mechanical powers, illustrated with working models, then two on anatomy, and two on phrenology. We believe it was during the delivery of the second series that his late valued friend, Frederiek Tyrrell, on his way home from the hospital (St. Thomas's), where he had been giving his surgical lecture, was induced to look in at the infant institution. The result of this visit was a letter desiring Mr. Saunders to call on him the first opportunity. This, of course, he lost no time in doing, feeling that it might lead to much professional advancement. Mr. Tyrrell shook him kindly by the hand, and said, "I heard you lecture last night—why should you not lecture at one of the hospitals, and on your own department, which could not fail to do you good?" Mr. Saunders said that he had never thought of such a thing; it was altogether beyond his ambition; but that if Mr. Tyrrell advised it he would spare no exertion. Mr. Tyrrell then told him to think seriously of what he had said, and that if he should decide to undertake the duty he would introduce him to his colleagues at St. Thomas's. His reception was characterised by the usual amount of cordiality, coldness, and hostility, in which, however, the first greatly preponderated. In the following November he gave his first course of lectures. It was soon evident that a move westward was necessary to give full effect to the advantages which now seemed to offer, and he removed to Argyll-street from the Surrey side of Blackfriars-bridge, a neighbourhood which was now rapidly deteriorating. Having given his probationary course of lectures it became necessary that he should obtain the diploma of the College of Surgeons to be duly appointed Lecturer at the School of St. Thomas's, and to this, although he was fairly embarked in a daily increasing practice, he now applied himself.

On commencing practice he employed his leisure in carrying out a suggestion of some valued friends, which was to compile a small popular work on the care of the teeth, conveying only such and so much information as should enable the reader to comprehend the principles of Dental Hygiene, and to prevent his becoming a victim of the charlatan. This, which was published under the title of "Five Minutes' Advice on the Care of the Teeth," met with considerable success, and may be justly considered to have done something towards creating a juster appreciation of the art in the public mind. In 1840 Mr.

Charles Wing published his large work on "The Evils of the Factory System," in which he has embodied a complete history of the whole subject. The result of the inquiry into the evasions and abuses of the Act for the Regulation of Factory Labour, disclosed a fearful amount of fraud in the falsification of registers of age, &c. Thus, it became evident that, however efficient the Act might be, it would be practically null and void without some means of deciding the age of the child, independent of the register of baptism or birth. The height, the girth, the weight, the capacity of chest, were altogether or severally tested for this purpose, and were all in turn discarded; and it was sagaciously conjectured that as the development of the teeth is amongst the lower animals universally accepted as the most inerring test of age, it should be so in this case. If it be urged that our artificial mode of life should interfere with the natural law and period of development, it must be borne in mind that what is sought is, to judge of age by purely *physical* signs, and that what would interfere with the development of the teeth, would affect equally the height, weight, &c. In pursuing this inquiry, opinions were sought of some of the leading members of our profession. To place the subject on a more satisfactory basis, however, it was necessary to give a more reliable answer than a mere impression; and, accordingly, Mr. Saunders instituted an investigation into the subject, founded on a statistical basis. For this purpose, he visited most of the public schools round London, and, selecting the names of all children of 9 and 13 years of age—the age required for legislative purposes, and both well-marked epochs in dentition—he inserted them in a column opposite to which were ruled spaces for the different diseases of the teeth, and on which the dental development could be easily noted. The result of this inquiry, embodied in a pamphlet entitled "The Teeth, a Test of Age, considered with reference to Factory Children," led to the adoption of this test by the Inspectors of Factories, and to the detection or prevention of an immense amount of fraud and imposition. The practical difficulty in the way of applying the test led to a more exact description of the external characters of teeth, of both the first and second dentition, which, at this time, he contributed to the "Medical Gazette." The broad distinction between teeth of the first and of the second set lay, first, in the difference of size; but where this failed to give a reliable distinction, the two following characteristic signs were to be sought:—first, the abrupt termination of the enamel at the neck of the tooth; second, the abraded condition of the grinding surface or cutting edge. These diagnostic characters, of no small importance in practice, were, it is believed, then for the first time pointed out. In the year 1840, Mr. Saunders determined to carry out a long-cherished scheme to establish an Institution for the Treatment of Diseases of the Teeth; which would not only be a great boon to the poor, but at the same time afford an opportunity of acquiring a knowledge of the treatment and skill in the performance of the operations connected with those organs. He soon found that a similar institution was meditated and projected by the late Mr. Snell and Mr. Harrison, and as neither party desired rivalry, they resolved to unite their interests. This institution was carried on with considerable success, though with no small sacrifice of time and money, for six years, when the demands it made on the time of the gentlemen engaged in it, and the increase of engagements which is the concomitant of advancing years, necessitated its relinquishment. Mr. Saunders also at this time, and for about the same period, held the appointment of Surgeon Dentist to the Blenheim Street Dispensary, whence and at St. Thomas's Hospital, date some of his most cherished friendships. He had been for the last few years giving considerable attention to the mechanical treatment of defects of the palate. In the hard palate, defects were comparatively easy of treatment, but in the congenital cleft palate he felt very anxious to accomplish something more than had yet



been attempted. At this time a gentleman, Mr. Stearne, from Massachusetts, arrived in this country with a very perfect contrivance of this kind, which he exhibited in his own person, and Mr. Saunders lost no time in seeking him out, and making such arrangements as should put him in possession of his plans and mode of treatment. While thus engaged, he discovered that his late friend, Mr. Nasmyth, was similarly occupied, when, instead of an useless rivalry, they resolved to compare notes, and aid each other in the pursuit. This served to cement still closer a friendship which had long existed between these gentlemen; and when, in the spring of 1846, the fatal illness seized Mr. Nasmyth which was destined first to paralyze and then to destroy, it was at his earnest desire that Mr. Saunders came forward to fill the place which, it was little suspected at the time, would be his no more. Having, without an hour's hesitation, undertaken the duties of his post, and being not quite unknown to fame, Mr. Saunders succeeded in keeping together his *clientelle*, and amongst others of his distinguished patients, was in due course called to the honour of an interview with the Queen and Prince. Mr. Saunders was fortunate from the first in securing the royal favour; and in due time, and when it was ascertained that such an arrangement could not act prejudicially to Mr. Nasmyth's interests, he was honoured with the royal appointment. Mr. Saunders has also the honour to attend H.R.H. the Duchess of Kent, H.R.H. the Princess Mary of Cambridge, and, during the last two years of her existence, her late Majesty the Queen Dowager. From this period of double duty he has been unable to contribute in any way to the literature of his profession by the daily exigencies of a large practice. He resides in George-street, Hanover-square, but retires, at the close of the day, to a villa which he has lately erected in Wimbledon Park.

Mr. Saunders is a lover of the Arts, and has displayed a refined taste in the design and erection of his suburban residence, which is built after the early Tuscan style. It is a *bijou* of its kind. On entering the spacious hall, with its tessellated floor of polished marble, it is difficult to know which to admire most—the grouping of the statues, the classic basso-relievos with which the walls are profusely ornamented, or models of those graceful antique vases, ever associated with Etrurian art. Here, in his “Sabine Farm,” after the toils of the day are over in the great City, the Mæneas of Wimbledon delights to pass the summer evenings, in the society of an amiable and accomplished wife, and of a few select friends having tastes and feelings kindred to his own. As might be expected from a man of cultivated mind, Mr. Saunders is remarkable for an entire absence of affectation or mannerism. He is modest and retiring, and disposed to let others find out whatever merit there is to discover, rather than to blazon forth his own position or achievements; and towards his own *confrères*, he is ever friendly and courteous always ready to form a liberal judgment and to give a kind word.

### Reviews.

*Table Turning, the Devil's Modern Master-Piece.* Being the Result of a Course of Experiments by the Rev. N. S. Godfrey, S.C.L., &c.

In anticipation of rebuke, Mr. Godfrey blazons his book with this motto of defiance to the reader:—“Hear me when I speak, and after that I have spoken, mock on!” We have heard thee, reverend Sir, with all due patience, and have entered into thy vein so far as to be urged to say, that such a mockery of truth never before disgusted our taste or offended our reason. In this age of wonders thy exploitations in the spirit-world, and thy courage in announcing thy achievements are surely the most marvellous. M. Robin never whistled a canary-bird out of an

invisible snuff-box, and never, in times past, did the redoubtable Glendower call spirits from the vasty deep with such admirable success as appears to have attended thy infernal incantations. If what thou sayest be true, there be more things in heaven and earth than are dreamt in our philosophy; but, if false, what a melancholy deception hast thou practised upon thy understanding, and what an awful blasphemer art thou of the God in whose priesthood thou servest!

Books like the present are interesting as they exhibit to the medical philosopher the distance from right reason to which the mind will wander in pursuit of an illusion without causing the individual to be enrolled in the category of lunatics. We need not say that the line between sanity and insanity shifts and fluctuates so much that the most acute understanding fails to define the exact amount of aberration from the healthy standard which constitutes that state technically called insanity. Whether, therefore, the Rev. N. S. Godfrey be only misled or be assuredly mad, is a problem which psychologists may have some difficulty in solving. Mr. Godfrey anticipates the “almost doubt of his sanity,” and defends himself from the probable allegation by citing the example of the Apostle Paul; but it is quite certain that Paul might be a sane man and yet Mr. Godfrey a “babbler” of foolish things. Jesus, doubtless, cast out devils, but there is very grave doubt in our mind that Mr. Godfrey ever called forth a devil in his life. The attempt to get a sanction for necromancy from the life of Jesus Christ is one of those lofty challenges of Divine wrath which makes us tremble while we read.

Mr. Godfrey has invented a set of signs by which the replies of his devils may be made intelligible to the questioners. When the leg rises and knocks, an affirmative is implied; when it is motionless, or rises without knocking, a negative. Besides these, there are intermediate degrees of elevation, which a sagacious questioner knows how to construe into suitable replies. We will now give a specimen of the dialogue between Mr. Godfrey and one of his familiars:—

“Are you an evil spirit? Yes.

Are you one cast out by Jesus? No answer.

Are you one of Legion? No answer.

Were you one of those who entered into the swine? No answer.

Are mad men possessed by devils? Yes.

Is epilepsy possession? Yes.

Can you break this table? No.

Can you move the table without our hands? Yes.

We took our hands off and commanded it to move. It did not. We replaced our hands, and I asked.

Is it necessary to place our hands on the table? No.

Why don't you move the table when our hands are off?

Are you restrained? Yes.

By whom? By the Devil? Yes.

Are you one of those seducing spirits spoken of by St. Paul? Yes.

Are you in suffering? Yes.

Are you the spirit of a dead person? Yes.

Have you been in hell? Yes.

Are you one of the angels cast out from heaven? No.

Are you a lost soul? Yes.

Have you power to come into and to leave this table? Yes.

Do you go into the earth? Yes.

Do you go into the abyss? No answer.

Do you go back into hell? Yes.

Can you tell us the name you had when alive? Yes:

Spell your name.

By the process described in § 14 he spelt out ‘Alfred.’ He then spelt ‘Bripa,’ but upon being cross-examined he told us B, r, was right, but not i, p, a; we therefore went on again and he spelt ‘Alfred Brown.’”

A few more questions are put, and the spirit informs



Mr. Godfrey that he lived at Liskeard, had been dead five years, was buried in Liskeard churchyard, that he was exactly 22 years, 2 months, 1 week, and 2 days old, and died on the 11th of September. 1848. This spirit had a good memory and remarkable powers of calculation. Having further stated that he was a drunkard and immoral, and was now suffering from his immoral desires, without the power of gratifying them, the dialogue is thus continued:—

“Do we increase your suffering by keeping you here? No answer.

Do you want to be released? No answer

Had you rather stay? Yes.

Does the Devil send you here? *Yes.\**

Does he send you here for the purpose of deceiving us? Yes (very decidedly).

Are you the same spirit who was up at the parsonage the other night? No.

Have you seen that one since? Yes.

Was he one of the wandering spirits like you? No.

Was he one of the fallen angels? Yes.

Are you compelled to answer questions? Yes.

Does God compel you to answer questions? Yes.

Do you like to answer me? *Yes.*

Shall you be sorry when you leave here? Yes.

Are you happier in the presence of God's people? Yes (decidedly).

Are you more happy here than when you are away from here? Yes.

Must you come again if told by Satan? Yes.

Does God compel you to come now? Yes.

Do you come for a good purpose? *Yes.*

Are you compelled by God to come to tell us that Table Turning is of the Devil? *Yes.*

Could you be called without the Table? Yes.

Could you appear? Yes.

I commanded it to appear, but it did not.

Does Satan prevent you from appearing? *Yes.*

Could you answer with the Bible on you? No.

Is there a difference between lost spirits? *Yes*

Are there any more miserable than you? Yes (very decidedly).

Are there any lost spirits less miserable than you? Yes (faintly).

Are evil angels more under Satan's power than spirits? Yes.

Are you compelled to obey Satan? *Yes.*

Are you tormented in the sight of heaven? *Yes.*

Can you see heaven? *Yes.*

Can you enter heaven? No.

Can Satan enter heaven? Yes (very decidedly).

Is Satan the accuser of the brethren? Yes, (most decidedly, the table nearly overturned itself.)

Do you wish to confess that Jesus Christ our Lord is come in the flesh? *Yes.*

(The most emphatic answer given; the Table again nearly overturned itself, and remained poised on its two legs for about ten seconds.)

Do you believe that Jesus is the Christ? Yes.

Does that belief make you unhappy? *Yes* (very decidedly.)

Can anything release you from your condition? No.

Can we do anything to better your condition? No.

Is there any end to your unhappiness? No (very decidedly).

Is our Saviour's description of your unhappiness true? Yes (most decidedly).

Did you hear the gospel while you were alive? *Yes.*

Where you a Sunday School Teacher? No.

Did you attend a Sunday School? Yes.

Do you now believe that what you learnt there was true? *Yes.*

Can you promise to come again? No.

Should you like to come again? *Yes.*

If I want you to come again, and command you by your name 'Alfred Brown,' can you come? No answer.

Will you come again if I summon you in God's name? Yes.

Is it in my power to call you again? No.

Can God compel you to come again? Yes.

Am I wrong to summon you? No.

Should I be wrong to summon you often? *Yes.*

Is Hell, fire and brimstone, as Christ has told us? Yes.

Is it a literal torment, as our Lord Jesus has described it? Yes. (The table nearly overturned.)

We must add to this horrifying narration that Mr. Godfrey says, in another part of his book, that he had made every inquiry to ascertain the truth of these statements, but without success. Alfred Brown was, therefore, a lying devil. Mr. Godfrey was not satisfied with the statements of Alfred Brown, and summoned another spirit, of the name of Job Gordon Maynwarding, who, Lucifer-like, declared himself to be a scion of a ducal family. When the dialogue was nearly concluded with this spirit, he was asked how many lies he had told that night, and the answer was 38; how many truths,—answer given “very slowly,” and, doubtless, with considerable misgiving, 6!

Does not Mr. Godfrey see that the only proof of the reality of his experiments is in the truth of the statements made by his spirits; and that, if nearly all the answers are admitted “lies,” rational persons will necessarily conclude that the whole is either a delusion or a cheat? Besides, if the devil confess to thirty-eight lies, how does Mr. Godfrey know that the reply in which this statement is made is not the thirty-ninth; and can he not see that the whole affair may be a gross and monstrous self-delusion? That Mr. Godfrey makes his spirit the exponent of a religious theory and of religious prejudices is very palpable, and the fact proves that he is the victim of a heated and disordered imagination.

We can scarcely wind up our indignation to the declamatory pitch against a man who must be pitied rather than denounced. Such shocking statements must make every person of religious feeling shudder, and excite unmitigated disgust in every well-regulated mind; we are not therefore required to point public scorn against a thing that summarily condemns itself. That such extravagance will be the doom of the delusion of Table-turning among the thousands who might otherwise admire its marvels is apparent. The foolish and the insane will henceforth be its only votaries. Mr. Godfrey has trifled with sacred things as if they were toys, and profaned the holiest names in his abominable incantations. He has presumed through his devils to declare a knowledge of the spirit-world and of the counsels of God, and has again proved the truth of the aphorism that “fools will rush in where angels fear to tread.” We advise Mr. Godfrey to call in his books, and burn them with his cherry-tree tables in one bonfire: then, as soon as may be, betake himself to a communion with simple nature among the Alps of Switzerland or the gray lakes of his native land, and with good management and the discourse of a sensible companion he will soon ignore the delusions which he has now rashly published as verities to the world.

STATISTICS OF LONGEVITY.—1751 persons were taken all of whom had attained a hundred years, and were all living at the same time. In one year they had diminished to 1587, in the second year to 1442, in the third year to 1280, in the fourth year to 1126, and so on till, out of the original 1751, only 143 reached the age of 120; 44 survived to 130, 12 to 140! and one old gentleman actually resisted the effects of time and weather till he had completed his ONE HUNDRED AND FIFTIETH YEAR!—*New Quarterly Review for October.*

\* When the answer is in italics it signifies that a peculiar emphasis was discernible in the motion of the leg.



## Correspondence.

To the Editor of the "Medical Circular."

SIR,—The following letter has been addressed by me to the editor of an obscure journal, the "Homœopathic Times," who has seen fit to pass what he meant to be some severe strictures upon me, because, after testing practically the merits of Homœopathy, I discovered its delusions and abandoned it. It would be a pleasure to me, if my experience could tend to prevent any one from listening to the plausible appeal, "give Homœopathy a fair trial before you condemn it."

I am, Sir, your obedient servant,  
A GENERAL PRACTITIONER.

To the Editor of the "Homœopathic Times."

MY DEAR MR. EDITOR,—I am extremely indebted to you for the polite notice you have given of me in the last number of your influential journal, and for the courteous and handsome manner, in which at your own expense you have forwarded to me a copy of the journal containing the aforesaid notice.

Some time ago, before my experience of the world was as great as it is now, I chanced to fall in with some numbers of the "Homœopathic Times," and was much moved by the candid and liberal way in which you invited medical men to try Homœopathy for themselves, and not to abuse and condemn it before they had fairly convinced themselves of its absurdity. I said to myself, after perusing several such articles, "These Homœopathists are liberal and pleasant fellows, and very different from the narrow-minded and bigotted Allopathists; they don't want to dragonnade you into their opinions; all they want is a fair trial; there is no deception, and if the goods don't suit your money is returned." Full of these pleasing impressions, and sure, my dear Mr. Editor, of your sympathy, however my experiments might turn out, I magnanimously determined that I would take your advice, and test Homœopathy for myself. I bought books and drugs. (If, Mr. Editor, you are inclined for business, you shall positively have them all at a tremendous sacrifice.) I took in the "Homœopathic Times;"—and here I admit the sublimity of my conduct merged at once into the ridiculous. I studied hard, and I practised according to my new lights. Sir, I give you my honour, that at first I really did think I effected cures by the new system;—you may smile, but the fact is so, and I became quite a warm advocate for it. As I went on, however, and as kind nature showed that she had no intention of attending to all my patients for me whilst I was doing nothing for them (that is to say, doctoring them homœopathically), I discovered my delusion, and conscientiously determined to abandon the system. In doing this I felt sure, as I said before, of your sympathy, nay, even of your cordial approbation. I had, as you advised, judged for myself; my conclusions were adverse to Homœopathy, and I gave it up. I felt that I might be condemned for inconsistency; but it was a consideration to think, that you, at all events, worthy soul, would "weep, and, however the world might condemn, thy tears would efface the decree." Judge, then, Mr. Editor, of the anguish of my feelings, when I read your diatribe concerning me. I had thought that if charity and candour lingered any where in this wicked world, it would be in the pages of that modest and retiring journal, the "Homœopathic Times;" but, alas for the honour of human nature, I perceive that your boasted liberality is all a sham, that you, like other specimens of sinful mortality, do not hesitate to ascribe the worst motives to your adversaries; that you can be as scurrilous as the "Lancet," that you sadly lack the raciness and ability of that much-vilified journal, and that those who have the misfortune to differ from you, must necessarily be quacks, imposters, and renegades. All this is very sad, and under such mournful circumstances, and

with eyes so fully opened to the hollowness of human nature, I must bear up as I best can against your contempt, and determine never again to believe in any protestations of liberality and impartiality. To show that I bear no malice against you, but, on the contrary, still feel a sneaking kindness for you, I will conclude with a friendly piece of advice. I don't know whether you yourself believe in homœopathy,—I don't suppose you do, and it would certainly be difficult to do so with the present amusing division in your ranks,—but whether you do or not, you are, I perceive, a man of the world, and I, therefore, exhort you to give it up as fast as you decently can (if you don't you will soon have to assist at its obsequies), and tell your numerous subscribers in your very next number, that, having Hahnmannized yourself and them *usque ad nauseam*, you have gone to look out for another hero, who it is to be hoped will bring more grist to your mill.

Yours, &c., &c.

[A "General Practitioner" is not the first who has given homœopathy a trial, and repented of the error of his ways. We hope this letter will be a lesson to others.]

## Medical Notes and Queries.

### NOTE.

MOTHERS' MARKS.—MR. EDITOR,—Will you allow me to add a remarkable coincidence which occurred to me in Union practice some years back? A drunken Irishman struck his wife (who was pregnant, and expected to be confined daily) over the left eye, so as to produce a black eye. The woman fainted, and labour came on gradually. The blow was struck at about four o'clock in the afternoon, and at half-past eight in the evening she was delivered of a fine child, having a perfect echymosis of the left eyelid. This mark was still as plainly visible up to thirteen months after birth, after which time I lost sight of the mother and child. This simple case would favour the idea that the impression from the mother is capable of being conveyed to the child, and producing marked effects within a few hours, and, for aught known to the contrary, immediately after its receipt by the mother. Some medical men saw this case with me.—Apologising for the intrusion, I remain, your obedient servant, J. C. BEALE.

P.S.—The mention of this case was induced by the perusal of Mr. Cox's paper.

87, Harrow-road, Oct. 27th.

### REPLY.

AQ. BENEDICTA.—SIR,—I see no reason to regret your sentence pronounced *ex cathedra* on my letter commenting on your correspondent, T. M., as perhaps the majority of your readers have not lost time looking over his lucubration; and very likely I should fail to convince him of the groundlessness of his assertions in a note to your journal of the 14th ultimo, the wording of which would not lead me to think him accustomed to the conventional tone "for ears polite." You very kindly offer me the opportunity to rebut his statements; therefore, with regard to the first portion, concerning the daily swallowing, &c., of aq. Bened., I cannot retract what I said in my former letter, but will take up that portion where he assumes, "from his own practice," I presume, that "we in Ireland have seldom an opportunity of treating disease in which spasms or delirium are prominent." Now I find, on referring to my case-book for 1835, that on July the 12th—by the way, a remarkable day in Orange reminiscences, as T. M. knows very well—I was called to a lady labouring under general neuralgic affection of the face, attended with spasm of the muscles and cramps in the lower limbs. Now, she was treated with Valerian and Calumbo, in mixture with morphia and mindererus in a draught, at bed-time, together with frictions with camphor. linim. &c., to the spine and sides. September 9th, same year, is the case of a young lady of nervous temperament, and leuco-phlegmatic



constitution. She complained of weight in the cerebellar region and eyelids, tenderness along the spine, general weakness, loss of spirits, &c. Her treatment was leeches beneath the mastoid processes, vesication to the nape of neck, with pills of colocynth, and draughts of inf. quassiae and sulphate of magnesia. On the 14th same month, my next subject is marked "Epilepsy;" treated by purgatives, leeches to temples, pediluvia with cold application to head. Now in these and similar cases, occurring every year since in my practice and in that of others, I do not find, nor can I hear or recollect to have heard of, the use of the aqueous cure of your correspondent. I could multiply these and others arising in the course of typhoid and synochal fevers, erysipelas, and delir. a potu, in which our Irish treatment was and still continues "*secundum artem*." Nor is it true that our people of the poorer class leave their friends to their fate, when sick, as asserted by T. M. On the contrary, I am sure that every medical gentleman in charge of a Dispensary can testify to their urgent and frequent calls on him for advice and medicine for their ailing relatives, and that, in proportion as he is kind and attentive, is he respected and valued. I trust that I have thus shown, from a limited practice, that our medical men this side of the water are not so void of cases of nervous diseases as your correspondent would have you believe. I will not attempt any metaphysical disquisition on the causes of the peculiar superstitions of a people, nor whether they arise from too little or too great an amount of religious belief. I am of opinion these matters do not come within the province of your correspondent, neither can it be mine to talk of them; nor can I see, with you, how medico-legal questions may be affected by them. My name shall be at your service whenever you judge it necessary. I am glad that you have gotten that of your correspondent. At present, with your kind permission, stet nominis umbra. BETA.

22nd October, 1853.

[We have published the foregoing letter with pleasure. We still think the matter highly important in a medico-legal point of view. Thus, if an Irish woman administer oil of vitriol to an infant, and it be proved that it was administered by mistake for holy-water—the latter being habitually used in Ireland both as an internal remedy and external application—the woman might escape the charge of murder, on the plea of accidental administration. But if the judge and jury be ignorant of this custom, or deem it too incredible to be a mistake, as Baron Alderson and his jury appear to have considered, the presumption of design is all the stronger against the woman, and she may be wrongfully convicted, and lose her life.]

#### QUERIES.

MR. EDITOR,—I would feel obliged by your informing me of the best way of preparing shell cocoa with nibs for breakfast. Perhaps some of your numerous correspondents could aid you in giving the necessary information. I am, Sir, yours, &c., COCOA.

October, 22nd, 1853.

THE CURE OF VARICOCELE.—SIR,—I should feel very much obliged if you could give me any information as to the best means of curing varicocele, as I have tried many remedies without any success at all; and if you or your numerous readers could suggest any remedy, they would oblige yours, respectfully,

HIPPOCRATES.

Liverpool, Oct. 21, 1853.

TRACHEOTOMY IN ASPHYXIA FROM CHLOROFORM.—SIR,—From having had somewhat considerable experience in the employment of that valuable anæsthetic agent "chloroform," my interest was excited by observing in the "Circular" number for the 26th of this month, a case recorded in which death took place from its inhalation at University College Hospital. Amongst the means adopted for resuscitating the patient, might I ask why was tracheotomy had recourse to in such a case?—and oblige yours, very respectfully, "ÆNEAS," A SUBSCRIBER.

29th October, 1853.

#### DR. W. KRAMER, OF BERLIN, AGAINST MR. WILDE, OF DUBLIN.

There is no subject of higher professional interest, and, at the same time, of a more discouraging character, than to witness two contemporary authors, engaged in the same practical studies, supplied with a large amount of observation and experience, who, nevertheless, maintain the most opposite scientific doctrines and principles!

Such is the case with Mr. Wilde (*Aural Surgery*, 1853) and myself (*The Nature and Treatment of Diseases of the Ear*, 1836—1849).

Guided by a twenty years' practice, I could not help disproving Mr. Wilde's opinions and practical rules of guidance, published in the "*Dublin Journal of Medical Science*," 1844-47-48 (of my above-quoted work, 2nd edition, 1849, pp. 224, 342-45, 425-29, 435, 452, 457), Mr. Wilde, in his turn, did the same (of "*Aural Surgery*," in many places) with regard to the views and practical principles contained in both editions of my "*Diseases of the Ear*." Would it now serve my turn to vindicate once more my system, my theory, and practice, of the affections of the auditory organ? I think it would not. It is not in my power to afford more convincing proofs of the correctness and trustworthiness of my statements, published in 1849; there is nothing to be added to, nor to be deducted from, the whole of the doctrines contained in this second edition of my work. But would it be of any use to examine and to disprove Mr. Wilde's "*Aural Surgery*?" Again, I think it would not: for there is no reasoning, no coming to a satisfactory explanation with an author, who, for instance, has never observed ("*Aural Surgery*," p. 138) polypus growing from the external surface of the membrana tympani, etc.; whereas I not only observed, but completely destroyed, 143 polypous excrescences, grown out from the external surface of the membrana tympani. It is impossible to come to an understanding with Mr. Wilde, who attaches great importance to Mr. Toynbee's dissections of ears, unknown to have been deaf, and not examined during life.(a)

These lines, therefore, are equally far from advocating my "*Diseases of the Ear*," as from refuting Mr. Wilde's "*Aural Surgery*." What, then, can be my object in writing them? Simply because I do not wish to see my doctrine judged by Mr. Wilde's exposition, who does not even scruple to alter my words, and to distort their meaning, as often as he refers to my work. I shall, therefore, confine myself to an energetical protestation against such unfair proceedings, and to the quotations of the passages which have been mutilated by Mr. Wilde.

("Aural Surgery," p. 28.)—"Kramer says he has cured cases of nervous deafness by the introduction of etherous vapour and other gaseous substances, by means of an air-pump into the middle ear." Nowhere, and never, did I recommend or make use of, an air-pump for introducing etherous vapour or gaseous substances, into the middle ear. (Of my "*Diseases of the Ear*," English translation, p. 272; 2nd edition, p. 753, foll.)

("Aural Surgery," page 105.)—"Kramer says, the catheter is the only means by blowing, or by the introduction of a catgut-string, or a small whalebone or ivory probe, to learn the condition of the Eustachian tube, and the cavity of the tympanum, and thereby in the cases in question, to judge of the condition of the auditory nerve." And page 391—"The proposition of Dr. Kramer, to judge of the state of the auditory nerve by the introduction of a catgut-string, an ivory, or a whalebone bougie, into the cavity of the tympanum," &c.

Again, I never recommended or made use of a whalebone or ivory probe or bougie to be introduced into the Eustachian tube, still less into the cavity of the tympanum. (Of my works, English Translation, pp. 201, 226; Second Edition, page 499.)

(a) The German Aurist is not singular in his disbelief of the statements of Mr. Toynbee with reference to his dissections of the ear.



("Aural Surgery, page 213.)—"It will appear almost incredible, that Dr. Kramer should believe that even a forcible stream of air from the air-press cannot alter the concave form of the membrana tympani."

Page 316 of the second edition of my work, I expressly pointed to the roll-shaped elevation of the membrana tympani on both sides of the handle of the malleus, taking rise from forcing a stream of air into the cavitas tympani, by holding the nose, and making a forced expiration.

("Aural Surgery, page 224.)—"Kramer, in his first work, gave a section on acute inflammation of the membrana tympani; but we find about four pages devoted to the description of this disease, while the remainder is occupied with the consideration of polypus, &c."

Is it not very strange to deny my alleged description, on account of its being limited to four pages? Indeed, it fills up six pages (from 147 to 152); and, in the second edition, twenty-one pages (from 321 to 342.)

("Aural Surgery," page 288.)—"Kramer, in his criticism of Willis, adduces as insupportable, the assertion of some forms of deafness being improved by loud noises occurring in the vicinity." We have here a remarkable instance of Mr. Wilde's deception, as I clearly stated the amelioration of deafness noticed by patients when riding in a carriage, or being in the vicinity of loud noises. (Of English Translation of my work, pp. 259, 264; Second Edition, page 720.)

("Aural Surgery," page 352.) "Neither in his description of chronic inflammation of the middle ear, nor in the details of cases, has Dr. Kramer given an accurate account of the state of the membrana tympani in this disease; and several of the cases related by him afford no note of the state of this structure whatever."

The fact is, that I stated this membrane to be, in many of the cases in question, shining, smooth, transparent (first edition of my work, page 204), and, almost without any exception, shining, transparent, and very seldom of a dead white colour.—(Second edition, page 532.)

("Aural Surgery," page 383.)—"The existence or the non-existence of tinnitus aurium led Dr. Kramer to divide nervous deafness into the erethitic and the torpid form; the former being incurable, the latter curable."

The truth is I expressed my opinion on this subject in these words:—"If the erethitic and the torpid forms of nervous deafness be compared in a prognostic point of view, the former is the less favourable for medical treatment." (See the English translation of my work, page 267.) Mr. Wilde's distiguration of the alleged sentence is there obvious to all.

("Aural Surgery," page 385.)—"Dr. Kramer writes, in his new edition, page 725, 'In by far the greater number of our cases, the ear-catheter shows the auditory tubes dry,'" etc.

What a pity Mr. Wilde should have missed this excellent opportunity of showing off his sagacity by discovering that there is a misprint in the passage; viz., ear-catheter instead of ear speculum!

("Aural Surgery," page 384.)—"Kramer gives in 1851 an account of 2,000 additional cases in which the former proportions are considerably modified, for only 1875 cases were attributed to nervous deafness." A simple glance at the statistical table of 4,000 cases of affections of the ear, of my own, published in the "London Medical Times and Gazette," 1852, October 16, shows very similarly modified proportions of all affections of the ear, but in no way of the nervous deafness alone. ("Ibid," p. 307.) In the last edition of his work, Dr. Kramer says, the English aurist must be denied any opinion on the subject. Mr. Wilde's not quoting the page containing this my reproach, cannot be refuted directly; but I willingly confess, that my very unfavourable opinion on the state of English aural surgery is not in the least changed by his last publication. Page 782, second edition of my work, I expressed my opinion on this subject in the following words:—When

Swan, Wright, Saunders, Buchanan, Curtis, and others,—especially English physicians,—dare to treat cases of nervous deafness by means of calomel, magnesia, sulphuria, jalappa, aloe, rheum, senna, and leeches,—perhaps subsequently or additionally by the use of the bark,—one is warranted in maintaining, that these writers are destitute of all knowledge of the peculiar genuine character of nervous deafness."

("Ibid," p. 388.)—"To remedy the nervous deafness it has been recommended by Dr. Kramer to cure it by introducing the vapour of acetous ether into the cavitas tympani."

Here Mr. Wilde endeavours to lead his readers into a gross error. He cannot have been ignorant of my recommending (see second edition of my work, pp. 753, 759, 765) to begin the treatment of nervous deafness by vapours of pure lukewarm water, or of a thin mucilaginous fluid, combined with  $\frac{1}{8}$  to  $\frac{1}{2}$  gr. of extract hyosc., very seldom to be followed by a single drop of acetous ether, the irritating effect of which, on this occasion, is much to be feared.

("Ibid," p. 390.)—"Dr. Kramer says, it must always be kept in view, that when the vapour passes through the cavitas tympani into the labyrinth by means of the foramen ovale," etc.

It seems, once more, Mr. Wilde intentionally omitted taking any notice of the alteration of this passage in the second edition, p. 753, running in his way:—"At all events, these vapours are to pass only the thin membranes of the round and oval foramina," etc.

In all the quotations, constituting the whole of Mr. Wilde's references to my work, there cannot be the least doubt as to his having been conscious of the true meaning of the alleged and occasionally amended passages. He is familiar with the German tongue, and in possession of a copy of the second edition of my work. What, then, can Mr. Wilde's intention be in acting so unfairly? I am not sure that I know, but thus much I am sure of, that I shall never enter into any discussion with, nor return any answer to, an author who did not scruple to attack my writings in so malevolent and unjustifiable a way.—*Medical Times and Gazette*, Oct. 22.)

## THE CHOLERA.

### DUNDEE.

Oct. 27-8, Cholera, deaths ..... 5

### LUTON.

Oct. 28, Cholera, deaths ..... 2

### NEWCASTLE-UPON-TYNE.

Oct. 29, No deaths.

### GATESHEAD.

Oct. 29, No deaths.

### THE METROPOLIS.

It appears from returns made by the Superintendents of the D, K, M, N, and V divisions of Police to the Commissioners, and by them transmitted to the General Board of Health, that there have been 11 cases of cholera within these districts on the 26th and 27th inst., in which five have resulted fatally.

The deaths from cholera, which had declined in the two previous weeks from 66 to 45, rose again last week to 83. Forty males and 43 females perished by this disease. The districts on the south side of the river still assert their fatal pre-eminence, 49 out of the whole number of cases having occurred there. Rotherhithe, Battersea, St. Saviour, St. George, are the parts of that division which suffered most. The deaths from cholera in London, in the corresponding week of 1848, were 34.

The public have been frequently cautioned against indulgence in spirituous liquors at periods of epidemic cholera. The readers of the Registrar's notes, published from week to week, will find too many instances in which this advice has been neglected. A person drinks to ex-



cess; in a few hours he is suffering from an attack of diarrhoea, and the disease runs through its several stages to a fatal termination. When cholera is at the door, temperance in the use of intoxicating liquors, and an almost total abstinence from gin and other spirits, becomes extremely necessary for the preservation of life.

It is admitted that diarrhoea generally precedes cholera; that there are few, if any, exceptions to the rule. But it is of importance both to establish the rule, and show its extent, by a mass of observations accurately recorded. It is therefore desirable that medical informants should inquire specially, in all cases, whether the attack of cholera commences by "diarrhoea," and state the interval of time in hours and days between the appearance of diarrhoea and the supervention of spasms, or of the other characteristic symptoms of cholera.

Last week the 83 deaths from cholera occurred as follows:—In the West Districts, 2; in the North, 5; in the Central, 3; in the East, 24; and in those on the South side of the Thames, 49.

#### SCOTLAND.

In the epidemic of 1848-49 some of the larger towns of Scotland were the first attacked, among the dense populations of which the disease spread with appalling rapidity, and proved most destructive. In the present visitation, there has, as yet, been no similar outbreak. In numerous places, indeed, sporadic cases have occurred, and in some few, as in Dunse, Bathgate, and Coldingham, the attacks have occurred in groups. Deaths have also been recorded from the malignant form of the disease in Edinburgh, Leith, Glasgow, Dundee, Annandale, Rothbury, and Featherstonehaugh; but in none of these places has there been any general outbreak, nor, as far as appears, has there been any extensive prevalence of diarrhoea, though some deaths have been produced by the latter disease. It would seem, that the dreadful visitation of 1848-49 has, in some instances, left a salutary impression on the minds of the people. Dr. Lyon Playfair refers particularly to St. Andrews as an example of this. In 1849, cholera broke out in a virulent form in this city. On that occasion Dr. Lyon Playfair, at the request of the local authorities, superintended the application of the measures then adopted for preventing the spread of the epidemic. From a recent personal inspection of the town, and particularly of the old haunts of the pestilence, Dr. Playfair is satisfied that the town, owing in a great measure to the judicious and energetic course taken by its Provost, is in a much better state for resisting an attack of cholera than it was in 1849; and that, were it not for the abominable condition of its apologies for sewers, in all human probability St. Andrews would remain exempt from attack.

Numerous applications have been received from Scotland for increased powers for carrying into effect sanitary improvements; and at the instance of the Board of Supervision at Edinburgh, and on consultation with the Lord Advocate, supplementary regulations, specially adapted for the Scotch towns, have been issued.

**CHOLERA IN BERLIN.**—List of those daily attacked from the 13th to the 19th of September, 1853:—38, 33, 33, 32, 41, 37, 43. Since the beginning of the epidemic, 629 have been attacked, 383 have died, 96 have recovered, 150 still uncured. In the only cholera hospital at present opened there are no more received than 120, of whom 70 have died, 18 have recovered, 32 remaining uncured.—*Deutsche Klinik*. Sept. 24.

**OXFORD UNIVERSITY.**—A synopsis of the Physiological series in the Christchurch Museum, upon the plan of the Hunterian catalogue, has just been published, which will be of great service to all persons wishing to become acquainted with that very interesting collection. It is understood to have been drawn up by Dr. Acland, Lee's Reader in Anatomy.

## Obituary.

Aug. 28.—G. DALRYMPLE GORDON, M.D., Assistant-Surgeon of the Madras Native Infantry, at Penang.

Oct. 17.—SAMUEL LUDLOW, Esq., F.R.C.S. (hon.), at Bath, after a protracted illness. The deceased formerly resided in Exeter, and was a retired member of the Bengal Board. He had been for some time out of practice.

Oct. 20.—VERO CLARKE KEMBALL, Esq., M.R.C.S. Eng. 1805; F.R.C.S. (hon.) 1843; at his residence, 6, Chester-place, Hyde-park-gardens, aged 74. Mr. Kemball was formerly a Surgeon in the Honourable East India Company's Service, and a member of the Medical Board, Bombay.

Oct. 22.—EDWARD AGUSTINE BATT, Esq., M.R.C.S. Eng. 1824; L.S.A. 1823; at his residence, Witney, Oxon, aged 52. The deceased held the appointment of Resident Surgeon to the Witney Lunatic Asylum.

## Medical News.

**UNIVERSITY OF ST. ANDREWS.**—List of gentlemen who had the Degree of Doctor of Medicine conferred upon them, Oct. 21, 1853:—H. Biekersteth, F.R.C.S., Cape of Good Hope; Henry Critchley Brodric, L.A.C., Macclesfield; John James D. Burns, M.R.C.S. Ed., R.N., Woolwich; John Matthew Butler, M.R.C.S., L.A.C., Woolwich; Thomas Spry Byass, M.R.C.S., Sussex; Robert Cartwright, M.R.C.S., Salop; T. F. Clarke, M.R.C.S., L.A.C., London; Mathew Cornes, M.R.C.S., L.A.C., London; James Joseph Gregeen, M.R.C.S., L.A.C., Deptford; G. H. Daly, M.R.C.S., H.E.I.C.S., Bengal; John Ross Diamond, M.R.C.S., L.A.C., London; Theodore Duka, M.R.C.S., East Indies; H. J. Franks, M.R.C.S., L.A.C., Leamington, Warwickshire; Robert Greenhalgh, M.R.C.S., London; G. A. Humble, L.F.P. & S. Glasgow, L.A.C., Islington; John Matthews, L.A.C., London; J. Muir, Lic. Fac. Phy. and Surg. Glasgow, Welwyn, Herts; Lewis Paine, M.R.C.S., L.A.C., London; J. Blakemore Phipps, M.R.C.S., Suffolk; T. Ringer, M.R.C.S., L.A.C., Clifton, Bristol; Edward Malcolm Sinclair, M.R.C.S., Manchester; William Stillman, M.R.C.S., L.A.C., Birmingham; Robert Crossing Throp, M.R.C.S., Devon; John Trull, L.A.C., Bath; Arthur Umphelby, M.R.C.S., H.E.I.C.S., Madras; W. Webb, M.R.C.S., L.A.C., Barton-under-Needwood; William Robert Woodman, M.R.C.S., Exeter.

**ACADEMY OF MEDICINE, PARIS.**—At the séance of this society of Oct. 19, a letter was read from Mr. Yearsley, of London, descriptive of the *Acœmeter*, an instrument invented by him, to ascertain, by sounds of graduated loudness, the degree of improvement effected in the application of the hydrated cotton remedy, or artificial tympanum, in cases of deafness attended by loss of the *membrana tympani*. The instrument was referred to the Commission on Deaf-Dumbness.—*Gazette des Hôpitaux*.

**CAMBRIDGE UNIVERSITY.**—The Downing Professor of Medicine gives notice that he will begin a course of lectures introductory to the study of medicine in connexion with that of the natural sciences, on Monday, October 24, in Downing College. The lectures will be continued every Monday, Wednesday, and Friday, during the remainder of the term. Terms of attendance, to those gentlemen who are not provided with a professorial lecture ticket, two guineas.

**DEATH SUPPOSED FROM CHLOROFORM.**—The *Milford Journal* (U.S.) states that Mr. Howley of that place, while suffering from cramp in the stomach, inhaled chloroform. The sponge that had been used was afterwards placed near a bowl of milk, of which a child a year old soon after made a meal, and in two hours was a corpse. The case is imperfect, as no account is given of the symptoms prior to death.



## CAUTION.

WHEREAS, it has come to our knowledge that a Circular has been sent to several members of the profession, *in close imitation* of those issued from our office, by means of which our information is annually obtained for the successful compilation of the London and Provincial Medical Directory; and as such *imitation* is evidently intended to *mislead*, we think it our duty to insert this CAUTION, that the profession may not be put to the trouble of filling up a second circular for parties who can descend to carry on a rivalry characterised by low-minded *trickery*, *lying*, and *deceit*.

N.B.—Our second and final application has been made, and no more circulars on behalf of the London and Provincial Medical Directory will be forwarded during the present year.

THE EDITORS OF THE LONDON AND PROVINCIAL MEDICAL DIRECTORY.

128, Strand, November 1st, 1853.

## Notices to Correspondents.

NOTICE.—In order to facilitate the transaction of the rapidly-increasing business of the "Medical Circular," and to meet the wishes of those gentlemen desirous of a personal interview, the EDITOR has arranged to attend at the OFFICE, 128, STRAND, every WEDNESDAY, between the hours of Twelve and Two, p.m.

The "Medical Circular" may be procured by an order on any Newsvendor or Bookseller; or it will be sent direct by post from the Office, to subscribers for one year, on receipt of Sixteen shillings; half-yearly subscription, 8s.; quarterly, 4s. Cases for containing the numbers, bound in cloth, 1s. 6d., or by post, 2s. Post-office Orders to be drawn in favour of Thomas Rolfe, Post-office, Charing-cross.

IMPORTANT RUMOUR.—It is reported that the Council of the College of Surgeons of Edinburgh have written to the Council of the College of Surgeons of England, stating their determination to refuse to recognise the certificates given by Dr. KNOX as teacher of anatomy at the Royal Free Hospital Medical College! At present we have no doubt of the perfect accuracy of the report, but shall be glad to correct it if we are assured on sufficient authority that we have been misinformed. We forbear to state the reasons assigned by the Edinburgh College for the determination at which they have arrived, as such disclosure would be premature. We further understand that a deputation from the College of Surgeons visited the school on Monday last. Alas! this miserable school! thrice miserable in its founders, its lecturers, and its pupils; the last, if there be any, we profoundly pity.

A SUBSCRIBER TO THE LONDON AND PROVINCIAL MEDICAL DIRECTORY.—The size of the Directory will not be altered, it being found to be the most convenient for public offices, as well as for the library table and the carriage of the medical man.

NOTICE.—We find that the movement in favour of Naval Medical Officers is indebted to the leadership of a gentleman unconnected with the public service, and that in ascribing it to a different person we were in error, and regret we should thereby have given pain to that individual.

DR. COPLAND informs us "that the first paragraph of p. 328 of the latest No. (Oct. 26th), was not the substance of the treatment advised by Mr. Coulson for abscesses consecutive of purulent infection, but the substance, in great part, of what Dr. Copland recommended for such cases, and has recommended when treating of this subject in the first volume of his work on 'Practical Medicine.'" We regret that the mistake referred to in Dr. Copland's letter should have occurred, and gladly make the correction.

A CHEMIST.—We are gratified at the favourable opinion you express of the "Medical Circular," and especially of the articles on "Toxicology." Although our Journal is especially intended for the medical profession, we are at all times pleased to find that its articles are found interesting to the collateral connexions of the profession. We are happy to say that it has the support of all the leading chemists.

MR. DAVIES.—1st, Yes. 2nd, Yes. 3rd, Yes.

R. J. B.—A representation should be made to the Governors, who have power to arrest the abuse.

GAZETTE HEEDOMADAINE DE MEDECINE ET DE CHIRURGIE received.

(Reprinted from the LANCET'S Notices to Correspondents.)

"A LOOKER ON.—We have not seen the book published by the aural "Wilde" man of Dublin; but having seen what Kramer, of Berlin, has written with respect to the statements of its author, it is not very likely that we shall ever look into its pages."—[The quarrels of these gentlemen are somewhat amusing. Kramer attacks Wilde for his misrepresentations; and Wilde, on his part, has had the courage to expose the glycerine quackery—*hinc illæ lachrymæ*.]

MR. JOHN COLEMAN.—We cannot give a definite answer to your inquiry.

MR. BAKER.—The magistrates have no power to order payment in the instance cited. It is a great hardship.

T.—Many thanks for your letter. The order shall be attended to.

MR. COOPER.—The letter has been forwarded.

DR. D.—1st, Yes. 2nd, No.

\*.—The *Banner of Ulster* has been received.

DR. GRAF VON VIETTINGHOFF.—Communication received.

A CORRESPONDENT (Newark).—1st, A half partner about £300, exclusive of sundries. 2nd, From £300 to £400.

MR. J. N. HEATHCOTE.—A letter has been sent to the gentleman, who will doubtless communicate with you.

SENEX.—1st, Watson's. 2nd, Fergusson's.

A GENERAL PRACTITIONER, MR. R. G. SHUTE, and ÆNEAS.—Communications received.

BOLUS.—You have no redress.

To the Editor of the "Medical Circular."

SIR,—At the risk of being deemed troublesome, may I refer you to the very interesting paper read to the Medical Society of London, and communicated by your clever correspondent under the signature of "A Silent Member." In it I find that an interesting question was asked by Dr. Webster, *but not replied to*, namely, as to the extent of insanity amongst *sa age* tribes. He stated a remarkable fact as to Ireland, "that one in every 420 of the population was afflicted with insanity. Now, may I through your columns ask the learned doctor from what source he derived his statistical information, or whether he means to place our population categorically amongst the savage tribes, for in my experience and practice I am led to believe that insanity is more prevalent amongst the upper and middle classes in this country, than among our poorer classes. In this I think I shall be sustained by the Reports in Chancery and the returns of our Lunatic Asylums. I must except, however, those cases arising from drunkenness or injury.—Your obedient servant, BETA.

A COUNTRY SURGEON (Liverpool).—We cannot offer an opinion on the subject, but inasmuch as the only benefit you get from your connexion with the Provincial Association is the gift of a Journal at the price of an annual guinea, while the "Medical Circular," which is not given to you, may be fairly purchased for an annual 16s, we think, if you are a wise and independent man, you will discontinue the dear journal and take in another and a better one at less cost. Ask Mrs. — for advice. The ladies generally know better than we how to lay out money to the best advantage.

MEDICUS.—1st, Vaccine lymph can be procured from the "National Vaccine Institution," 8, Russell-place, Fitzroy-square. 2nd, All the numbers specified can be had except No. 31. The Indices are contained in Nos. 26 and 52.

S. L.—The individual is not a qualified practitioner, and may be prosecuted under the Apothecaries Act.

ERRATA.—In Dr. Young's midwifery report of last week, at line seventeen from top, for grasping *purpose* read grasping pressure, and at line five from bottom, for memoranda read memoranda.



## THE BEST FOOD FOR CHILDREN, INVALIDS, AND OTHERS.

### ROBINSON'S PATENT BARLEY,

For making superior Barley Water in Fifteen Minutes, has not only obtained the patronage of her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light food for Infants, Children, and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

"BARLEY is a very sweet and nutritious grain, and is more readily subjected to vinous fermentations than any other grain; and therefore is the grain from which generally our beers and ales are produced. But there is another preparation from Barley, much more important to the sick man than these, and that is good Barley-water. However humble it may appear, it is one of the most valuable remedies with which the medical man is conversant, and strange to say, few patients to whom it is ordered, know how to prepare this valuable article. *Robinson's Patent Prepared Barley* offers the most ready and expeditious mode of making this preparation, and it will be found much preferable to the thick, disagreeable stuff usually made and denominated Barley-water.

"These drinks are intended to assuage thirst in fevers and inflammatory disorders, for which plenty of mild diluting liquor is one of the principal remedies; and if not suggested by the medical attendant is frequently demanded by honest instinct, in terms too plain to be misunderstood. The stomach sympathises with every fibre of the human frame, and no part of it can be distressed, without, in some degree, offending that organ, therefore it is of the utmost importance to soothe it, by rendering everything we offer it as agreeable as the nature of the case will admit.

"The improved Barley-water prepared as directed will be received with pleasure by the most delicate stomach. The Patent Barley may also be cooked in a variety of ways, and is one of the mildest and most nourishing articles of diet."

### ROBINSON'S PATENT GROATS

Form another Diet universally esteemed for making a superior Gruel in Fifteen Minutes—light for supper—and alternately with the Patent Barley, is an excellent Food for Children and Invalids, being particularly recommended by the Faculty as the purest and best Preparation of the kind extant, and far preferable to the Embden Groats.

"GROATS.—The nourishing qualities of Oats (from which Groats are made), is in this country so well known as to need but little remark. With respect to Oatmeal, which is so generally used in Scotland, the people of England seem to have fallen into an error respecting its qualities, from its producing in some a sensation of heartburn, or heat at the stomach. The most eminent French Physicians speak of Oatmeal as being of a cooling nature, and consequently prescribe it in fevers; and the inhabitants of the East and West Indies prefer it to Arrowroot, when labouring under inflammatory disorders. Oatmeal in its sound state is entirely without bitterness; but that which is generally sold, from being exposed to the impure air of the town or city, is frequently unsafe to use. Oatmeal-porridge is the best food for children; and, as an old author has justly observed, 'It is the king of spoon-meats, and the queen of soups, and gratifies nature beyond all others.' As Gruel, it forms a useful and mild diluent drink in a great variety of diseases, and in order to secure the purity of this valuable article, and as forming an excellent food for Children, we recommend *Robinson's Patent Groats*, from which pure Gruel may be quickly made, and which, from its peculiar preparation, is deprived of all the objectionable qualities pertaining to Oatmeal."

Prepared only by the Patentees, ROBINSON and BELLVILLE, Purveyors to the Queen, 64, Red Lion Street, Holborn, London.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets of 6d. and 1s., and in Family Canisters at 2s., 5s., and 10s. each.

### Arrowroot, 8d. per lb., in 14lb. Tins,

warranted genuine, imported direct from the West Indies. Finest Brazilian Isinglass, 8s. 6d. per lb. Samples per post on receipt of two stamps. Delivered free to any part of England.—H. WARREN & CO., 302, Regent-street, London.

### Genuine Wines.—Pale or Brown

Sherry, 33s. per dozen. A very superior Amontillado Sherry 42s. per dozen. Old Crusted Port, 34s., 42s., and 48s. Hock, 36s. Moselle, 36s. Claret, 30s. Champagne, in splendid condition, 40s. per dozen. THE FINEST BLACK TEA imported, 4s. per lb.

H. WARREN & CO., Importers of Continental and Colonial Produce, 302, Regent-street (nearly opposite the Polytechnic), London.

### Soyer's Aromatic Mustard.—"M."

Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration."—LANCET.

Sole Agents: Messrs. CROSSE AND BLACKWELL, 21, Soho-square, London.

### Scarlett's Portable Invalid Soup.—

SCARLETT and SON respectfully inform the public that the SOUP made by them expressly for invalids, so strongly recommended by Dr. Marshall Hall and other medical gentlemen, will be found very beneficial. 2s. 6d. per quart, or 1s. per lb.

26, King William-street, London-bridge.

### To Invalids and those desirous of

PRESERVING HEALTH.—The Sanitary Commission instituted by THE LANCET having pronounced the Cocoa purchased at 15, Rathbone-place, Oxford-street, to be "entirely free from deleterious admixture," the attention of the public is directed to EDMONDS and Co's HOMÆOPATHIC COCOA, at 1s. 6d. per lb. Edmonds and Co., Tea Dealers, &c., 15, Rathbone-place, Oxford-st.

### Bass's East India Pale Ale.—That

large portion of Medical Men who use and recommend this celebrated Ale, as supplied from our Stores, are informed that the October Brewings are in excellent condition, in Casks from 18 Gallons upwards. In the usual Wine-bottles and Imperial Pints, a good stock of Last Season's Ale can still be selected from. Much beer being sold for BASS'S which is not brewed by them, every Bottle sent out from our Stores is sealed and labelled, and every cork branded with our names.

BERRY BROTHERS & Co.,  
3, St. James's-street, London.

### Mayall's Daguerreotype Portrait

GALLERIES, 224, Regent-street, corner of Argyle-place, and 443, West Strand.—Mr. Mayall invites inspection of his newly patented process for producing crayon effects in daguerreotype miniatures, also his extensive collection of original portraits of parliamentary, scientific, literary, and theatrical celebrities. Portraits taken daily in the highest style of art. "Mr. Mayall's crayon pictures are much distinguished for the beauty of their execution, the tint being harmonious and neutral, the various textures of flesh, hair, drapery, &c., discriminated with a painter's taste, and an entire absence of a certain commonness of aspect which has tended hitherto to disparage this art."—Athenæum.

### To Authors, Publishers, etc.—Wood

ENGRAVINGS.—Illustrations for Books, Periodicals, Newspapers, and every class of Wood Engravings executed in a superior style, at reasonable prices, by GEORGE DORRINGTON, Designer and Engraver on Wood, 4, Ampton-street. Gray's Inn-road.

TESTIMONIALS.—"We are much pleased with your Engraving, and are obliged by your punctuality."—Cambridge Advertiser. "We are quite satisfied with your workmanship."—Edinburgh Evening Post. "The Engraving does you great credit."—Leicester Chronicle. "The Engraving has worked admirably, we are perfectly satisfied with it."—Cambridge Independent Press. "Your clarity, business-like tact and system are admirable."—Sheffield Times. "We are quite satisfied with the Engravings; they have our entire approval."—Derbyshire Courier. "The workmanship is very creditable to you, and worthy of the patronage of the press."—Nottingham Review. "We can fully bear out the encomiums of other newspapers on your ability and punctuality."—Sherbourne Journal. "We have much pleasure in bearing testimony to your promptitude in the execution of Engravings, and also to the general excellence of the work."—Leicester Mercury.

ESTIMATES AND SPECIMENS POST-FREE.

### Argyll Baths, 10, Argyll-place,

REGENT-STREET,  
AND AT 5, NEW BROAD-STREET, CITY.

TERMS:

WARM BATHS—ONE SHILLING EACH.

Reserved Rooms, including the Ladies' Department, One-and-Sixpence each; Twenty-one Transferable Tickets, One Guinea. Vapour, Sulphur, and Harrowgate Baths, 3s. 6d. each—8 for 21s. Hot Air, Mercurial, and other dry Fumigating Baths, 5s. each—6 for 21s.

Portable Warm Baths sent out within ten miles of London. Single Bath (with hot linen, &c.), within one mile of Argyll-place, 5s.; every additional mile, 1s. extra.

An idea may be formed of the capacity of these Establishments when it is stated that upon their erection and completion upwards of £30,000 has been expended, and that at each place one hundred Baths can be given in an hour.



## ADVERTISEMENTS.

### Skeleton and Skull Repository,

45, Museum-street, Bloomsbury, London. JOHN HARNETT begs most respectfully to call the attention of Lecturers, Students, and Gentlemen connected with the Medical Profession, to his large and select Stock of Anatomical Preparations, consisting of Skeletons, loose and articulated Skulls, Hands and Feet, Vertebrae, and Loose Bones, at the lowest possible prices.

### Dissecting and all other Surgical

Instruments, best quality, and lowest price. ELASTIC STOCKINGS from 5s.; URINALS, for Railway or Night use, from 12s.; ENEMAS at all prices, at

**PRATT & CO'S**

420, OXFORD-STREET, LONDON.

### Horne, Thornthwaite, and Wood,

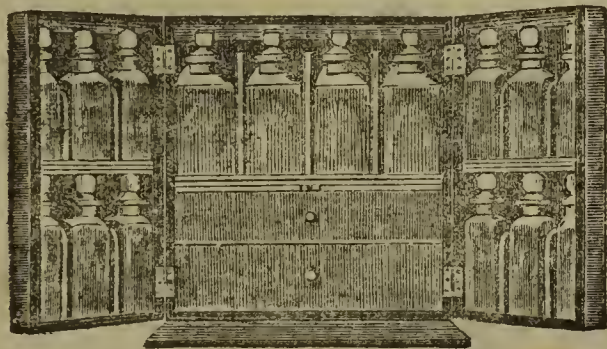
PHILOSOPHICAL and CHEMICAL INSTRUMENT MAKERS, 122, and 123, NEWGATE-STREET, LONDON.

Medical Achromatic Microscopes, in Case, for Anatomical Urinary Deposits, &c., £2 2s., £5 5s., and upwards.

Electro-Galvanic Machines, giving a uniform Current of Galvanism of great quantity, in one direction only, and of the only form and construction suitable for medical application, in portable case, £3 3s., £5 5s., and £8 8s.

Urinometers, gilt metal, 14s.; glass, 4s. 6d.; in case for pocket with Thermometer, Acid, &c., 21s. and 35s.

Apparatus and Tests for Analyses of Urine, and Toxicology. In Cases, £3 3s., £5 5s., and £10 10s.



### To Chemists and Druggists.—

FREDERICK THOMPSON, late of the firm of SPRINGWEILER and THOMPSON, begs respectfully to return his thanks to those Gentlemen who have kindly given him the preference in their business since the death of his late step-father, Mr. Andrew Springweiler, and trusts, by attention to their interests, economy in charges, and superior finish in workmanship, to merit their continued patronage.

MANUFACTORY, 26 & 27, BARTLETT'S-BUILDINGS, HOLBORN, LONDON.

Medicine Chests in every variety of quality and style of finish, embracing nearly one hundred different patterns, at prices from 6s. 6d. to £12. Ladies' and Gentlemen's Dressing Cases and Writing Desks, Despatch Boxes, Jewel Cases, Plate Chests, and Canteens. Wholesale and for Exportation. Ship Medicine Chests fitted according to Act of Parliament, at very reduced prices.

P.S.—Many customers of the late firm of SPRINGWEILER and THOMPSON, having forwarded their orders to the old address in error, F. T. begs that all future commands may be sent to the above address, Bartlett's-buildings, Holborn.



### Pure and Healthy Leeches.—

POTTER and HAILEY beg to assure the Profession, Druggists, &c., that the Leeches they offer are such as can be recommended for Purity, Health, and Readiness of Biting.

Importers of Leeches and Turkey Sponge, Herbalists, &c., 66, Far ringdon-market, London.

Established upwards of Forty Years.

### Medical Men, Managers of Clubs,

INSURANCE and other OFFICES, and the Public generally are respectfully requested, before furnishing, to inspect the extensive and well-selected Stock at RICHARD A. C. LOADER'S CABINET AND UPHOLSTERY WAREHOUSES, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

The Stock comprises every requisite for furnishing, at as low a price as goods of a guaranteed quality can be supplied. Catalogues gratis.

RICHARD A. C. LOADER, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

### BOARD IN EDINBURGH.

### A Medical Gentleman in the New

Town of Edinburgh, can receive into his family Two Young Gentlemen as BOARDERS. Apply to D. C. F., care of Mr. Irvine, Scotsman Office, Edinburgh.

### American Invention for the Pre-

VENTION of SPINAL CURVATURE, &c.—An apparatus, not intended for the support but prevention of spinal deformity, has recently been invented in America, by means of which the habit of stooping, rounding the shoulders, &c., is immediately corrected, without the wearer feeling the least restraint. It is instantly applied, without any fastenings whatever, can be worn beneath or above the dress; is simple in its form, and in weight only a few ounces. It is especially recommended for young ladies during drawing, music, equestrian exercise, &c., and to adults whilst reading, writing, or following any sedentary pursuit. To be procured only from HENRY BIGG and SON, anatomical machinists, 29, Leicester-square. Price £1 1s. The apparatus is patented in England, France, and America.

### Rumble's Improved Elastic Bodice,

recommended by eminent Physicians.—This superior and much improved Elastic Bodice can with confidence be offered to ladies, as surpassing any yet made; it fastens easily in front, retains its firmness and elasticity, and by a peculiar system, adopted by Mrs. Rumble, a perfect fit is ensured. To be obtained only of the manufacturer, M. Rumble, 2, Welbeck-street, Cavendish-square, opposite the Savings Bank.

STAYS SUPERSEDED.

### Great Exhibition Elastic Bodice.

—Stiff Stays destroy natural grace, produce deformity, and implant disease. Curvature of the spine, consumption, and a host of evils arise from their use. MARTIN'S ELASTIC BODICE is without whalebone or lacing, at the same time furnishing a sufficient support, and imparting to the figure that natural elegance, which is quite impossible under the pressure which is the great aim, as mischief is the certain end, of all kinds of stays. The time and patience of the wearer are also spared, by a simple fastening in front, to obviate the trouble of lacing. As there are several imitations of these celebrated Bodice, it is necessary to inform the Public that they can be obtained only of the Inventors and Manufacturers, E. AND E. H. MARTIN, 504, New Oxford-street.

A Prospectus, &c., on receipt of a stamp, can be sent by post.

### Prize Medal, Great Exhibition,

1851.—The only one granted for CORSETS in the United Kingdom, was awarded by the MEDICAL JURY to MADAME CAPLIN, 58, Berners-street, Oxford-street, for her HYGIENIC CORPORIFORM CORSETS, Elastic Bodice, Belts, &c. For a description of the merits of the above, see Dr. Tilt's great work, "Elements of Female Hygiene."

### The Respirator.—The extensive

use of Mr. JEFFREYS'S Respirator by sufferers from irritation in the air passages and lungs, renders it desirable that the attention of the profession should be invited to the different forms of the instrument. These are—for the mouth, THE FIXED ORAL RESPIRATOR, and the HAND ORAL—the latter so convenient in form as to supersede in many cases a necessity for the former. The NASAL for the nostrils, and the ORINASAL to cover both orifices, are instruments used chiefly at night, to promote rest by allaying cough and irritation. The earlier and more steadily the Respirator is employed in the forms needed, the sooner does the patient cease to require it. There can be no greater mistake in therapeutics than to defer the employment from a fear of inducing a dependence on it, the very contrary being true in theory and in all experience. A pamphlet, entitled "Answers to Objections, &c.," and procurable at all the Depots, may be worth the attention of medical men, as containing philosophical replies to mistaken views. West-end Depot, 25, Holles-street, Oxford-street.—S. Griffiths. Wholesale Office, City, 25, Bucklersbury. The leading Chemists and Instrument Makers are Agents for Mr. Jeffreys's Respirators.

### For Varicose Veins & Weakness.—

SURGICAL ELASTIC STOCKINGS, AND KNEE-CAPS on a New Principle, pervious, light in texture, and inexpensive, yielding a permanent, efficient, and unvarying support under any temperature, without the trouble of Lacing and Bandaging: likewise, a Strong, Low-priced Article for Hospitals and the Working Classes: ELASTIC NET CORSETS of the same beautiful fabric, ABDOMINAL SUPPORTING BELTS, for both sexes, those for ladies' use before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instructions for measurement, and prices on application, and the articles sent by post, from the Manufacturers, POPE and PLANTE, 4, WATERLOO-PLACE, PALL-MALL, LONDON.

The Profession, Trade, and Hospitals supplied.



## Medical Agency & Lunatic Asylum

REGISTRATION.—MESSRS. LANE AND LARA, 14, JOHN-STREET, ADELPHI (Established A.D. 1828), have always for disposal, Practices, Partnerships, Asylums and such Businesses as are usually carried on by Professional men, of all kinds, in every locality. Commission is charged only to vendors for successfully conducting a negotiation, payable out of the purchase money. Any description of business transacted for medical gentlemen, at a fixed and moderate cost.

Assistants are provided without expense to principals.

Messrs. LANE and LARA have also much pleasure in respectfully inviting the attention of the profession to their LUNATIC ASYLUM REGISTRY, by which the friends of the Insane and of Invalids may obtain, gratuitously, the Terms and Prospectuses of establishments adapted to every class of the community, and the fullest information on every point connected with them. A list is kept of Superintendents, Medical Officers, Matrons, and Male and Female Attendants.—(Vide "The Lancet," May 10, and "Medical Times," May 17, 1851.)

\* \* \* Office hours from Twelve till Four.

## Royal College of Physicians, Degree

OF M.D., APOTHECARIES' HALL, &c.—DR. COOKE continues to assist (personally or by correspondence) gentlemen desirous of graduating in Medicine or Surgery, or of Matriculating at British or Continental Examining Boards.—For terms, &c., apply to DR. COOKE, East Temple Chambers, 2, Whitefriars-street, Fleet-street.

## A Medical Student would like to

engage himself as Dispensing and Visiting Assistant, for the remainder of his time, as an equivalent for board and lodging. He should prefer the City or East part of London. Address A.B., at the "Medical Circular" Office, 128, Strand.

## Mechi's Desks, Work-Boxes, and

TEA-CHESTS, 4, Leadenhall Street, London, combine all that is superb and cheap, with the most approved patterns, invented by himself, manufactured on his own premises, where may be seen some of the richest specimens in the world of Papier Maché Goods, Dressing Cases, Bagatelle Tables, Ivory Chessmen and Chessboards, rich Card Cases, Tablets, and in fact everything for the Work Table and Dressing Toilet, displayed in a style of elegance not surpassed by any in this kingdom. MECHI is the sole and original inventor of the Castellated Tooth Brushes, Magic Strop and Paste, the peculiar Steel Razor, the Cushioned Bagatelle Tables, and various Improvements in Portable Desks and Dressing Cases combined.

BANKS OF DEPOSIT AND SAVINGS BANKS.

INVESTMENT OF CAPITAL.

NATIONAL ASSURANCE & INVESTMENT ASSOCIATION TRUSTEES.

The Right Hon. the Earl of Besborough.  
The Right Hon. Lord George Paget, M.P.  
The Right Hon. Lord Templemore.  
The Hon. Henry Fitzroy, M.P.  
The Rev. Joseph Prendergast, D.D. (Cantab.), Lewisham.  
George Stone, Esq., Lombard-street.  
Matthew Hutton Chaytor, Esq., Reigate.

## Persons desirous of investing Money

are requested to examine the Plan of this Association by which a high rate of Interest may be obtained combined with perfect security.

Prospectuses and full information may be had at the Office, or sent post free, on application. PETER MORRISON,

Managing Director

St. Martin's place, Trafalgar-square, London.

## United Kingdom Life Assurance

COMPANY. Established by Act of Parliament in 1834.  
No. 8, Waterloo-place, Pall-mall, London.

The distinctive features of the Company embrace, amongst others—Tables of Premiums formed on the lowest scale compatible with security, and constructed to meet the various wants of Assurers, and every risk to which protection by Assurance can be extended.

One-half the Life Premium for the first Five Years may remain on credit.

Loans granted on approved Personal Security.

Assured not restricted in their limits of travel, as in most other Companies, but may proceed from one part of Europe to another in decked vessels, without License, and to British North America, and many parts of the United States, without extra premium, by merely giving the ordinary notice to the Office in London of the intended visit.

Whole-world Policies granted at slightly increased rates of Premium, thus rendering a Policy in money transactions a real security.

Prospectuses, and every information, may be obtained on application to the Resident Director

## Medical Agency, 50, Lincoln's-inn-fields, Conducted by

MR. BOWMER, M.R.C.S.L.

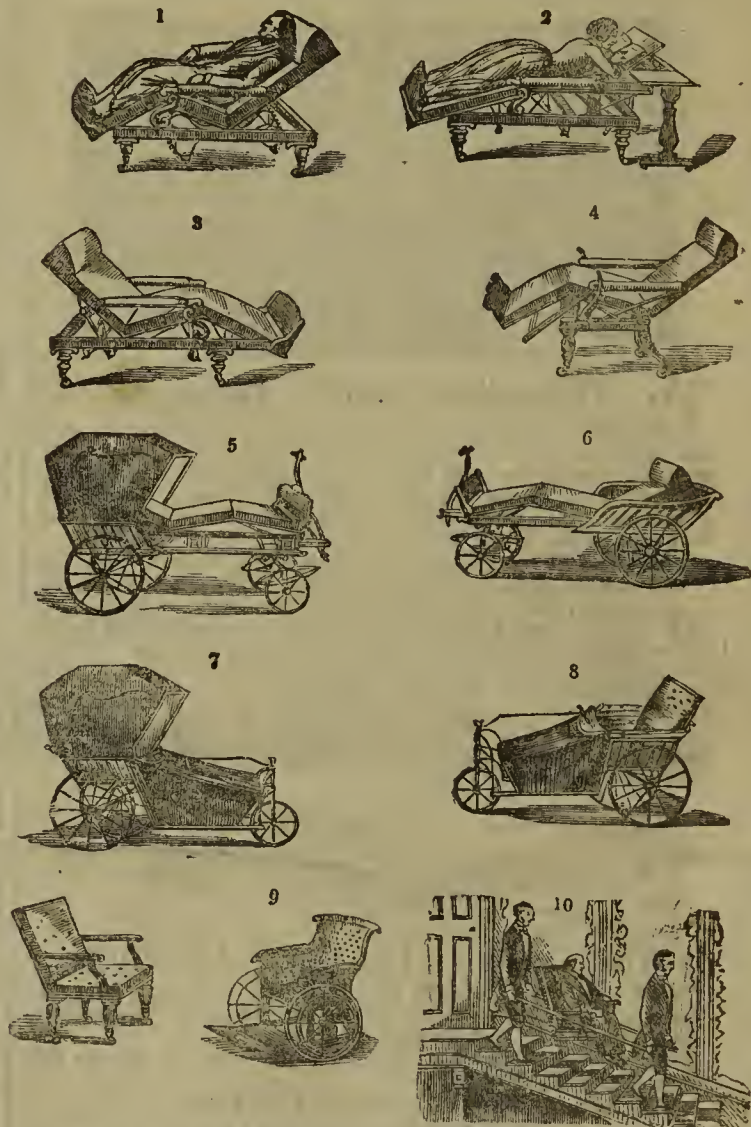
All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.

(OFFICE HOURS, 11 TILL 4.)

## Comforts for Invalids.—Messrs

CHAPMAN and ALDERMAN, of No. 8 Denmark street, Soho, London, beg most respectfully to inform their medical friends that they have now completed their mechanical arrangements for their Graduating Spinal, Fracture, and General Invalid Couches, Chairs, Carriages, &c. &c. The Illustrations will show that they can be made to wind into any position whatever, according to the requirements of the patient. No. 1 is the same as was supplied, by the recommendation of Sir B. Brodie, Bart., to the late Sir R. Peel, Bart., when he met with his fatal accident. Price twenty-eight guineas.—No. 2, in a Prone Position.—No. 3, as an Easy Chair, the arms being made to throw back, to enable the patient to get on and off easy.—No. 4, a Self-adjusting Spinal Chair. Price fifteen guineas.—No. 5, a Spinal Carriage, with a Shifting Couch. Price thirty guineas.—No. 6, without a Hood. Price twenty guineas.—No. 7, a Bath Chair. Price twenty-five guineas.—No. 8, without a Hood. Price fifteen guineas.—No. 9, a Self-propelling French Merlin Chair. Price fifteen guineas.—No. 10, their newly-invented Equilibrium Carrying-Chair, which answers as an Easy Chair in the room, as well as for carrying the invalid up and down stairs, the Poles being made to hook on and off. Price eight guineas.

Hospitals and Public Institutions supplied.



The above can be had on Hire.

The Publisher of the "MEDICAL CIRCULAR," in answer to several enquiries from the country, begs to state that the following are the terms for inserting Advertisements:—

Four lines and under	£0 2 6
Every additional line	0 0 6
Whole Column	2 15 0
Whole Page	5 5 0

London: Printed by WILLIAM TROUCE, at his Office, No. 9, Cursitor-street, Chancery-lane, in the Parish of St. Andrew, Holborn, in the County of Middlesex; and published by CHARLES JAMES HARRIS, at No. 128, Strand in the City of Westminster.—November 2nd, 1853.



THE  
MEDICAL CIRCULAR  
AND  
General Medical Advertiser.

No. 45, NEW SERIES. }  
No. 71. } WEDNESDAY, NOVEMBER 9, 1853. {THREEPENCE.  
{ STAMPED, 4d.

TABLE OF CONTENTS.

	Page		Page
Leading Articles:		Anatomy of Quackery, No. XXXIII.	362
The Use of Chloroform	353	Biographical Notices	363
The late Dr. Charlesworth, Mr. Gardiner Hill, and the		Correspondence	364
"Lancet"	354	Medical Societies	366
A Voice from the Royal Free Hospital School	354	Mr. Wilde in answer to the charges of Dr. Kramer	367
Mirror of Periodical Literature	354	The Cholera	369
Contents of the Medical Journals	358	Obituary	370
Books received for Review	359	Medical News	370
Reviews	359	Notices to Correspondents	371
Hospital Reports	360		

On the First of January next will be published, most carefully revised, and with many new features, which will add greatly to the utility of the Works,

THE LONDON AND PROVINCIAL MEDICAL DIRECTORY. Price to Subscribers, 6s.  
Non-Subscribers, 7s. 6d.

THE MEDICAL DIRECTORY FOR IRELAND. Price to Subscribers, 4s.; Non-Subscribers, 5s.

THE MEDICAL DIRECTORY FOR SCOTLAND. Price to Subscribers, 4s.; Non-Subscribers, 5s.

OBSERVE, that the above are the only Medical Directories, published by Mr. John Churchill, Princes-st., Soho, one of which (the London and Provincial) has been the Index to the Profession for the last eight years, and has received the warmest commendations both from the medical and general press. The utmost pains are taken in the compilation of these works, which are found in all Public Offices, Scientific Institutions, &c., and are constantly referred to in the Courts of Law. Office, 12s, Strand, where all communications are to be addressed. C. J. Harris, Secretary.

Just published, 8vo, in cloth, price 5s. free by post, 5s.

On True and False Spermatorrhœa :

With a view to the Correction of wide-spread Errors in relation to the Treatment and Cure of the Impuissant and Sexual Hypochondriacs, in general. Translated from the German of Dr. PICKFORD. Bailliérie, 219, Regent-street, & 290, Broadway, New York

Recently published, Third Edition, 8vo, price 6s.,  
PRACTICAL OBSERVATIONS on the CAUSES and  
TREATMENT of  
CURVATURES OF THE SPINE.  
By SAMUEL HARE, F.R.C.S., etc.

"The author has had much success in his plan of treatment, and we are of opinion that the principles upon which he acts in the treatment of these affections are correct."—*Lancet*.

"We unhesitatingly commend his work as a truthful and trustworthy statement of the power of scientific surgery and medicine over some of the most grievous hindrances to human activity and industry."—*London Medical Gazette*.

"Mr. Hare may take credit to himself for having effected much good in the treatment of the cases described."—*Provincial Association Journal*.

Also, by the same Author, 8vo., price 2s.,  
FACTS and OBSERVATIONS on the PHYSICAL EDUCATION  
of CHILDREN, especially as regards the  
PREVENTION of SPINAL and other DEFORMITIES.  
London: J. Churchill, 46, Princes-street, and all Booksellers.

Now ready, a new and enlarged Edition.

Percivall's Hippo-Pathology: the

DISEASES of the CHEST and AIR-PASSAGES of the HORSE; thoroughly revised, with extensive Additions. 8vo, price 10s.  
Longman & Co., Paternoster-row, London.

"The practice of medicine in regard to these diseases has experienced a reformation so essentially necessary to meet their altered character, that it is not too much to say, the 'mode of cure' set down for them in works but a few years old, is found at the present day, in comparison with the new one, not only inapplicable, but positively harmful."—PREFACE.

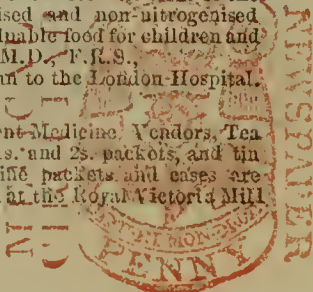
By the same Author,  
The ANATOMY of the HORSE. 20s.  
LECTURES on the FORM and ACTION of HORSES. 10s.

Dr. Pereira.—This late Eminent  
Physician's opinion of HARDS' FARINACEOUS FOOD  
for Infants and Invalids:—

"I have carefully examined, and repeatedly prescribed 'Hards' Farinaceous Food' (See Pereira's 'Treatise on Food and Diet,' pp. 309 and 473, &c.), which is prepared from the most nutritious of the cereal grains. It combines both nitrogenised and non-nitrogenised alimentary principles, and forms a very valuable food for children and invalids."  
"JOHN PEREIRA, M.D., F.R.S.  
"Assistant-Physician to the London Hospital.

"47, Finsbury-square, July 1, 1843."

Sold by Chemists and Druggists, Patent Medicine Vendors, Tea Dealers, and Italian Warehousemen, in 1s. and 2s. packets, and tin cases, 7s. 6d. each. Observe—all genuine packets and cases are signed "Jas. Hards," and manufactured at the Royal Victoria Mill Dartford, Kent.





## MR. HOOPER'S IMPROVED INVALID WATER OR AIR CUSHIONS, AND MATTRESSES OR BEDS.

Being made of prepared India-rubber, without the admixture of cloth materials, Leakage is avoided.  
See the "LANCET," Jan. 25, 1851.



**CUSHIONS FOR BED-SORES.**—Whether threatened with Sloughing, or in which Sloughing has taken place, Fractures, Diseased Joints, Ulcerated Cartilages, Coldness of the Stomach, Pain in the Bowels, Spasms, Lassitude, Typhoid and other Fevers, Gouty and Rheumatic Affections, Cancer, Ovarian Dropsy, Coldness of the Stomach and Feet, Consumptive and all Bed-ridden Patients. They are simply placed on an ordinary mattress, and covered with two or three blankets and a sheet as an ordinary bed.

For further reports of their utility, see Mr. Caser Hawkins's Letter in the "Lancet," Oct. 27, 1849; Dr. Hake's Letter in the "Provincial Medical and Surgical Journal," Nov. 1, 1850; Dr. Thorn's Letter, "Medical Times," March 20, 1851; also the "Institute," February 8th, and the "Lancet," Jan. 25th, and Feb. 15th, 1851. 7, Pall Mall East, and 55, Grosvenor Street.

**Jozeau's Copahine-mege, or Sac-**  
charated CAPSULES, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhoea, Gleet, and Leucorrhoeal Discharges, on an average of six days (see "Lancet" of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by G. Jozeau, sole French Chemist, 49, Haymarket, London; and Jozeau, Pharmacien, 161, Rue Montmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with the name of Gabriel Jozeau printed thereon.

**Drug Price Currents forwarded, free**  
of Postage, on application, by Messrs. HEWLETT and GODDARD, Wholesale Druggists, 6, Arthur-street West, Upper Thames-street, near London-bridge, containing the ready-cash prices for Drugs and Pharmaceutical Preparations of the purest quality. Messrs. H. and G. solicit the attention of the Medical Profession resident in the Provinces, Infirmary Committees, Dispensaries, &c., &c., to the advantages attendant upon the above Price Current.

**Taraxacum (Davenport's) Liquor,**  
or FLUID EXTRACT, Prepared by Spontaneous Inspissation, possesses every characteristic of the fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm. 6s. per lb.  
**COTYLEDON UMBILICUS.**—The Solid and Fluid Extracts, 1s. 3d. and 1s. per oz.; also, the Preserved Juice, 5s. 4d. per lb., as recommended by Mr. Salter, of Poole, in Epilepsy.—J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 33 Great Russell-street, Bloomsbury.—A List of Preparations forwarded on application.

**W. Twinberrow begs to draw the**  
attention of the Medical Profession to his  
**EXTRACT OF INDIAN HEMP,**

Prepared expressly for him at Calcutta, its peculiarly sedative properties being so beneficial where opiates are inadmissible; also to his  
**MEDICINAL EXTRACTS,**

Prepared from the fresh plants (Hyoscyamus Niger, Conium Maculatum, Atropo, Belladonna, Cotyledon Umbilicus, &c.), also to his Liq. Taraxaci, Liq. Galli Aparinis (a valuable alterative), Liq. Parietare (diuretic), and Liq. Belce (prepared from the Egle Marmelos or Indian Bael), for Dysentery and Diarrhoea.

W. T. has a large supply of INDIAN BAEI, and PURE COD'S LIVER OIL of his own manufacture on hand.  
2, Edwards-street, Portman-square.

**Soyer's Aromatic Mustard.**—"M.  
Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration."  
—LANCET.  
Sole Agents: MESSRS. CROSSE AND BLACKWELL, 21, Soho-square, London.

**BROWN'S CANTHARIDINE BLISTERING TISSUE,**  
Prepared from pure Cantharidine.

**An Elegant Preparation, Vesicating**  
in much less time than the Emp. Lyttae. P.L., easily applied and removed, and will not produce stranguary or troublesome after-sores. It has received the sanction and commendation of the most eminent practitioners in the kingdom.—In Tin Cases, containing twelve square feet, 6s. 6d.; and small Cases of six feet, 3s. 6d. each.

**BROWN'S TISSUE DRESSING,**

An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the "New York Journal of Medicine," March 1st, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharidis are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the medical profession.

"Accompanying this article is a very simple and neat dressing." From the "Medical Examiner and Record of Medical Science," for May, 1850, published in Philadelphia.

"We have received from Mr. George D. Phelps of New York, specimens of Brown's Cantharidine Blistering Plaster and Dressing, with which our readers are doubtless familiar as a new and exceedingly neat preparation, easy of application and certain in their effects. We have given them a fair trial, and find they fully answer our expectations."

"Army Medical Department, January 16th, 1847.

"The Principal Medical Officer of the General Hospital, Port Pitt, Chatham, reports that Mr. Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of stranguary."

ANDREW SMITH, M.D.

"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist."

Prepared by THOMAS B. BROWN, PHARMACEUTICAL CHEMIST, 42, ADMIRAL-TERRACE, VAUXHALL-BRIDGE-ROAD, LONDON; and sold by the Sole Consignee, Mr. William Bailey, Wolverhampton, and all Wholesale and Retail Druggists and Medicine Agents throughout the British Empire.

**Indian Bael.**—"As to the Bael Fruit,"

says a professional friend in Calcutta, "I consider it the most certain remedy we possess for Dysentery and Diarrhoea. I have frequently seen it arrest the progress of these diseases in twenty-four hours, after all other medical treatment had failed.—See "Practical Observations," by J. R. Martin, Esq. F.R.S., "Lancet," July 16.

The Bael is imported and sold Wholesale, both in the ripe and unripe state, and in the form of Concentrated Decoction, by M. POUND, Chemist, 198, Oxford-street.

**To all Bad Writers.**—Mr. T. H.

CARSTAIRS continues to give LESSONS to Ladies and Gentlemen in his highly improved METHOD OF WRITING, enabling all those who require it to obtain a command and freedom seldom (if ever) equalled. Prospectuses of terms, &c., may be had at the Establishment, 81, Lombard-street, City.



## The Medical Circular.

WEDNESDAY, NOVEMBER 9, 1853.

### THE USE OF CHLOROFORM.

A powerful agent having been taken generally into use for the purpose of producing anæsthesia, and a considerable number of deaths having occurred from its employment, it behoves the profession to determine, more accurately than has hitherto been done, the circumstances in which it may be justifiable to administer this agent, and those wherein its adoption should be reprehended. We have, during the past fortnight, recorded two instances of deaths from chloroform that have occurred in our Metropolitan Hospitals; and our pages contain accounts of many more that have been reported both in British and Foreign practice. It is not now unusual to hear of a "death from chloroform;" and, although some of the cases reported may be, with propriety, assigned to other causes, and the aggregate may bear an almost infinitesimal ratio to the immense number of instances in which chloroform is administered, yet as its employment is not essential to the performance of a surgical operation, and depends upon the judgment of the operator, it becomes a matter for serious deliberation in respect of what physiological or pathological conditions should be considered to sanction or forbid its administration.

We have been too lax and indifferent in this matter; and, with the exception of a few individuals, the profession at large have continued to administer anæsthetic agents, without taking sufficient pains to be informed of their peculiar effects, and of the perils that attend their use. It is true that some surgeons, probably on account of the very incertitude of their knowledge, feel more anxiety about the result of the administration of chloroform than they do about the performance of a capital operation, and usually keep at hand the necessary resources against accident; but this provident caution is not general, and the absence of it has, probably, led to many fatal disasters.

In some instances, death has occurred from the administration of too large a quantity of the anæsthetic; but we do not believe that these instances are so numerous as those in which death occurred from the haste or imprudence of the operator. Some patients are brought under the influence of the anæsthetic with difficulty: and as it is found that, by a more perfect exclusion of atmospheric air, the expected result may be more speedily obtained, this procedure is not, we fear, unfrequently adopted. The usual dose—twenty minims of chloroform—may have been dropped into the inhaler; but what of this, if, at the time the chloroform begins to be exhausted, the instrument be applied so closely to the mouth and nares that the further inspiration of an adequate quantity

of atmospheric air be impossible? Insensibility is produced, not so much by the chloroform as by the exclusion of oxygen. To avoid this result, instruments of more scientific construction than those commonly used in practice should be employed.

Need we refer to the impropriety of administering chloroform to a patient suffering from cardiac disease? It is true that there are some authorities who say that many patients labouring under cardiac complaints have borne anæsthetics as well as others who are exempt, and that the mortality does not show a marked relation to such cases. We cannot allow this dogma to obtain currency, except upon much ampler testimony than we yet possess; and we believe that most members of the profession will consider an operator highly imprudent who administers chloroform with the knowledge that his patient is suffering from fatty degeneration of the heart or valvular disease.

Persons labouring under affections of the heart are more liable to syncope than others; and the administration of chloroform to patients who exhibit a tendency to such a failure of the circulation, from whatever cause, would appear to be inconsiderate and improper. There is yet, however, some difference of opinion on this subject; and men are to be found, who, having a regard to the stimulant properties of æther, enjoyed in a far less degree by chloroform, assert that the administration of an anæsthetic combats the tendency to syncope and restores the pulse, thus averting the usual dangers that formerly surrounded an operation from this cause. One of the principal advantages of anæsthesia has been said to consist in this result. Whatever truth there may be in the statement as respects æther—and it is sufficiently plausible—we have not the least belief that it exists in the case of chloroform, the properties of which are more immediately and directly sedative. When, therefore, a patient shows a tendency to syncope from timidity, or is highly hysterical, or suffers under any nervous depression, we consider the administration of chloroform to be exceedingly objectionable. We cannot conceive how an agent, which so profoundly depresses vital power, can otherwise than aggravate the perils arising from syncope. It is well known also that, in order to avert the special dangers likely to result from the anæsthetic, it should be administered in the recumbent posture.

It is not our intention to detail the various sources of misadventure, and the precautions necessary to be observed to avert a fatal result; our object being chiefly to call the attention of our brethren to this most important subject, and to endeavour to awaken professional opinion to the necessity of settling the conditions in the presence or absence of which anæsthetics should be either employed or rejected. There is this peculiarity about chloroform, that, while all other drugs are employed with the sole object of relieving or curing disease, this alone is administered to relieve the



suffering contingent upon the performance of an operation, is altogether a matter of choice, and not necessary to the success of the treatment adopted. The obligation, therefore, upon us is the greater that we take care not to jeopardise a single life that might have been preserved but for our imprudent intervention.

We are not among those who decry the use of chloroform upon grounds either pathological or religious; on the contrary, when cautiously given, we believe it to be a great blessing to the patient, and worthy of all the confidence that has been reposed in it, and all the commendation it has received. It is undoubtedly one of the greatest of modern discoveries, and has solved the problem of ages, the annihilation of pain. However we may prize it, we think the time is come when the conditions of its use should be defined and expressed in an authoritative form. It is desirable that one of our learned societies should appoint a COMMITTEE to collect facts and report upon the subject; and as the most eminent and influential of these institutions, comprising among its members the largest number of hospital surgeons, we appeal to the MEDICAL AND CHIRURGICAL SOCIETY to organise measures to effect this most necessary object. Sure we are that abundance of evidence would be forthcoming; and that a report of permanently scientific value would be the result of their labours.

#### THE LATE DR. CHARLESWORTH—MR. GARDINER HILL, AND THE "LANCET."

Two months ago a certain gentleman sent to us for publication a series of printed documents, containing a letter and appendices, which had been put into circulation more than two years prior to our being favoured with the communication, and which, had they been accepted, would have occupied together about a dozen columns of the "Medical Circular;" and a letter accompanying these documents, offered to pay us for the accorded privilege of publication. On perusing the papers we discovered that they disclosed an elaborate attempt to asperse and degrade the character of Mr. ROBERT GARDINER HILL, Mayor of Lincoln; we therefore disdained to accept the paltry bribe, and resolved that our pages should never be made the medium of purchased vituperation. Our advertising sheet is the proper place for a marketable transaction.

We were not, however, surprised to observe, in the last number of the "Lancet," that the documents we rejected had been received and embodied in a leading article by the editor of that highminded and scrupulous periodical. We know well that this paper has been for a long time the receptacle of the literary ofial shunted aside by ourselves and other organs of the medical press, and we could not therefore feel astonished that the overtures we repelled the "Lancet" had eagerly embraced. We should like to know how much has been paid into its

treasury in requital of the slavish service it has rendered to the miserable faction whose cause it espouses.

The occasion of aiding in the object of founding a memorial to that virtuous and amiable man, Dr. Charlesworth, was little suited for heaping slander upon the professional name of Mr. Hill. Were Dr. Charlesworth alive he would have indignantly rebuked the writer who could so wantonly desecrate his revered name as to pervert the hour of his honour to the base purposes of party faction, and to make it the signal for pouring out the vials of envy, hatred, and all uncharitableness on the head of a former colleague and friend. We think the editor, if he have any shame, must by this time be thoroughly disgusted with his work.

#### A VOICE FROM THE ROYAL FREE HOSPITAL SCHOOL.

OUR readers were informed last week that a Deputation from the Board of Examiners of the College of Surgeons had visited the Royal Free Hospital Medical School; and they will now, doubtless, be gratified to know that the result of that inspection is, that

#### THE COLLEGE HAS REFUSED TO RECOGNISE THE SCHOOL!

This was an honest and independent determination, and deserves to be recorded as, at least, one act of virtue performed by the Royal College of Surgeons. Let them have full credit for this decision—manly, dignified, and honourable as it undoubtedly is. We expect that some of the disappointed lecturers will indite abusive letters to us under the feigned signature of "An Old Subscriber," but we shall heed them not, our great concern being for the unfortunate pupils who have foolishly entered at this contemptible College! College, forsooth! Splendid College! Learned, prosperous, noble College! We wish the self-complacent lecturers joy of their new College!

### Mirror

OF

#### PERIODICAL LITERATURE.

(From "the Glasgow Medical Journal," October.)

#### ON THE METHOD OF PRESERVING VACCINE LYMPH IN CAPILLARY TUBES, AND OF RENDERING VACCINATION MORE GENERAL.

The following paper, by Dr. Corbett, may be interesting at the present time:—

"The following remarks were written in the month of May last, but were not inserted in the July number of the 'Glasgow Medical Journal' from want of space. Since then I observe from the report of the meeting of the Edinburgh Medico-Chirurgical Society, in the 'Monthly Journal of Medical Science,' for June, 1853, that Dr. Husband, of Edinburgh, read a paper 'On the Method of Preserving Vaccine Lymph in Capillary Tubes,' to that Society, and reference is made in the report to his former observations on the same topic. These observations I have read in the same journal (vol. xiii. for 1851): but previous to the last few weeks, I was not aware of anything having been written on the subject, or of the method being practised in Edinburgh. This I am correct in saying, that the plan of vaccinating from capillary tubes was not practised in Glasgow, and have reason to



believe, in all the west of Scotland, notwithstanding the publication of Dr. Husband's interesting paper. Dr. Husband says: 'The employment of capillary tubes in vaccination, was first suggested as far back as the beginning of the present century.' It would appear, then, that there is nothing new in the method, although a highly useful and most convenient one; but, as it is practically a dead letter to the bulk of the profession, I have thought it proper still to publish the following remarks, in order that the plan might become as general as possible, being satisfied that it is the most effectual for preserving the lymph in a pure state for an indefinite length of time, and of course for rendering the operation of vaccination successful.

"In the first number of the 'Glasgow Medical Journal,' I have read with great interest Dr. Steele's remarks on the increase of small-pox in Glasgow. He proves, from the returns of mortality for the city and suburbs, that this increase is owing to inattention on the part of the community to vaccination; and that the number of deaths resulting therefrom is immeasurably large, when compared with that in localities where vaccination is sedulously attended to. As a consequence of this defective state of things, we are prepared to find, that this increase of mortality is principally amongst infants; and Dr. Steele's paper informs us, that out of a mortality of 584 from small-pox last year, 527 were under five years of age. This increase of small-pox from such a cause is much to be lamented, and calls upon every one to do all he can to remedy the evil.

"The method of preserving vaccine lymph to which I allude, will prove useful in other localities than those remote. It will prove a great convenience to the practitioner who is not methodical in vaccination, and to those whose practice does not enable them to keep up a supply in the old way. Besides, by it, no one applying for vaccination need be sent away from want of lymph, possibly if so, to be infected with small-pox before it can be applied. In truth, this plan must be advantageous to all practitioners, however extensive their practice, who will take the least trouble to render themselves independent of others for a supply.

"The tubules employed should be made nearly as small as possible in the calibre, and may be broken into lengths of three inches. These are easily filled by dipping one end into the fluid which exudes from a punctured vaccine vesicle, occasionally holding the tube in a horizontal position to assist the flow. When filled half an inch or an inch, the fluid is made to reach the centre by inverting the tubule, and whilst it is held between the forefinger and thumb, by tapping gently over these. They are then to be hermetically sealed by inserting each end into the flame of gas or candle, and may then be put into a test tube, phial, or other convenient receptacle.

"By the means mentioned, we have always at the Faculty Hall, a supply of fresh lymph; and so uniform has the success been, since my appointment as vaccinator in October last, that we have only had one case in which the lymph failed to produce the desired effect in a first application.

"I have now been vaccinating from the tubules for upwards of two years; and although I have used them often, after having been kept for fourteen months, and for all intermediate periods of time, the result has always been equally successful. If, then, the experience of others in their use should prove as satisfactory, this method must greatly assist in rendering vaccination more general and more efficient, never in my experience having been followed by spurious pustules, so often to be met with as the result of vaccination from charged glasses, which have been kept even for a short time. But I may remark, that I have been most particular in selecting the best vesicles from which to fill the tubes and most careful in hermetically sealing them. These conditions must be observed to attain similar success."

There is also a valuable article in this number of the "Glasgow Journal" on the "Statistics of Tetanus," by Dr. J. A. Laurie.

(From the "Medical Times and Gazette," Oct. 29, 1853.

ELEPHANTIASIS GRÆCOKUM, OR LEPROUS TUBERCULOSA, AS IT IS SEEN IN THE ISLAND OF CRETE.

Dr. Smart's Report on this disease to the Army Medical Board, is published in the "Medical Times and Gazette." The author says:—

"The disease known to travellers in the Levant as leprosy, and in medical nomenclature as "elephantiasis græcorum," fell frequently under my notice while serving on the coast of Crete, in the summers of 1851 and 1852; and the following remarks are founded on observations noted on various occasions through these periods.

"In the immediate vicinity of the chief towns there are distinct communities of lepers, congregated from all parts of the island.

"Inquiry of persons whose report may be relied on has informed me that the number of those assembled in the leper villages is accurately shown in the following table:—

Province.	Canton	In Suburbs of	Village named.	Resident Lepers.
Candia	Candia	Megalo-Kastron	Cazzabas	127
...	Messara	Diboeki	Not named	48
...	Mirabella	Critza	...	62
...	Riso	Androgna	...	92
...	Kendri	Petro Kefalo	...	143
...	Girapetra	Girapetra	Meschinidee	50
Retimo	...	Retimo	Not named	87
...	Amara	Aia-Vasali	...	7
Canea	...	Canea	...	42
Total.....				628

"In forming an estimate of the frequency of the disease throughout the island, it must be borne in mind that these people have been expelled from their native villages through the popular belief of the contagiousness of their malady; and that, in diseases which involve social exclusion, concealment to the latest moment is a natural result. Moreover, from the insidious nature of the disease at its commencement, and in consequence of the fatalist doctrines of the Mohammedan portion of the population, it may be safely concluded that the Table which is here given does not represent the whole number of lepers in Crete; and it may be stated approximately, that one third of the lepers on the island reside with their friends, either in places of concealment or mixing unsuspected with the inhabitants.

"The entire population of Crete,—where no statistics by authority exist,—is computed to be about 250,000; and we may consider that not less than 900 are afflicted with elephantiasis in its more or less advanced stages.

"A visitor to a leper village cannot fail to observe a marked dissimilarity of appearance presented by those residents in whom the disease is far advanced.

"Many of them, who bear on the countenance no unusual expression beyond that imparted by chronic disease, have the extremities so seriously mutilated, that they move about with difficulty, and are nearly deprived of the prehensile power of their hands; while others, that have the face greatly disfigured, are not prevented from following the avocations of peasants, since the power of their limbs is but slightly impaired; and a few others are seen, in whom the disfigurement of the face and the mutilation of the extremities are combined,

"The sufferers have learnt to designate their maladies by different names; that form in which destruction of the small bones of the extremities is the marked feature, is called by them "lovo" while that in which the disease commences on the surface is termed "lepra."

"Mr. Robinson was the first to publish a correct description of elephantiasis. He had seen the disease among the people of Hindoostan. He distinguished and named the two varieties,—e. anæsthetica, and e. tuberculosa, —and defined them in these words:—"The dropping of



the extremities and insensibility of the skin belong to the first; the tubercles of the skin, ulcerations of the palate, and affections of the cartilages and bones of the face, to the second."

"He advocated the non-contagiousness of the disease, and brought to light a successful treatment of the anæsthetic variety.

After some observations on the various forms of the disease to which the Cretans are subject, he goes on to say:—

"In both varieties of elephantiasis, two pathological conditions are clearly defined; and these seem to me to include all the phenomena of organic change which characterise the stages of the disease.

"1st, Morbid nutrition, causing the deposit which constitutes the primary organic lesion.

"2nd. The process of reparation, by which an effort is made to throw off the morbid deposit. It consists of ulceration, granulation, and cicatrization, when acting on the integuments, as in *e. tuberculosa*; and of caries, with suppuration, when exerting itself on the diseased bones, as in *e. anæsthetica*.

"A peculiar feature of the disease demands notice here, viz., the altered state of the nervous influence in the part affected. In the anæsthetic variety there exists a paralysis of the sentient nervous fibrillæ, the motor influence being less affected; while the organic nerves, which superintend the functions of organic life, are not implicated, since, by their agency, the reparative action is set up by which the diseased growth is thrown off, and the parts are healed.

"On examining closely the progress of *e. tuberculosa*, it is found that the structural lesion consists of an effusion into the subcutaneous, and, at a later stage, into the submucous tissues, and that the elimination of this deposit by the capillaries is always attended with a diminution of the normal sensibility of the part.

"When the deposit has formed, the functions of the skin are greatly deranged, the natural perspiration no longer exudes from its surface, it loses its covering of hair, and cuticular scales are constantly falling away, and are reproduced abundantly, even in positions, as under the nails, where in health the growth of cuticle is not found to be excessive.

"The effusion is usually deposited in nuclear forms; and the shape which these assume, as they increase, depends on the anatomical disposition of the part. Thus, on those portions of the extremities where the skin is loosely connected with the aponeurotic fascia, the effusion into the areolar tissue begins in the form of rounded moveable bodies, which enlarge their dimensions slowly, and, flattening out under the skin, become attached to it, and raise it up in broad, flat eminences. On other parts of the limbs, where greater resistance is offered by the deep tissues, or where less of subcutaneous areolar tissue exists, as in the neighbourhood of large joints, the nuclei grow in an outward direction, and form an early attachment to the skin, which expands with their growth, and thus enables them to take the form of sessile, and frequently, of pedunculated, tumours.

"On the face and head such tumours occur, appended to the tarsal, nasal, and auricular cartilages. The forehead frequently presents the moveable nuclei; but, on other parts of the face, the morbid deposit is always of a diffused form, disposed in raised wheals, which correspond to the muscular lines of the features. The earliest alteration of expression is seen in the widening of the alæ of the nose, which, combined with thickened lips, impresses a negro-like cast. When the effusion increases in the face, the aponeurotic lines of muscular insertion serve to bound the several collections of semi-fluid matter, giving undue prominence to some parts, and sinking others in deeper furrows; and the orifices of the mouth and eyes lose their linear form, and become round and gaping from thickening of their boundaries. At a later stage, the conjunctiva, partaking of the disease, is seen red and turgid, the lids

are everted, and, ultimately, a caruncular growth extends across the cornea, and obliterates the sight.

"These alterations of the countenance obtained for the disease the name "*leontiasis*," by which a resemblance of features to those of the lion was happily expressed. Throughout the stage of deposit, the patient is liable to moderate attacks of gastric or of constitutional disturbance, which is, perhaps, symptomatic of temporary aggravation of the cachectic habit, since there co-exists with it an increased activity of the process of effusion; but no permanent excitement of the great centres is set up.

"Through long periods the pulse remains slower than natural, and the nervous system is, as it were, benumbed; the mental faculties are lethargized, and their physical expositor, the face, bears a vacant, inexcitable aspect, conveying the idea of an apathetic indifference of the sufferer to his condition and fate. The ulcerative action supervenes on that of deposit at uncertain periods. It exists, in some parts, when the stage of effusion is not far advanced in others; or it may not occur in any part of the integuments before the morbid deposit has covered the cornea with pannus, and extensively affected the mucous membranes.

Its commencement in any definite spot is mainly dependent on the mechanical distension of the part by the effused matter. As the part increases in fulness, the arborescent tufts of vessels on its surface become varicose, and the skin tense and shining. The integuments are slowly attenuated; and, at length, a small fissure occurs, from which an offensive ichor exudes and forms a foul crust.

"The skin is removed by ulcerative absorption, and the contents of the swelling fall away in successive scabs, an ichorous discharge being kept up until the effused matter has been removed from the vicinity of the ulcer, and then the healing process commences. I am not aware that hæmorrhage from the ulcerating surfaces ever occurs.

"The ulcerative action usually begins at points most remote from the centre of the circulation. Ulcers form early under the nails and in the flexures of the digital joints, and also over the large joints and ridges of bone where the effusion is tightly bound down. If its commencement be on the face, its progress is more speedily fatal, since the disease, when active in that part, extends rapidly to the mucous surface.

"Two forms of ulcer which occur in this disease require particular notice: one has its seat on the cornea; the other, on the plantar surface of the heel. In the first, the morbid effusion extends under the conjunctival covering of the cornea, and produces a dense pannus, which eventually ulcerates.

This ulcer is peculiar in its slowness of progress and rounded form. The irritation caused by it extends to the deep tissues, and dropical effusion into the anterior chamber is a result; and this, by its pressure on the weakened points of the cornea, produces staphylomatous protrusion.

The activity of the reparative process in the disease is well shown by this ulcer; indeed, cases are very frequent in which the pannus has been removed by ulceration, and a dense cicatrix lencom substituted for it.

"And, although staphyloma is frequently met with in the ulcerating stage, yet entire sinking of the eyeball afterwards is rare, the perforation healing after a partial discharge of the humours.

"The other form of ulcer has its seat underneath the heel. It displays the insensibility and absence of excitability which affect the diseased parts. It is of round form, of the size of a sixpence, like a trephine-hole cut down to the derma, which lies at the bottom, smooth and glazed like the thick pile of velvet.

"I have seen two cases of it, in which the exposed surface was quite insensible; the patients had walked from a distance without inconvenience. In both of them the deposit was in a very early stage in other parts of the body.



"Mr. Robinson considers this last form of ulcer to belong to the anæsthetic variety.

"While the ulcerating action progresses, the patient suffers scarcely any pain. The ulcers seem to possess neither sensibility nor irritability, and, as they are not accompanied by any constitutional irritation, the drain on the system kept up by them is well compensated by unimpaired appetite and strong digestive powers.

"The succession of the granulating and cicatrising processes to that of ulceration is uniform in this malady. It occurs even in the eye, and scarcely any old leper can be found who does not afford ample evidence of the fact, in the form of large cicatrices on the face or limbs.

Such favourable results, in a natural course, almost indicate the curability of the disease, or at least they stimulate to perseverance in studying it, with a view to the discovery of a rational treatment. But, as the specific cachexia is not eradicated from the system, fresh deposits occur, at a later period, in other tissues of a higher organization, and go through the same process of ulceration as those on the exterior surface, so that a fatal termination is, sooner or later, inevitable.

"The mucous membrane of the nose, mouth, and fauces undergo the same morbid changes as the skin. The tongue, palate, uvula, and tonsillar folds, are thickened and studded with flat, tuberculated eminences, of a pale colour; and the larynx being involved, the voice is rendered husky, then hissing in tone, and, in a later stage, incapable of exertion above a whisper."

(From the "Lancet," Nov. 5, 1853.)

#### EXPERIMENTS ON THE USE OF COD-LIVER OIL IN FATTENING ANIMALS.

Dr. Pollock communicates the following article to the "Lancet":—

"In the course of a careful observation of the effects of cod-liver oil, it occurred to me that experiments might with great advantage be performed both on the healthy human subject and on cattle, with a view to ascertaining its positive powers of fattening when the assimilating functions are in a normal condition. With the use of this agent in arresting the progress of chronic disease we are becoming daily more familiar, and have already run into an extreme which might have been anticipated, in expecting extravagant results and an universality of application which we have not as yet discovered to be the property of any remedy which we possess. It were likely to prove a corrective to these extremes were we to study with minute care and observation the physiological effects of our favourite drug, and rather to permit our theories explanatory of its action to take their rise from experiments, than to develop themselves from the chemical composition of the oil, which contains ingredients sufficiently numerous to puzzle the most ingenious chemist in his attempts to apportion to each its effects on the animal economy.

"The points to be ascertained with precision seem to me to be—first, whether the deposition of fat in healthy animals can be increased by the administration of cod-liver oil; and, secondly, the limits within which its action is manifested,—a consideration which includes defining the quantity which, when taken, is assimilated into healthy fat, and in excess of which disease is generated.

"Leaving the more general and highly interesting questions regarding the bearing of these points on disease for future observations, I will shortly state what little practical information I can offer towards an elucidation of these questions.

"About two years ago, when on a visit to an intelligent friend residing on his own farm in Essex, and whose attention has been actively directed to the practical application of science to agriculture, it occurred to me to suggest to him the use of cod-liver oil in fattening cattle, stating my belief that it might be possible to obtain by its administration a decided saving in the cost of feeding. I proposed that he should separate off such of his stock as

were to be the subjects of experiment, and that the weight of the animals, the price obtained, and the outlay for food, should be carefully noted in comparison with others fed in the ordinary manner. The variety of my friend's occupations prevented his giving to my plan the minute attention which could have been desired, and the results of which I had hoped before this to publish; but the following letter from him contains matter of much interest, and, if I mistake not, foundation for future experiment and investigation:

"You asked me to write you some particulars of my experiments upon fattening animals with cod oil. I will not attempt to give you any very minute details, but will endeavour to place before you a general view of what we have done, and as last winter I carried my plans out more fully than the preceding one, I will particularly speak of my operations at that time. And first of pigs. I kept upon an average three hundred, and killed from twenty to thirty per week, mostly porkers, from five to fifteen stone weight. The experiments were made by dividing off twenty pigs, and weighing each lot, keeping the meal separate, giving one lot two ounces of oil per diem, and both as much meal as they liked. I found the pigs taking the oil ate less meal, weighed the heaviest, and made the most money per stone in the London market, the fat being firm and white. Subsequently I have found that for small pigs one ounce of oil will do better. To larger pigs I have given a quarter of a pint per diem, and to small pigs also, but I have always found I lost money and credit for good pork when the larger quantity was given, and when killed the fat was yellow, and the flesh tasted fishy. From the weekly examination of so many pigs, I have concluded that the oil in no case cured a pig troubled with lung disease, but that when given in small quantities it was profitable, as the animal fattened upon a less amount of food, the oil tending to produce fat quickly. My experiments have led me to conclude that if given in a quantity which cannot be digested it is then passed over the system in the shape of bile, so as to cause the yellow appearance in the fat. The farmer in such case would lose money, as my man did for me, believing that if so small a quantity were good, more would be better.

"The result with sheep has been more satisfactory; with one ounce per day the fat has been beautifully white, and the flesh has been compared to short-cake, being light and easy of digestion. The lot of eighty gave general satisfaction to the consumers; but the butchers complained of lighter weight than the healthy, well-to-do appearance of the sheep led them to expect.

"As regards bullocks. Last year ten short horns took each firm a quarter of a pint to three-quarters of a pint daily, and paid better than any other bullocks; these were sold for London. The opinion of all who saw them was, that it was impossible for any beasts to go on so well as they did in the usual way with so little food. They commenced with the quarter pint, and ended with three-quarters. I fancied, on the whole, that they did better on half a pint each per diem. I purchased for an experiment this year eight Herefords, even or regular beasts. They are divided into two lots, one of which has a quarter of a pint of oil daily, and all live alike.

"The bullocks have the oil mixed up with meal and chaff; the pigs with dry meal; the sheep have split beans soaked in oil. The commonest cod oil costs from 2s. 8d. to 3s. per gallon. I have tried sperm oil against the cod oil, and prefer the latter. I should add that this year I only use an ounce for sheep and pigs, and four ounces per day for each bullock. The relief to a broken-winded horse from the administration of cod oil is very soon perceptible. I shall be most happy at any time to write to you further upon the subject.

"Believe me yours faithfully,

"To Dr. Pollock."

"A. W.

"1. It will be observed that in the above experiments on pigs, bullocks, and sheep, a greater degree of fattening



was obtained from a less amount of food when cod oil was used.

"2. That in all the animals there seemed to be a decided limit to the quantity which could be digested; that for pigs being two ounces, the smaller thriving best on one ounce, and the larger hogs being over-fed on four ounces per diem. Sheep took an ounce, and bullocks a quarter to three-quarters of a pint, and "*paid better than any other bullocks*;" but in all these cases a much larger quantity was tried experimentally, and it invariably disagreed, producing derangement of digestion, and "causing a yellow appearance of the fat and a fishy taste." This was remarked by the butcher who purchased the animals, and who, at my request, was not informed of the peculiar mode of fattening which was adopted. Whether the above experiments may induce farmers to adopt cod oil as a judicious article of food, more efficacious and cheaper for fattening their stock than those ordinarily used. I will not presume to decide: but I offer the foregoing results to the profession, persuaded of their importance and interest in studying the application and physiological action of oils on the animal system."

### CONTENTS OF THE MEDICAL JOURNALS.

**Monthly Journal of Medical Science.**—(No. XLVII. November, 1853.)—PART 1.—ORIGINAL COMMUNICATIONS.—On the Prevalence of Chromato Pseudopsis or Colour Blindness: its Evils and the Means of Diminishing its Frequency. By George Wilson, M.D., F.R.S.E. Contagion and Infection in Relation to Epidemic Diseases. By John Grove, Esq., M.R.C.S.L. Reports of Surgical Cases occurring in the Hospital Practice of Professor Syme. By William Murray Dobie, M.D.—(with Woodcuts). Fatal Case from the Inhalation of Chloroform. By James Dunsinure, M.D. On the External Application of Belladonna in Delirium Tremens. By James Grieve, M.D. Osseous Deposit in the Hyaloid Membrane and Crystalline Lens of the Human Eye. By John Kirk, Esq.—(with Woodcuts.)—PART 2.—REVIEWS.—Bennet on Inflammation of the Uterus, its Cervix and Appendages, and on its Connection with Uterine Disease. Skew on the Prevalent Treatment of Disease. Morehead's Account of the System of Clinical Instruction and Examination followed in the Grant Medical College at Bombay, with Remarks on Medical Education. Canstatt's Yearly Report on the Progress of Medicine in all Countries, for the year 1852. Miller's Principles of Surgery.—PART 3.—CLINICAL LECTURES, REPORTS, ETC.—Clinical Medicine by Professor Alison: 1. Aneurism of the ascending Aorta, with several peculiarities. 2. Chronic Pleurisy, terminating in Tubercular Peritonitis.—PART 4.—PERISCOPE.—Anatomy and Physiology: 1. Dr. J. N. Beale on the Blood-vessels of the Lungs. 2. Mr. T. H. Huxley on the Cell-theory. Pathology and Practice of Physic: 1. Dr. Babington on the Admission of Cholera Patients into Public Hospitals. 2. Dr. Fuller on Sulphuric Acid in Cholera and Choleraic Diarrhoea. 3. Dr. J. Saw on the Prevention of Cholera. 4. Dr. Parkes on Injections in Cholera. 5. Mr. Ansell on the Statistics of Tuberculosis. Midwifery: Mr. Pratt's Case of Head and Arm Presentation. Materia Medica and Dietetics: 1. Dr. Lochmeyer on Iodine in the Atmosphere. 2. Influence of Cookery on Food.

**Lancet.**—(No. XIX. Vol. II. November 5, 1853.)—HOSPITAL REPORTS.—The Cholera in the Metropolitan Hospitals. St. Bartholomew's Hospital: Cholera Asiatic; Death on the Fourth day. On the Management of Labour characterized by Defective Uterine Action and the Comparative Value of Ergot of Rye and Galvanism in Obstetric Practice. By Robert Barnes, M.D. Lond. Experiments on the Use of Cod-Liver Oil in Fattening Animals. By James E. Pollock, M.D. On the Treatment of Cholera. By W. H. Moore, Esq., M.R.C.S.—MEDICAL SOCIETIES.—Medical Society of London: Cystorrhoea produced by a Vascular Growth at the External Orifice of the Urethra. On the Management of Labour characterized by Defective Uterine Action, and the Comparative Value of Ergot of Rye and Galvanism in Obstetric Practice.—REVIEWS AND NOTICES OF BOOKS.—The Principles of Surgery. By James Miller, F.R.S.E., F.R.C.S.E. 3rd Edition. A Text-Book of Physiology. By Dr. G. Valentin, Professor of Physiology in the University of Bern. Translated and Edited from

the Third German Edition by William Brinton, M.D., Physician to the Royal Free Hospital, &c. Surgical Anatomy. By Joseph Macleise, F.R.C.S. Second Edition. Fasciculus I.—LEADING ARTICLES.—The Imperative Necessity of Appointing a Government Cholera Commission. The late Dr. Charlesworth: his Merit in Establishing the System of Non-restraint in the Treatment of Lunacy.—THE ANALYTICAL SANITARY COMMISSION.—Cigars, and their Adulterations. An Exposure of "Wilde's Aural Surgery," by W. Kramer, M.D., of Berlin. An Act further to Extend and make Compulsory the Practice of Vaccination.

**Medical Times and Gazette.**—(No. CLXXV. November 5, 1853.)—ORIGINAL LECTURES.—Clinical Lectures on the Relation of Renal Disorders to Disorders of the Stomach, and to other Acute and Chronic Diseases. By H. Bence Jones, M.D., F.R.S. Lecture II. Clinical Lecture on the Removal of a Particular Kind of Opacity from the Cornea. Delivered at the Central London Ophthalmic Hospital. By H. Haynes Walton, Esq., F.R.C.S.—ORIGINAL COMMUNICATIONS.—Navy Medical Reports. No. VIII.—On Elephantiasis Græcorum, or Lepa Tuberculosa, as it is seen in the Island of Crete. By William R. E. Smart, M.D., R.N. On the Treatment of Contractions and Anchylosis of the Knee and Hip Joints by Forced Rupture. By Philip Frank, M.D. (with an Engraving).—HOSPITAL REPORTS.—King's College. Guy's, the London, and the Westminster Hospitals: Cases of Epidemic Cholera. St. George's Hospital: Popliteal Aneurism Cured in Ten Weeks by Interrupted Compression. St. Bartholomew's Hospital: Popliteal Aneurism Cured on the Eighth Day by Compression; Popliteal Aneurism Treated Favourably by Ligature of the Femoral. St. Thomas's Hospital: Popliteal Aneurism Cured by Ligature of the Femoral. The London Hospital: Popliteal Aneurism; Ligature of the Femoral Artery; Suppuration of the Sac extending into the Joint; Death. Traumatic Aneurism of the Femoral of Twenty Years' Duration; Treatment by Compression; Subsequent Ligature; Continued Pulsation in the Tumour. The Westminster Hospital: Aneurism of the Right Radial Artery favourably treated by Ligature of the Brachial. Nottingham General Hospital: Popliteal Aneurism Cured in Sixty Hours by Compression.—EDITORIAL ARTICLES.—Clergy versus Cholera. The Staff of the Metropolitan Hospitals. The Albert Park, Finsbury. The Cholera: Parochial Medical Officers and the Requirements of the Board of Health. Cholera in the Metropolis, the Provinces, and Abroad.—REVIEW.—Mémorial of John Abernethy, F.R.S. By George Macilwain, F.R.C.S.—GENERAL CORRESPONDENCE.—Mr. Wilde in Reply to the Charges of Dr. Kramer. The late Deaths from Chloroform. Altered Condition of the Blood not Essential in Cholera. St. Bartholomew's Hospital and its Servants. Congenital Dislocation of Both Knees.—REPORTS OF SOCIETIES.—Pathological Society of London. Medical Society of London. The Western Medical and Surgical Society of London. University of St. Andrew's: Medical Examination Papers.

**Association Medical Journal.**—(No. XLIV. Nov. 4, 1853.)—LEADING ARTICLES.—The late Accidents from Chloroform. The City Recorder's Opinion of Advertising Quack Scoundrels. Homœopathic Members of the Association.—ORIGINAL COMMUNICATIONS.—The Iatro-Meteorology of Hippocrates. By Alfred Haviland, Esq. The Use of Nitro-Sulphuric Acid in Cholera and Diarrhoea. By W. J. Anderson, Esq. The Condition of the Fœtal Head at the Full Period of Gestation, and its Effects on Parturition. By George King, Esq.—BIBLIOGRAPHICAL NOTICES.—Mayne, R. G., M.D. Expository Lexicon. Miller, James. Principles of Surgery.—PERISCOPE REVIEW.—Midwifery and Diseases of Women: Rapture of the Uterus; Recovery. Explanation of Rarity of Fracture of the Cranium in Children Expelled while the Mother is in the Erect Position. Surgery: Congenital Erectile Tumour of the Tongue successfully removed by Ligature. Amputation of the Penis for Cancer. Materia Medica and Therapeutics: The hæmospastic Apparatus of Dr. Junod. Toxicology: Death from Chloroform.—REPORTS OF SOCIETIES.—Medical Society of London: Preservative Power of Copper in Cholera. By Dr. V. Burq. Cancer of the Uterus probably induced by Inoculation. By B. W. Richardson, Esq. On Pericarditis. By F. Sibson, M.D. Cystorrhoea induced by a Vascular Growth at the External Orifice of the Female Urethra. By W. Coulson, Esq. Treatment of Labour marked by Defective Uterine Action, and Comparative Value of Ergot of Rye and Galvanism. By R. Barnes, M.D.—EDITOR'S LETTER BOX.—Climate of Madeira: Letter from T. H. Burgess, M.D. Dr. Davey's Remarks on Dr. Swayne's Case: Letter from J. G.



Davey, M.D. Mr. Winchester's Method of Treating Fractures: Letter from W. H. Winchester, Esq. Medical Meteorology: Letter from G. F. Burder, M.D. Observations on Ozone: Letter from Dr. Drew. Association Statistics: Letter to the Editor.—METEOROLOGY.—Medico-Meteorological Observations for the week ending October 29, 1853. taken at Wakefield, Hawarden, Grantham, Bedford, Uckfield, Exeter, Ryde, and Guernsey.

**Dublin Medical Press**—(No. DCCLXXIII. Vol. XXX. November 2, 1853).—Students Number.

#### BOOKS RECEIVED FOR REVIEW.

Asiatic Cholera; its Symptoms, Pathology, and Treatment, &c. By Richard Barwell, F.R.C.S., &c. London: John Churchill.

Essays on Mental Derangement. By James Veitch, M.D. London: S. Highley and Son.

De l'Anteflexion et de la Rétroflexion de l'Uterus. Par G. Cusco, Ancien Procureur de la Faculté, &c. Paris: Librairie de Victor Masson.

Etudes Critiques sur la Surdi-Mutité. Par M. E. Hubert-Valleroux, M.D., Paris. Chez Victor Masson, Place de l'Ecole de Médecine.

The Pathology and Treatment of Pulmonary Tuberculosis, and on the Local Medication of Pharyngeal and Laryngeal Diseases frequently mistaken for, or associated with, Phthisis. By John Hughes Bennett, M.D., &c. Edinburgh: Sutherland and Knox. London: Simpkin, Marshall, and Co.

On the Management and Disorders of Infancy and Childhood, &c. By Thomas Graham, M.D. &c. London: Simpkin, Marshall, and Co.; and Tegg and Co.

Thoughts on Cholera. By Edward Hearne, M.B. Lond. London: John Churchill.

A Text-Book of Physiology. By Dr. G. Valentin. Translated from the 3rd German Edition. By Wm. Brinton, M.D. Part II. Reushaw, Strand.

On the Prevalent Treatment of Disease. By Frederick C. Skey, F.R.S., &c. London: Chapman and Hall.

Friendly Cautions regarding the European Disease called Cholera. By T. Brown.

An Account of some Cases of the Epidemic Cholera successfully treated by the Hot-water applications. By Francis A. Bulley, F.R.C.S. London: Hamilton and Co. Reading: T. Barcham.

The Gazette Hebdomadaire de Médecine de Chirurgie received (in exchange).

#### Reviews.

*Asiatic Cholera; its Symptoms, Pathology, and Treatment.* By Richard Barwell.

*Cholera; its Nature and Treatment.* By Edward Bascome, M.D.

*The Nature and Treatment of the Epidemic or Asiatic Cholera, &c.* By Robert Venables, A.M., M.B., Oxon, &c.

*Causes of Cholera; its Treatment and Cure.* By William Grove Grady, M.D.

*Cholera; its Nature and Treatment, and Sanitary Requirements.* By J. Scott Alison, M.D.

With the presence of cholera comes a rapid succession of pamphlets, discoursing on its nature and laying down its most successful treatment. Where nothing is known, every man conceives that his opinion is as good as another's, and that he has an equal right to maintain it. We will not dispute the privilege. Had we read only one book we might be convinced of the truth of the author's propositions, and of the excellence of his arguments, but having read many, all nearly equally good, and each differing from the others, we are constrained to maintain a sceptical independence, and to praise with a reservation that may not be gratifying to the authors. Whose treatment shall we adopt? Mine! cries one writer, holding

up a work in which the *hot wet sheet* is especially recommended. Mine! cries a second, pushing another book under our eyes, in which *strychnine* is lauded as the specific for the plague. Mine! cries another, pointing his finger at a paragraph denoting the virtues of *Graves's Pills*. Mine! mine! cry several voices in a chorus, severally panegyrising, so far as we can distinguish above the hubbub, calomel and opium, salines, acids, quinine, capsicum, cold water, croton oil, brandy, and a hundred other things needless to be recited.

What is the pathology of the disease? A poison destroying the vital affinities in the blood, cries one. A paralysis of the ganglionic nerves, pleads another. Inflammation of the intestinal glands, says a third. Spasm of the capillaries, insists a fourth. A remittent fever, cries a fifth. An exanthema, a sixth; and so on, with a difference for every man that does not heed the expenditure of twenty pounds in printer's ink. We cannot agree with all, and we are resolved not to conclude with either, until more complete evidence shall have been adduced. We shall comment on these books rather with reference to the general ability they display, and the opportunities of studying the disease enjoyed by the writers, than with the view of establishing or condemning any particular theory.

The first work on our list is one of the best we have had the pleasure to read for a considerable time. The author had ample opportunities of witnessing the disease at St. Thomas's Hospital, and has given us a succinct history of the plan of treatment adopted in that institution. His description of the disease is also good, and his prognosis, in the algide form, proves that he has watched the disease with attention, and has reflected on his observations. Mr. Barwell shows, by a reference to the Registrar-General's tables, that the mortality from zymotic diseases bears a direct relation to the mortality from cholera. He shows that, in the four years preceding 1849, deaths from small pox, scarlatina, and typhus had been gradually increasing; hence he concludes that cholera and these diseases are of an allied nature. Cholera he regards as a remittent fever. The treatment he recommends is mainly the "hot wet sheet" as an external application, which, he says, quickly removes the spasms, and arrests the purging; and internally, cold drinks and acids. It is a work that will repay perusal.

Dr. Bascome essays to prove that cholera is an old disease, and traces it back to the days of Cyprian, Bishop of Carthage. He says that he has formed his opinion of the nature of the malady from the scientific researches of Dr. Stevens, and thus announces it:

"The nature and essence of this formidable disease I take to be a poisoning of the blood and other fluids of the body by an atmospheric invasion (primarily) through the nervous centres, a peculiar atmospheric taint seeming to impress the vital energies to a degree that subverts their powers of resistance or reaction in the greater number of cases, while it renders it imperfect and unavailable in very many others."

With regard to treatment the author remarks that, viewing the disease as a "nervous atony," in order to rouse the system, restore the normal equilibrium of the secretions which are dependent on the state of nervous energy, and to emulge the biliary vessels, he advises emetics of ipecacuanha to be given early in the disease. He then would have recourse to from fifteen to twenty drops of the *alcoholic tincture of nox vomica* as a *nervine tonic*, to which he would add Dr. Stevens's saline remedies in order to restore the waste by the evacuations. Enemas of the latter are also recommended.

A very good account of cholera is given in the little book by Dr. Venables, which, by the way, we may remark was written at the time of the first visitation, was reprinted at the commencement of the last epidemic, and is again put into circulation. It certainly is a good compendium of what we know of the disease, though it does not embrace the latest investigations. The treatment is



various and applicable to symptoms. At the end of the work there are some sensible observations on prophylaxis.

Dr. Grady states in his preface that he has been successful in curing cholera in 1,000 out of 1,200 cases; of course we assume that all these were not cases of collapse. With respect to the hot-water sheet or blanket recommended Mr. Barwell he observes:

"Wrapping patients in blankets steeped in hot water was a remedy at one time in vogue; but it of necessity led to a great loss of life, inasmuch as, when the blankets cooled, the vital heat of the patient diminished, and there was nothing to sustain or restore that action."

He commenced in every case of diarrhoea with stimulants and astringents, the former being composed of ammonia and æther, and the latter of acetate of lead and opium. The pills so composed were administered in large doses, Dr. Grady himself having taken fifteen grains in the course of six hours. Finding that small doses of acetate of lead, on Dr. Graves's plan, did not answer, Dr. Grady tried large doses and was accustomed to administer from ten to fifteen grains at a time. In the stage of collapse no particular remedy seems to have been employed or relied on.

The last pamphlet on our list is by Dr. S. Scott Alison. It contains much information in a small compass. When rice-water purging and vomiting has set in, Dr. Alison recommends opium, capsicum, ammonia and brandy, to which he also adds, what we should think very necessary—ice and iced water in mint tea, to control the vomiting. When collapse is established he advises small stimulating doses of opium and the preceding stimulants, with various other external applications of a stimulating character. This pamphlet was originally published in 1848. The pamphlet contains some excellent observations on the necessary sanitary regulations.

## Hospital Reports.

### THE CHOLERA IN THE METROPOLITAN HOSPITALS.

It is with unfeigned satisfaction that we beg to acquaint our readers with the facts which have come to our knowledge respecting the cases of cholera received in the hospitals of this metropolis. Several of these charitable institutions were not called upon at all to admit any patient affected with this disease, while others of our large hospitals have had but a very few cases for the last month or six weeks. We are fully aware that this epidemic is far from having completely subsided, and that pretty well the same amount of fatal cases occurring in private houses are now recorded as were reported in 1848 at this period of the year; but it is nevertheless cheering to observe that our public institutions present so few cases, and upon this fact might perhaps be argued that the disease does not spread so much among the very necessitous classes as it was wont to do.

However this may be, we would not have those whose duty it is to watch over public health to relax for one moment in their endeavours to purify the loathsome abodes of a large number of the population, who, for a long time, have in some degree been forgotten and uncared for in their repulsive subterranean retreats. On this subject we beg leave to quote the admonishing words of the Registrar-General of births and deaths in the report for the week ending October 15th, 1853:—

"Cholera, which has made its presence felt in various parts of the metropolis, and during the four weeks that followed the 10th of September, showed a small but continuous increase, does not appear latterly to have gained ground. It is a somewhat remarkable coincidence that forty-five was the number registered in the corresponding week (the forty-second) of 1848; for many weeks thereafter the deaths rose and fell, dropping so low as one or

two in the spring of 1849, till the epidemic broke out with violence in the summer. The fluctuations which mark its previous history may attend its course again; but experience affords sufficient warning that a temporary abatement should not lull into security those whose business it is to prepare for the attack."

It appears to us that the best mode of preparing for the onset of the disease is to inquire into the condition of those alleys and courts which are in a state so disgusting that the pen recoils from the description, and that the statements would hardly be credited were they not coming from the well known and competent inspectors appointed by the Board of Health. Commence at the very lowest grade of the scale, and do not rest satisfied until you have forced and pressed the indigent into more cleanly habits; and above all be inexorable with the idle landlords who neglect their filthy tenants, whilst themselves enjoying all the luxuries of their west-end mansions, where, however, they are sometimes roused by the fearful strides of the disease which, after finding a plentiful harvest in the dingy alleys, raises its ambitious grasp to the abodes of the wealthy. Drive away from the midst of us those pestilential foci called slaughter-houses. Listen to the Registrar reporting the death by cholera of a butcher near Golden-square:

"The basement of these premises is used for slaughtering cattle, which at times renders the dwelling above very close and unwholesome, as well as offensive to the occupiers of the adjoining houses and the passengers." (Week ending Oct. 8, 1853.)

Only look at the contrast. In Carey-street, Lincoln's-inn-fields, by the side of the present King's College Hospital, a noble structure is rising, which will soon be ready for the reception of the sick, and give more and more importance to this very useful charitable institution. But just turn the corner towards Clare-market, and your eye will be shocked, if you look down a gateway, with all the abominations which a slaughter-house usually concentrates. Add to the stench of the extensive slaughtering premises the well-known condition of the neighbourhood, and confess that it is sheer folly to allow the evident cause of disease to rear its head, whilst we go on at the same time erecting buildings for the reception of the sick.

Another quotation from the Registrar's report will prove instructive: "Death from cholera in seven hours in York-row, Kingsland-road. York-row consists of 18 small houses at the back of Kingsland-road, containing two rooms each and two small closets, in a very damp and dirty condition. The rooms on the ground floor are seven inches below the ground outside, and in one which I entered a board was taken up, and underneath were ten inches of water and black mud, emitting a most offensive smell. They are nearly all alike; and as to whitewashing or painting the insides, that has not been done for years. From the house where this death occurred three other persons were removed to the workhouse in a state of collapse from the same epidemic, and died in the course of the following day. Two families consisting of thirteen persons, inhabited this small house."

Of all the hospitals of London, it would appear that Guy's has received the greatest number of cholera patients; this being quite in keeping with the fact of this hospital being on the south side of the river. Strange to say, however, there have not been more than two *bona fide* cases at St. Thomas's,—an institution situated almost next door to Guy's. It would be a very difficult task to say which treatment has been found to yield the best results, for some patients have died with sulphuric acid, and others have recovered where the same remedy was used. Calomel and opium, in small and large doses, have also given varying results, though we must say that the only man who to our knowledge has had saline solutions thrown into his veins, sunk under the disease. Mr. Stocker, the resident medical officer at Guy's, found that warmth, resulting from good bed-covering, the pure air of the ward,



after the close atmosphere of poor dwellings, moderate stimulants, and means to combat vomiting, have answered pretty well. Dr. Hughes, of the same institution, has had several cases which he treated on the established principles of therapeutics, without trusting to specifics,—starch and opium encina, hydrocyanic acid to check vomiting, support, warmth, &c. The results have been various; one patient, however, whose symptoms had been very severe, recovered with this treatment, whilst there is one in the Petersham ward at the moment we are writing, who is dying with secondary fever, poisoned with uræa in his blood,

At Guy's there have been altogether about ten cases, of whom five have died. It is worthy of remark that in the last epidemic, when cholera cases were not admitted, none occurred among the inmates of the hospital; whilst this time, when cholera patients are freely received, several cases have been noticed among the sick in the wards, who had been admitted for other diseases. Among these we may mention a girl, twenty years of age, who came to the hospital with gonorrhœa; she was attacked with cholera, and died in twenty-four hours. Also the case of a sister at St. Bartholomew's Hospital, who had attended the cholera patient under the care of Dr. Burrows with great care and solicitude. We well recollect that she gave us with much earnestness full details touching the patient just named, who had succumbed to the complaint, and soon afterwards she was attacked herself and died in a few days. We are not contagionists, but must confess that this looks very much like immediate transmission.

At the German Hospital three men have died, one of whom was destroyed by consecutive pneumonia. The principal treatment of cholera was moderate support, with very small doses of calomel and opium. At the London Hospital one man died pretty rapidly of the complaint, but the cases have by no means been numerous since.

At St. George's, Dr. Bence Jones had a case which did not present the usual post-mortem appearances of cholera, nor all the symptoms of the disease during life. At the University College, Royal Free, and King's College Hospitals, no cases had been admitted up to a very late period; and at the Middlesex, none since those to which we alluded in a former number.

At St. Thomas's, as stated above, there has been one decided case in the person of a German bound to New York from Rotterdam, and who had put up at the American Eagle, in Whitechapel, a place in which the dormitories are exceedingly crowded. This man died in a few hours, and it may be remarked that the three fatal cases at the German Hospital were from among the same party of emigrants, who had arrived in this country from Rotterdam. Several cases of choleraic diarrhœa were also admitted into St. Thomas's Hospital, which, as Mr. Whitfield, the resident medical officer, kindly told us, did not present the coldness, collapse, or cramps of true cholera. There is now in Jacob ward a patient of this kind, who has not had any great coldness or collapse, but with whom the secretion of urine was arrested for two days. This patient looks now very heavy, as if some uræa or other poisonous principle had contaminated the blood.

It will be recollected that we alluded some time ago (THE LANCET, vol. ii. 1853, p. 345) to a case, under the care of Dr. Burrows, at St. Bartholomew's Hospital. At the period we were writing, there was some prospect of the young man's recovery; but he finally sank, and we give his case below, to serve as a kind of standard respecting the general management of cholera in this hospital. It has been agreed at St. Bartholomew's that all patients affected with the epidemic should be transferred to the casualty ward, where in general maniacal or erysipelatous patients are put. One woman died there a few days ago, after having considerably rallied from the original attack, and there are now two cholera patients in that ward, a man and woman, who with astringents, stimuli, and calomel and opium, are likely to recover. An analogous arrange-

ment has also been adopted at Guy's Hospital, as cholera patients are placed in the Petersham ward, which is situated in a detached building.

Without attempting statistical accuracy, we may state, as mentioned above, that, with the exception of Guy's, the cases admitted in public institutions are decidedly few, the mortality being pretty well one-half. We have seen trials with the sulphuric acid, calomel, and opium, stimuli, various kinds of artificial heat, hydrocyanic acid, saline injections into veins, ice, &c., &c.; but our impression remains as before—viz., that the best mode of treatment must be the one which is founded on sound therapeutical principles, the principal symptoms being combated in turn, and efforts made to keep the patient alive. Here follows the case in question from the notes of Mr. May, one of Dr. Burrows's clinical clerks.

#### ST. BARTHOLOMEW'S HOSPITAL.

*Cholera Asiatica; Death on the Fourth Day.*

(Under the care of Dr. BURROWS.)

THOMAS P.—, aged twenty years, was admitted on Oct. 2nd, 1853, at half-past ten P.M. The patient was reported to have been very cold and livid, vomiting frequently; but he had very little purging and no cramp. He was ordered half an ounce of brandy, three grains of calomel, and half a grain of opium, to be taken immediately; also a draught of compound chalk mixture, a mustard poultice to the epigastrium, and hot bottles to the feet. The young man's state on admission is described as follows:—

He is lying on his right side; eyes sunken, dark areola around them; cheeks fallen in, livid and dusky; conjunctiva of the right eye suffused and congested; skin warm; fingers and hands blue, especially around the nails; pulse very small and weak; tongue cold, dry, and covered with a thick yellow fur. The patient is very thirsty; he has vomited since admission a quantity of bilious-looking fluid, and passed by stool three motions of the same character; urine very scanty. He tosses about in bed, but does not complain of any pain.

*History.*—The patient is a journeyman maltster, living at Fulham. Forty-eight hours before admission, while lying alongside a Greek vessel, discharging a cargo of oats, in the West India Docks, he was seized, at twelve o'clock at night, with diarrhœa and cramps. The next day he was taken to Stepney; brandy, tea, and an egg, were given to him, but he threw it all up, became very cold, his eyes fell in, and the hands and fingers became blue. He was then brought to this hospital. The patient says that he was quite well before this attack, and had not been labouring under diarrhœa or any derangement of the bowels.

Dr. Burrows now ordered four ounces of brandy, soda-water, citrate of potash every fourth hour, two pints of beef-tea, two grains of calomel, and half a grain of opium immediately, and the same dose to be repeated every four hours; also an enema of beef-tea, with twenty minims of tincture of opium, to be administered at once, and again in the evening.

Six P.M.—The patient is very restless, he tosses his arms about, and throws the bed-clothes off him. The lividity and sinking of the eyes and face are about the same; skin cold and dry; pulse 105, very small and weak; tongue not so cold, moist and furred. The patient is very thirsty, and continually crying out for drink. He has not vomited for the last five hours; bowels open several times; motions copious, liquid, and bilious; urine very scanty. There are, however, neither cramps nor pain.

Eleven P.M.—The young man has been very restless, and is with difficulty restrained in bed. His face and eyes are very sunken; the extremities cold; the pulse can but just be felt in the left wrist, in the right it is very thready, 120 per minute. The tongue is dry, and presents a darker, but not so thick fur as yesterday, it is



moist at the tip and edges, and cold; very thirsty. The chalk mixture was immediately vomited up, but he has not been sick at any other time, and he retains his pills. Bowels open several times, motions liquid and much lighter in colour. Urine passed at the same time as the motion. No cramps; no pain. The injection was retained about one hour.

Second day, one o'clock p.m.—Was restless last night till four o'clock in the morning, and has slept almost always ever since. He is lying on his back; eyes sunken, and dark areola around them; cheeks sunken and dusky; conjunctivæ suffused and congested; dull expression of countenance; skin warm and dry; fingers and hands livid; feet and legs of the same colour, and cold. Pulse 108, very small and weak; tongue moist, dorsum covered with a thick yellow fur, clean at the tip and edges. Very thirsty; three or four liquid stools of a lighter colour than before; no urine passed since last night; no pain; abdomen soft and tolerant of pressure; no cramp. Mr. Wood, the resident medical officer, saw the patient at about eleven o'clock this morning, and ordered some brandy. Prescription: Draught of citrate of potash, with five minims of tincture of opium, every sixth hour; five grains of mercury-with-chalk, morning and evening; arrowroot.

Third day.—Restless in the night, dosing in the day; other symptoms as before. Eight liquid stools, not deficient in bile. Enema of strong beef-tea with arrowroot, and five minims of laudanum; sinapism on the abdomen; beef-tea. The enema was retained about three-quarters of an hour. Another sinapism. Fifteen minims of chloric ether in camphor mixture every fourth hour.

From this time the symptoms became aggravated; there was no vomiting, but the motions were constantly running from the patient through the bed.

On the fourth day, he became quiet and drowsy; the evacuations continued to pass very abundantly and involuntarily, the breathing became irregular, and he died very quietly at two in the morning. No post-mortem examination was performed.—*Lancet*, Nov. 5.

## The Anatomy of Quackery.

### QUACK MEDICINES, THEIR HISTORY, COMPOSITION, AND QUALITIES. NO. XXXIII.

CURTIS'S "MANHOOD," "ANTI-VENEREAL LOTION."

The reputed author of "Manhood" is Mr. J. L. Curtis, *alias* La'Mert, *alias* Lambert—the Mr. Joseph Lambert to whom we extended our courtesy in a recent number of this journal. Our opinion of this individual has been already given to the reader. Of his book, "MANHOOD," what *can* we say? We find it to be a mere counterpart of the compilation which furnished the materials for the "Silent Friend," "Secret Companion," "Self-Preservation," "Mirror of Health," and a whole host of like pamphlets which have been published to draw the half-crowns and shillings from the pockets of the thoughtless and unwary, and to form a sort of perpetual advertisement for obtaining patients. Similar obscene pictures and exaggerated descriptions, similar appeals to "Holy Writ," similar avowals of sincerity, disinterestedness, and philanthropy occur in each; and this with a sameness of execution and an utter absence of novelty and originality, which unmistakeably proclaim both the mental and moral poverty of their miserable and degraded authors. We could quote *whole pages* which occur *verbatim et literatim*, not in *two* only, but in *several* of these works. Compare pages 8 and 9 of "Manhood" with pages 110 and 111 of the "Silent Friend." Here we have the same, the very same, amount and kind of blasphemy, the same misappropriation of Scripture, the same quotations, and the same treacherous deductions in each. Which of these parties is the one guilty

of this literary larceny, Joseph Lambert, Robert Perry, or Louis Jourdain? Availing ourselves of some of these stolen goods we may exclaim, "The further we examine these books the more abominable does their wickedness appear!" Such graceless heathens as these, indeed, to refer to "God's goodness," and to urge "repentance, conversion, and amendment," the "guilty to forsake their sins," and to "seek salvation through our blessed Saviour"(a). Can knavery and hypocrisy produce a parallel to this? "Say, ye who best can tell."

The pamphlet "Manhood" has reached its sixty-seventh edition, and its annual sale, at present, is said to considerably exceed 5000 copies. A biting commentary, this, on the mental discernment and moral condition of the present generation.

CURTIS'S "ANTI-VENEREAL LOTION."

This "preventive wash" is merely a weak solution chloride of lime in water(b). Mr. Lambert deceives his readers with the assurance that this lotion is "an *unerring* and *never-failing* specific against venereal infection," which he "discovered some years ago, after an extended practice and vast experience in the treatment of syphilitic disease in all its varied forms." Indeed "that which had long proved the *opprobrium medicorum*, the *reproach of the faculty*, has at length ceased to exist. A *true* and *certain* remedy, *never found to fail*, not in *even* a *single instance*, has fortunately been attained after the most laborious and indefatigable research"(c). Bravo, Joe Lambert! thou art a "trump in impudence," if not in "truth and ingenuity." After this *enormous labour* and this *gigantic success*, surely, gentle reader, Mr. J. L. Curtis, *alias* Joseph Lambert, must have found a dearth of patients; and have been ready to throw up his vocation in despair, exclaiming with the Moor, "Othello's occupation's gone." Strange fact, however, just the contrary occurred, and "trade looked up" in Albermarle-street. The purchasers of "my book" increased in numbers rapidly, and of those who *tried* the "anti-venereal lotion" many soon afterwards were compelled also to *try* the skill of the man who so wilily recommended it. The truth was, with this apparent guarantee of impunity from unpleasant consequences the young aspirant at the shrine of Venus became bold and fearless, the confirmed roué reckless and incautious, and even the aged libertine became confident and adventurous. Incited by the assurances in "my book," and defended with "my lotion," these unfortunate simpletons wallowed in the lap of sensualism, like "a dog in its vomit," or "a sow in the mire," until, pained and disabled by disease, they were driven to seek the assistance of the authors of their calamity, doubtless exclaiming with the poet—

"the gods are just,  
And of our pleasant vices make instruments  
To scourge us."

No wonder, then, that patients, previously

"like angels' visits,  
Few and far between,"

now increased in number; and letters, instead of arriving by paltry "*ones*" and "*twos*," tumbled in by dozens. Fees followed fees, the empty coffers were replaced by a banker's account; and poverty, disrobing itself, assumed that Babylonian raiment which Cato thought too costly for a citizen to wear(d). Thus it is! The ruined health, broken constitutions, and wretchedness and misery of thousands, furnish the "placero" from which the unscrupulous quack and charlatan collects his gold(e).

(a) We quote *their* words.

(b) Beaufoy's solution of chloride of lime, 2 oz.; cold water, 8 oz.; mix. For use—two tablespoonfuls to a large wine glassful of water; by immersion for five or six minutes after thorough washing with soap and water. Probably the very minute directions given in "Manhood" for the use of this lotion are appreciated by the readers of that work.

(c) "Manhood," pp. 92, 93.

(d) Plutarch.

(e) See Perry's "Preventive Lotion," page 284.



## Biographical Notices.

### J. BAMPFYLDE DANIELL, M.D.

Dr. J. Bampfylde Daniell was born at Exeter, and is the youngest son of the late Dr. Daniell, M.D., Physician to the Devon and Exeter Hospital and Lunatic Asylum (an institution established through his influence and exertions),—a generous and affectionate parent, an eminent and respected physician, distinguished for his high sense of religious and moral duties, combined with the most honourable principles of professional integrity, who, during many years of extensive practice, realised a considerable fortune. His paternal connexions, established as wealthy bankers, have possessed for many years very extensive estates in Somersetshire and Dorsetshire, have been appointed county magistrates, and are allied to several distinguished and influential families. His mother was youngest daughter of Sir Richard Warwick Bampfylde, Bart., of Poltimore, in the county of Devon, who succeeded several of his predecessors in the family as member for that county during several sessions of parliament, whilst, at the same time, his eldest son, the late Sir Charles Bampfylde, Bart., represented the city of Exeter. The Bampfylde family are of very ancient descent and distinction, and possess large tracts of land in different counties.

Dr. Daniell's elder brothers received their education as King's scholars at Eton, the eldest (an elegant scholar) partially receiving his early education at Harrow. He was subsequently elected Fellow of King's College, Cambridge, and died in holy orders. The second, though supernumerated, was presented to a scholarship of Caius College, Cambridge, for his proficiency and general good conduct at Eton, and is now in holy orders.

Dr. J. Bampfylde Daniell received his early classical education under the tuition of the late Rev. John Gay Coplestone, M.A., rector of Otterwell, in the county of Devon, brother of the late accomplished scholar, William Coplestone, bishop of Llandaff and Dean of St. Paul's. At this school, several sons of the aristocratic families of Devonshire were educated at this early period. During his pupillage he distinguished himself at various trials of early scholarship, and received, in no ordinary manner, the marked approbation and good opinion of his respected tutor. Having completed four years' tuition, and been presented by his master with books, &c., Dr. Daniell was placed at Westminster school. His proficiency in an accurate acquaintance with the earlier rudiments of classic learning was considered, at his first examination under the head master, Dr. Carey, late Bishop of St. Asaph, to entitle him to be placed in the upper school at the age of ten years. He subsequently contended (eight only to be elected) for the honour, and after a severe examination, succeeded in being placed on the foundation, as a King's scholar, of St. Peter's College. After passing the usual term of years on the foundation, Dr. Daniell was entered at Christ Church, Oxford. At his first examination in the schools (termed responsions), he received the thanks of the examining masters, for which his public tutor at Christ Church permitted him the acknowledged privilege of appointing the Rev. A. Cramer, the late dean of Carlisle, a most accomplished scholar, his private tutor, with the intention of preparing himself for public honours. His social qualities and popular manner brought him acquainted with the best society in his college. Always fond of manly games and athletic exercises, he was addicted to the absorbing amusement in those days of boat-racing, but these diversions were incompatible with studious application for obtaining honours; and he subsequently took his degree as Bachelor of Arts, Master of Arts, Bachelor of Medicine, Doctor of Medicine in the University of Oxford.

Dr. Daniell, after quitting the University, entered as medical pupil at St. Bartholomew's Hospital, attending the instructive lectures of the late Mr. Abernethy. He

was characterised for his unwearied attention to his hospital duties, zealous perseverance in acquiring anatomical, chemical, and pathological knowledge, and he devoted a considerable portion of his time to the dissecting-room and dead-house. At this early period, he was occasionally requested by the senior physician of the hospital, the late Dr. Powell, to visit and report on cases in his private practice. Desirous of reaping all the advantages offered to a student at St. Bartholomew's Hospital, and knowing the close connexion in the restorative agency of medicine and surgery, Dr. Daniell entered, under the direction of the late Mr. Vincent, one of the surgeons of the hospital, as a surgical pupil. To the practical experience and surgical ability of that much respected gentleman, to his kind attention, and unwearied punctuality in the discharge of his public duties, Dr. Daniell has always felt deeply grateful. He was admitted a member of the Medical and Surgical Society of St. Bartholomew's Hospital, under the various presidencies of Mr. Lawrence, Dr. Latham, and Mr. Stanley. At these meetings, he displayed a facility in public speaking and accuracy of diction, for which he has been since appreciated as a ready debater. After two years' assiduous application in the hospital, he decided on pursuing his medical career at Edinburgh, and entered as a student in that celebrated University, attending Dr. Holme's lectures on the Principles and Practice of Medicine, Dr. Hope's on Chemistry, Dr. Duncan's on Materia Medica, Professor Leslie's on Natural Philosophy, and the Medical Practice of the Hospital. At subsequent periods, he visited Ireland and the continent, acquainting himself with the practical advantages of the far-famed hospitals, both in Paris and Dublin. The high reputation of his father offered considerable advantages for the early success of a son's professional advancement at Exeter, and although urged by some eminent professional practitioners to settle in London, Dr. Daniell decided on commencing his medical career at Exeter. Here he had the valued privilege of receiving, on many occasions, the friendly countenance and able support of that elegant scholar, and enlightened physician, Dr. Blackall, *Medicus facili princeps* in the West of England, and author of *Observations on the "Care and Treatment of Disease."* Dr. Daniell was soon elected, without opposition, physician to the Exeter Dispensary, and during his residence in this city, at the early period of his practice, was rapidly advancing in the amount of his professional emoluments. There being no early prospects of any vacancy among the able and efficient medical staff of the Devon and Exeter Hospital, an opportunity was offered of being appointed physician to the Bath Hospital. His connexions in this city were very influential (his uncle having represented it in Parliament for several years). He was soon elected one of the physicians of this Hospital—an institution established for the admission of rheumatic, cutaneous, and paralytic cases from all parts of the world, for the benefit of the Bath waters. He retained this appointment for several years, and received for his kind attention to the patients under his care and their friends repeated acts of grateful acknowledgements. A vacancy occurring in the appointment of one of the physicians to the Bath United Hospital, Dr. Daniell was elected without opposition. He resigned his duties at the Bath Hospital, receiving the recorded thanks of the president, vice-president, and governors of the institution for his attention and unwearied exertions in aid of the poor afflicted inmates of the hospital, and was unanimously elected one of the governors of the charity. He subsequently was appointed physician to the Walcot Dispensary, to the Institution for the Deaf and Dumb, consulting physician to the Bath Friendly Society, visiting physician (appointed by the county magistrates) to Bailbrook Lunatic Asylum.

By the lamented death of Dr. Pritchard, of Bristol, a vacancy occurred in the appointment of one of the medical Commissioners of Lunacy. The interesting subject of psychology occupied the attention of Dr. Daniell at



an early period of his professional life, he having been a constant visitor at the Lunatic Asylum, near Exeter, an institution first established by his father, "to whom," in the language of his able colleague, Dr. Blackall, we read, "the public are much indebted for his exertions in the Medical department of the institution, at a time particularly when such charities were less generally known than they begin to be at present; and the excellent arrangements, which he has greatly contributed to make, give certainly to his present colleague duties of a comparatively easy nature."

Dr. Daniell procured testimonials of his efficient qualifications for the responsible duties of the appointment from several of the most eminent medical practitioners in London, Bath, and Bristol, including the names of those whose attention had been more particularly directed to the cure and treatment of the insane. He was also highly gratified by the unanimous testimony of the Visiting County Magistrates of Bailbrook Lunatic Asylum, in approbation of his efficient services as Visiting Physician. one of whom writes thus:—"I can only say, that when the appointment became vacant, the Visiting Justices considered themselves fortunate in being able to offer it to a gentleman of your known eminence; and experience told them they had done right, as you shewed yourself an accurate observer and had evidently studied that branch of your profession with much care; we were fully sensible of the anxious way in which you discharged your duties, and we all regretted that another sphere deprived us of your services."

Always desirous of residing in London, where with so much facility he could follow the various scientific pursuits on all subjects, whether directly or indirectly connected with his profession, and receiving the friendly support of his influential acquaintance, Dr. Daniell decided on resigning his numerous appointments at Bath, and taking up his residence in London. He had not long located himself before he was appointed one of the Physicians to the Royal Pimlico Dispensary; and shortly after, at the request of Dr. Pettigrew, the able lecturer on Physiology at St. George's School of Anatomy, Medicine, and Surgery, he was appointed Lecturer on the Principles and Practice of Medicine at the same School. The period was very limited for preparing his lectures, never having previously attempted the responsible duties of public teacher. He has, however, succeeded to the entire satisfaction of his colleagues, and the advancement of his pupils in the practical knowledge of their profession. One of his former colleagues at the School thus expresses himself:—"His choice of language is admirable, and oftentimes, without his own knowledge, most classical. The matter of his lectures are highly practical, which, combined with a familiar, cheerful, and anecdotal style, makes the hour pass *too* quickly even to the medical student, overburdened as he is with a compulsory attendance upon so many *daily* lectures."

His Introductory Lectures to the students, which have been published in the "Medical Times," display the feelings of a gentleman, a scholar, a practical physician, and a friend. At the opening of the Winter Session, last year, of St. George's School, he delivered an Introductory Address, which claimed the admiration of his colleagues, who requested him to publish it. He is one of the Committee of the Society for Improving the Condition of the Insane, and a referee in adjudicating the annual prizes for the best essays connected with that interesting and important subject.

Dr. Daniell married the second and youngest daughter and co-heiress of the late Wm. Foskett, Esq., of Reyford House, in the county of Somerset. He is first-cousin of the Right Hon. Lord Poltimore, of Poltimore, in the county of Devon, (late one of the Lords-in-Waiting to Her Majesty), and was appointed by Lord Poltimore a Magistrate for the county of Somerset. Dr. Daniell is Fellow of the Royal College of Physicians; Lecturer on the Principles and Practice of Medicine in St. George's School of

Anatomy, Medicine, and Surgery, adjoining St. George's Hospital; Acting Physician to St. Mark's Hospital; Fellow of the Medico-Chirurgical Society; one of the Council of the London and Westminster Medical Society; and Consulting Physician to the Universal Provident Life Association. We regret to add, that Dr. Daniell recently received an injury, from being overrun in the street; and that he is now rusticated for the benefit of his health, which we sincerely trust will be speedily restored.

## Correspondence.

### MR. COX ON HYDROCYANIC ACID.

*To the Editor of the Medical Circular.*

SIR,—Mr. Cox is proceeding vigorously and indefatigably with his account of the value of Hydrocyanic acid as a remedial agent; and I, not very unnaturally, expected that, in some part or other of his incubations, a reference, or even a simple allusion, would be made by that gentleman to some published papers, and a certain "historical and practical treatise" on that valuable remedy which first led the way to its use in this country from 1815 to 1820. But, no! Such readers as may peruse Mr. Cox's papers in your journal are left by him to infer, that Dr. Elliotson was the first and only physician who employed prussic acid in England, by pointing out "its great powers in subduing irritation of the stomach," while "its great power also, in derangement of the nervous respiratory systems were comparatively overlooked and neglected"(!)\*

It is surprising that when an industrious junior practitioner sits himself down to write on any given subject of importance connected with his profession, for the information and guidance of his brethren, he should not first make himself acquainted with whatever may have been said, written, or published concerning it. Had Mr. Cox taken the trouble of so doing, he would have found, as Dr. Paris, in the earliest edition of his *Pharmacologia*; Professor Brande, in his *Materia Medica*, article Hydrocyanic Acid; Professor A. T. Thompson, in his *Dispensatory*; and Dr. Sigmond, in his lectures on Medical Botany, published in the "Lancet," justly informed their respective readers, that the humble individual who signs the present reclamation is the only one who first introduced to the acquaintance of the English public, as early as the year 1815, in the "Medical Repository" for September, and subsequently in 1819, but especially in 1820, in an extended volume of 400 pages—hydrocyanic acid as a most active and efficacious remedy in the treatment of many diseases, more especially in that of nervous and pulmonary disorders. Let Mr. Cox, therefore, the first time he drives into town from his village of Kensall, pull up at the College of Surgeons, and by inquiring for, and perusing "An Historical and Practical Treatise on Hydrocyanic Acid," make himself master of what his medical brethren, 33 years before him had done, to make known and propagate every possible information respecting that remedy—instead of, as he has stated, *comparatively overlooking and neglecting* its great powers in *derangements of the nervous and respiratory systems*.

Mr. Cox is wrong in another part of his chronology of prussic acid as a remedy; for the late A. T. Thompson, and not Dr. Elliotson, first employed in this country hydrocyanic acid in irritation of the stomach—in proof of which I refer Mr. Cox to an interesting case by that learned professor, inserted in the first edition of 1819 of my publication on that remedial agent, which long preceded Dr. Elliotson's brochure on that subject. *Date sum cuique.*

Really, we septuagenarians must be deemed to be either dead already, or at all events, dead to those wholesome feelings of professional jealousy (which are the best safe-

\* See Mr. Cox's paper in Medical Circular, vol. 2, page 447.



guard of our reputation), that our juniors should push us from our stools unceremoniously before we vacate them.

On another occasion, again, I had to protect myself against an encroachment on my claims (in reference to this very medicine) still more extraordinary, on the part of a London physician, who having given to the public, in 1838, a volume on whooping cough, did not hesitate, both in the preface and in the body of that work, to insinuate that he considered himself to have been the first practitioner who had employed prussic acid in England for the cure of that obstinate complaint. If Mr. Cox will refer to the volume for session 1838-9 of the "Lancet," at page 113, he will see how I disposed of that pretension; showing (and this would apply also to Mr. Cox's lucubrations) that instead of, as asserted, making only a casual allusion in the treatise already referred to to the application of prussic acid in whooping cough—and furnishing no case in point—I devoted five pages to the consideration of that disorder, and illustrated its successful cure by prussic acid with more cases, from the experience of one year only, than had the author of the volume on whooping cough supplied, in support of his groundless claim, out of a practice, alleged to have extended to *ten years*!

But Dr. Hamilton Roe, the author of the last-mentioned volume, had less excuse than Mr. Cox for ignoring the labours of his predecessors: inasmuch as he was made an M.D. at Edinburgh in 1820, the very year in which the extended "Treatise on Prussic Acid" made its appearance, and which having been reviewed in every medical periodical of the day, could not possibly have escaped the attention of a zealous medical student, who had just attained the *summi honores* of the profession.

I have the honour to be your humble servant,  
A. B. GRANVILLE, F.R.S.

1 Curzon-street, May Fair, 3rd Nov., 1853.

### INSANITY IN IRELAND.

*To the Editor of the "Medical Circular."*

SIR,—Your correspondent, Beta, having enquired "from what source I derived my information that, one in every 420 of the population (of Ireland) was afflicted with insanity," allow me to reply, through your columns, that the statement I made at a late meeting of the Medical Society, should have been reported "one in every 430," as given in the "Medical Times." This opinion was based upon recent official documents, wherein it is stated, the total number of lunatics throughout Ireland amounted in 1851 to 15,118; and as the aggregate population then reached 6,515,794; if that number be divided by 15,118, the ratio I asserted appears correct, omitting fractions. Further, seeing Ireland has become less populous during the past year, whilst insanity is now rather augmented, the same remarks apply to the present time; and as numerous natives of that country are also under treatment for mental diseases, in the asylums of England, without being replaced by a similar number of English inmates in Irish establishments, the conclusion enunciated seems strengthened by such collateral evidence. In proof of this inference, attention may be fairly directed, amongst other instances, to the last official report of Mr. Eccleston, surgeon-superintendent of the county asylum at Rainhill, in Lancashire, which says that, out of 248 insane patients admitted during 1852, nearly one-fifth, or 48, were born in the sister island. Although Beta "excepts cases arising from drunkenness,"—a very frequent cause of madness everywhere—I cannot exclude that form of lunacy from calculation, any more than I would ignore the curious fact mentioned by the Irish commissioners, in their report for 1852, respecting the large number of clergymen, but whether protestant or catholic they have not specified, who are confined as lunatics in the various institutions of Ireland.

Your obedient servant,

JOHN WEBSTER.

24, Brook Street, 5th November, 1853.

### MR. WAKLEY AND THE MIDDLESEX HOSPITAL.

*To the Editor of the Medical Circular.*

SIR,—Permit me to call your attention and that of the Medical world, to the very inconclusive verdict instigated by Mr. Wakley at the late inquest at Hanwell—a verdict, which on most illogical grounds, would attach discredit to a noble and (gainsay it who can) well-conducted institution. Thus, the character of a Hospital for the Sick is to be assailed and stigmatized, because it is not furnished with all the means and appliances of a mad-house; and because its Medical Officers are accustomed to use the ordinary means of restraint adapted to such cases of delirium as are likely to occur or be received within the walls of the Hospital.

Fortunately, the character of the Middlesex Hospital stands too high to be much affected by the unjust censure of any Coroner—a contingency which, doubtless, any other than "the Royal Free" will be for some time equally liable to with ourselves.

Hoping that you will pardon me for trespassing on your valuable time,

I remain, Sir,

Your most obedient Servant,

A MIDDLESEX STUDENT.

Middlesex Hospital, Nov. 4th, 1853.

### HOT WATER CUSHIONS IN CHOLERA, &c.

*To the Editor of the "Medical Circular."*

SIR,—Since I introduced the Elastic Water Cushions for Bed Sores, &c., I have also manufactured an India Rubber Cloth Cushion, that resists the action of heat to any degree, up to 212 seconds Fahr., and which (when applied as hot as can be borne) in cramp, and lumbago, pains in the stomach and bowels, affords almost immediate relief. In obstinate cases of fever, that resist diaphoretics, perspiration may be quickly produced by placing one over the abdomen. For ordinary application of heat it is said to be the best means known, and wetting of the bed, &c., prevented.

My present object in drawing the attention of the Profession to the subject of temperature, is, with the view of trying the value of heat in Cholera. It is well known that sudden lowering of the temperature to a certain degree, results in death: and it is known that in cases of Cholera, as well as poisoning in general, there is a remarkable lowering of the temperature.

I shall therefore be happy to send one of these Hot Water Cushions to any Hospital, for the medical officers to report upon.

I am, Sir,

Your obedient Servant,

WILLIAM HOOPER.

7, Pall Mall East, Nov. 3, 1853.

THE SOLUBILITY OF BINIODIDE OF MERCURY IN COD-LIVER OIL.—Mr. J. B. Barnes, of Knightsbridge, in a communication to the *Pharmaceutical Journal*, says:—"I find by experiment that cod-liver oil possesses the property of dissolving biniodide of mercury, and as both are often administered at the same time, the medical practitioner will find it convenient, when these remedies are required to be given together, to dissolve the biniodide in the oil. Solution is readily effected at the ordinary temperature of the atmosphere to the extent of half a grain to the fluid ounce, by rubbing down the biniodide in a small portion of the oil, mixing it with the remainder in a bottle, and shaking for a few moments; at the temperature of 50° C. two grains are permanently dissolved by one fluid ounce of oil. I also find that biniodide of mercury dissolves with the same facility in almond, olive, and castor oils, also in chloroform, pyroxilic spirit, and melted lard and spermaceti cerate.



## Medical Societies.

### MEDICAL SOCIETY OF LONDON.

October 29, 1853.

Dr. Forbes Winslow, President, in the Chair.

Many gentlemen were proposed, elected, and admitted.

#### *Cystorrhœa produced by a Vascular Growth at the External Orifice of the Urethra.*

Mr. Coulson related the case of a lady, aged 40, who had suffered for two years from a burning pain at the orifice of the urethra, constant desire to make water with almost continual escape of that fluid in drops. She had lately been compelled to rise every half-hour in the course of the night, and a strong ammoniacal odour exhaled from her person, making it necessary for her to avoid society. The urine was of a dark brown colour, strongly ammoniacal, containing a large quantity of tenacious, viscid mucus, and deposited considerable fragments of friable phosphates. This patient was thus suffering from all the symptoms of stone, and in addition, the tenderness of the inflamed vulvæ, from the constant dripping of urine, was so intense, as to render walking extremely painful, and any attempt at sexual intercourse produced great agony. On examining the orifice of the urethra, it was found surrounded by vascular growths, exceedingly sensitive to the touch. Dr. Golding Bird, under whose care the patient was, considering that the vascular growth at the orifice of the urethra was the exciting cause of all her symptoms, (providing a calculus did not exist,) requested Mr. Coulson to see the patient. Two or three cases had previously occurred to Dr. Bird, in which all the symptoms of calculus existed, where, after careful sounding, no stone could be detected, and where, after removing some vascular growths from the orifice of the urethra, the bladder symptoms completely disappeared. Mr. Coulson examined the patient, and ascertained that no calculus existed. He applied the potassa fusa to the growth, and, after four applications, the vascular tumour nearly, but not quite, disappeared. This treatment occupied about three weeks. The effect was most remarkable; the urine became acid and clear, the mucus rapidly decreased, the phosphatic deposits disappeared, she was not called upon to rise more than once in the night, and could bear exercise with comfort. Just at this period, a sudden attack of menorrhagia occurred, which prevented the destruction of the growth from being completed. In a short time, the vascular excrescence returned, all her old urinary distress appeared, the urine was again fetid and ammoniacal, and contained blood and mucus. Mr. Coulson then removed these growths completely with a pair of scissors, and afterwards applied nitric acid freely to the bleeding surface. The result of this operation was most successful. The urine soon recovered its healthy character; she could retain it a considerable time, and had perfect controul over the bladder. Her general health, which had been much impaired, was completely restored. Soon after this she became pregnant, and miscarried at two months. She has, since this, (now at the end of six months) remained in perfect health. Mr. Coulson said, that he was indebted to Dr. Golding Bird having pointed out to him these growths as a cause of cystorrhœa. The rationale is at once found in the obstruction offered by the growths in question to complete evacuation of the bladder. Some ounces of urine are always retained, and, becoming ammoniacal and fetid, act as an irritant on the mucous membrane, producing excessive secretion of ropy mucus, and all the symptoms of calculus. Hence, in these cases, as in those lately described by the same distinguished Physician of prolapsus of the bladder into the vagina, causing the anterior wall of the canal to project between the labia, the cause of the painful symptoms is retention of a portion of the urine, and its decomposition in the bladder.

Mr. Thomas Wakley exhibited a patient for whom he had formed a new nose, by transplantation of skin from the forehead.

Dr. Robert Barnes then read a paper on *The Management of Labour characterised by defective uterine Action, and the comparative Value of Ergot of Rye and Galvanism in Obstetric Practice.*

The author opened his subject by stating that in the range of obstetric practice there occurred a large class of cases characterised by defective uterine action. Two questions immediately arose. 1st. What are the conditions of uterine inaction which call for interference? 2nd. What are the agents to be selected for the purpose of evoking the dormant energy of the organ. The first question was necessarily passed over, in order to direct special attention to the second. He adverted, however, so far to the first question as to point out the extreme difficulty of determining, in many cases, the causes of the existing inertia, and the consequent danger of misapplying the agents in use for inducing contraction. He then explained the peculiarities of the action of ergot, insisting upon its dangerous properties. He enumerated the bad effects it might produce upon the mother—rupture of the uterus and perineum, laceration and consequent mischief of the os and cervix uteri, prolapsus of the uterus and bladder, the depressing effect upon the pulse, etc. Then the injurious effects upon the child—the frequency of still-born children in ergot labours. He related an interesting case in which he had the opportunity of observing the effect of continued contraction in arresting the foetal circulation. The author doubted whether the restrictions upon the use of ergot commonly recognised were sufficient. He urged the necessity of no longer employing an agent so uncertain, so uncontrollable, and so dangerous, the more especially as we possessed in galvanism a safe and efficient power adapted to every case in which ergot was considered to be necessary. The author then adverted to the various isolated writings upon the use of galvanism in obstetrics. He enlarged upon the advantages attending its use for the induction of premature labour, citing two original cases in illustration. He then considered its application in inertia-uteri accompanying the first and second stages of labour: then its use in the third stage in the retention of the placenta and hæmorrhage, citing cases of its successful employment. He next pointed out a variety of other cases in which galvanism might be most usefully resorted to—in paralysis of the bladder following delivery, in arrested uterine action from chloroformisation, in the excitation of respiration in still-born children, in the expulsion of uterine polypi, in the evacuation of the uterus in case of hydatiform placenta. The author then described the mode which he preferred in the administration of galvanism. He observed that it was certainly inconvenient, and seldom necessary to adopt the usual practice of applying one pole of the battery to the spine and one to the cervix uteri. The application of the discs, one on either side of the uterus, was sufficient. He observed that galvanism did not act by primary excitation of the spinal centre, but by direct stimulation of the muscular fibre. The effect was thoroughly obtained by passing the shocks through the uterus, by applying the poles one on either side of the abdomen, and no obvious advantage was gained by passing the shocks through the uterus by the spine. The electro-magnetic apparatus, constructed on the principles in ordinary use for medical purposes, was the best suited for obstetric use. He explained that the efficacy of this form of apparatus was owing to the production of a rapid succession of shocks. The author concluded his paper by enumerating some of the principal advantages of galvanism as an agent for producing uterine contraction, adverting to the extensive range of cases admitting of its employment,—its perfectly manageable character and its easy graduation and intermission,—its certainty and efficiency, its safety, the possibility of employing it successfully in cases of exhaustion where no other remedy could be used, and the fact that it did not preclude the resort to other means.



The leading point in the discussion was the degree of danger which attached to the exhibition of the ergot.

Dr. Mackenzie addressed himself chiefly to a consideration of the advantages of galvanism, both in obstetrics and in many uterine diseases depending upon general atonia, such as leucorrhœa and menorrhagia, in both of which classes of cases he had applied it with great benefit. He referred to four classes of obstetric cases to which it is applicable, two of which had been illustrated in Dr. Barnes's paper, by cases which had occurred in Dr. Mackenzie's practice, 1st, to induce premature labour; 2ndly, in lingering labour; 3rdly, in cases of placenta prævia, when it stimulates the uterine action, and at the same time arrests the hæmorrhage; 4thly, in cases of hæmorrhage following parturition, and resulting from inactive uterus. He then gave the particulars of an interesting case, in which hæmorrhage having returned eighteen days after parturition, was effectually arrested by two applications of the galvanic battery.

Dr. Winn did not agree in Dr. Barnes's strictures on the use of ergot, since he believed that in many cases its exhibition is very proper. Moreover, since galvanism acts powerfully as a uterine stimulant, it is possible that it may be open to the same objection as ergot of rye, with the addition, that the introduction of the galvanic apparatus would excite alarm in the minds of many patients. Galvanism, however, had not been so successful in exciting uterine action as Dr. Barnes had intimated, since Dr. Simpson had found it to fail in eight successive cases.

Mr. Roberts, in a long experience of the use of ergot of rye, had to come to the conclusion, that it has an injurious effect upon the life of the child, and therefore should be less frequently employed. He had, however, never observed any injurious effects produced upon the mother. He had not had any experience in the use of galvanism.

Mr. I. B. Browne had seen almost every kind of injury to the soft parts resulting from the improper administration of ergot of rye, but yet did not approve of the object of the author in seeking to remove it from the list of remedies. He believed that the surgeon had frequently administered it rather with a view of saving his own time, than of benefiting the mother, and, as a consequence, had destroyed the life of the child, induced sloughing of the soft parts, and brought on contraction of the uterus, with retention of the placenta. He would prefer the use of the forceps in cases requiring such a remedy as the ergot; but whenever he believed it right to employ the ergot, he preferred to give the æthereal tincture. He believed that the introduction of galvanism was a step in the right direction.

Dr. Camps did not coincide in the views of the author with regard to the exclusion of ergot from practice, and he believed it to be a proper remedy in many cases. Since nature had endowed it with specific properties, cases would no doubt occur in which those properties would be useful. With respect to the *modus operandi* of galvanism in exciting uterine action, he believed that it must be through the nerves, and not directly upon the muscular fibre.

Dr. Crisp recommended that galvanism should be, as ergot had been, submitted to the test of experience, when it would probably be found to have injurious as well as beneficial powers. He thought that the case of premature labour, in which the membranes had been ruptured or some days, was no evidence of the action of galvanism, since, under such circumstances, labour would inevitably follow.

Dr. Chowne agreed with Dr. Crisp in reference to the case of premature labour, and in general considered that the ergot ought not to be banished from obstetric practice. He believed that its exhibition was open to many objections, and ought never to take place when the obstruction to the birth of the child was anterior to the child itself; yet it had retained its place as a valuable remedy,

while others, equally recommended, had long since been forgotten. The only class of cases in which it should be used, are such as depend simply and purely upon defective uterine action; and even in such cases it would be well to follow Dr. Denman's advice, and exercise patience. As a rule, ergot ceases to excite the womb when the child has been expelled. He approved of the use of galvanism as an adjunct to other remedies, and especially in cases of hæmorrhage with flaccid uterus, but was not certain that so powerful a remedy would not be capable of yielding occasionally, injurious results.

Dr. Barnes, in reply, inferred from the discussion, that the use of ergot in practice is really diminishing, and that all had admitted the evils which have followed its administration. He had never known the galvanic battery to fail in exciting uterine action, and believed, that although it is a powerful remedy, it is one quite under our control. In explanation of its action in the case of premature labour referred to, he said that no pains had followed the rupture of the membranes, although two or three days had been suffered to elapse; but whenever the galvanic poles were applied, an immediate action of the uterus followed.

#### MR. WILDE IN ANSWER TO THE CHARGES OF DR. KRAMER.

SIR,—When two writers disagree, and claim public or professional opinion upon the merits of their respective rights through the medium of the press, a certain latitude of expression is usually permitted; but there is, or there ought to be a limit, beyond which such statements and such expressions should not be allowed. Three objects usually induce appeals of this nature;—an egotistical desire to appear in print, which brings many a man into trouble; a laudable wish to advance science by discussing in a fair spirit questions of a theoretical or practical nature; or in order to correct misstatements or misconceptions which may have been wilfully put forward or inadvertently fallen into. The first is generally a foolish pretext, and founded upon an egregious vanity, or is the result of that sort of literary tenesmus which in certain atmospheres is, I presume, contagious and irresistible. It is difficult to say whether this peculiar affection is best cured by contemptuous silence or ridicule and exposure. The second object is really useful, as, without discussion or diversity of opinion, the onward progress of science may be retarded, and the tide of observation become stagnant. The third is a mere question of veracity, which can only be carried on to a certain point with that amount of courtesy and gentlemanly bearing which should always characterise professional writing; beyond that it becomes personal, and, involving as it does the truth or falsehood of one of the disputants, often requires editorial interference to decide, and set right the readers of the periodical in which the discussion may have taken place. This latter case, it would appear to me, is the predicament in which Dr. Kramer, of Berlin, has lately placed himself. Your readers must, no doubt, remember that he published some cross-grained letters against Mr. Toynbee and myself in the "Medical Times and Gazette" during the past year. These I replied to as they appeared; and in the volume of "Aural Surgery" which I have lately published, I discussed the opinions and practice of Dr. Kramer with, I trust, moderation, fairness, and candour. In reply to my criticisms upon his opinions, he has written the very ill-tempered letter which has just appeared in your periodical; and it is for your readers to judge in which of the three particular characters of the claimants for fame which I have just detailed he at present figures, or in how much of the first and last, and in how little of the second phase, he now appears.

With reference to that effusion, I cannot but say, Dr. Kramer is very ungrateful; he must have been, when writing his letter, suffering under an acute attack of dyspeptic egotism, or he has lately sustained some impairment



of those analytical faculties for which in former times he got credit.

Dr. Kramer says:—Mr. Wilde “did not even scruple to alter my words, and to distort their meaning as often as he refers to my work. I shall therefore confine myself to an energetical protestation against such unfair proceedings, and to the quotations of the passages which have been mutilated by Mr. Wilde.” Again—“We have here a remarkable instance of Mr. Wilde’s deception.” And in another place—“Mr. Wilde endeavours to lead his readers into a gross error as regards the meaning of certain passages.” Further on we read—“Mr. Wilde intentionally omitted taking any notice,” etc. And finally he concludes by saying—Mr. Wilde “did not scruple to attack my writings in a malevolent and unjustifiable way.”

In reply to these verbose assertions, allow me to insert the following passages, expressive of my opinion of Dr. Kramer, extracted from my “Aural Surgery.” Speaking of the first edition of his book, translated by Dr. J. R. Bennett, I say, it “is decidedly the best treatise upon the subject which has yet appeared in this country, where it exercised a most salutary influence upon the diagnosis and treatment of diseases of the ear.”—p. 28. Again, after alluding to his *Ohrenheilkunde in den Jahren 1849 und 1850*, the reader will find the following notice:—“Independent of the luminous descriptions, the critical acumen, and practical observations, and the consequent absence of quackery with which all Dr. Kramer’s writings abound.”—p. 28. And at page 383 I say—“Now this work of Dr. Kramer’s having gained for him considerable reputation; having, I am free to acknowledge, effected much good in reforming the state of aural surgery in Great Britain;” and so forth, in the same strain; and in several other instances I have complimented him upon his writings, although I have ventured to differ from him in opinion, and to review in a calm and I trust philosophic spirit, his theories and his practice. But what chance is there of convincing an author whose overweening vanity leads him to preface each work which he writes, even every letter which he indites with—“Guided by a twenty years’ practice;” and who, in alluding to his book published in 1849, has the modesty to assert, “There is nothing to be added to, nor to be deducted from, the whole of the doctrines contained in this second edition of my work.” (2) Therefore neither Dr. Kramer himself nor any other observer, no matter how laborious, or during whatever advance of science may be made, shall ever be able to amend or improve the treatment of aural surgery laid down in the great system of his “second edition.”

But it is not only in his own person, and in defence of his own school, that his insufferable egotism appears so transparent. Dr. Kramer, whose writings have been so favourably received in England, has never failed, even though it cost him a digression from the direct course of his narrative, to vilify English surgery, and to apply the most opprobrious epithets to men of character and education in this country, and, in particular, to slander the time-honoured name of the late Mr. Saunders; a reiteration of all which, and in terms equally harsh and inapplicable, he takes the opportunity of the permission lately granted through your columns to supply. Permit me, in reply to such, to insert here and re-affirm an opinion upon this subject, contained at page 29 of my “Aural Surgery.” Alluding to the new edition of his book on “The Nature and Treatment of Diseases of the Ear,” I say:—“We are not a little surprised at the style of his language, so uncourteous and unsuited to a scientific subject. For myself, I cannot but feel complimented by having so large a portion of the insertions in the new edition of this work devoted to the consideration and review of my writings and opinions; but, for the sake of literature and science, and the friendly feeling which has so long existed between the Irish and German Schools of Medicine, I cannot but regret that my friend did not discuss the questions at issue in a calmer and more philosophic mood.” The work of Mr. Saunders, first published in 1806, is as far in advance of the state of know-

ledge of its day as that of Kramer is now behind that of its own.

Now as regards the second position, it is really to be regretted that Dr. Kramer has not advanced anything which, by giving rise to a pathological or surgical discussion, could advance that branch of science which we are all so anxious to improve. And yet there are, as he must know very well (and if he does not, I would in particular refer him to the notes at page 383 to page 386), many topics in dispute between us, which I should really be very glad to have his calm, dispassionate opinion upon. But he says he “shall never enter into any discussion with” me, because “there is no reasoning, no coming to a satisfactory explanation with an author who, for instance, has never observed polypus growing from the external surface of the membrana tympani,” etc. Whereas the redoubted German “not only observed, but completely destroyed, 143” of these growths. But—most cogent of all reasons—it is, he says, “impossible to come to an understanding with Mr. Wilde, who attaches great importance to Mr. Toynbee’s dissections of the ears.” This latter will, no doubt, be considered a very heinous offence, and a valid reason for Dr. Kramer’s withdrawing from the contest by my brethren in England, and, in particular, the members of the Medico Chirurgical Society, who had the hardihood to publish—in defiance of the results of Dr. Kramer’s twenty years’ practice—the dissections made by Mr. Toynbee.

I fear it would occupy more space than the subject is worth to follow out in detail each of the cruces and quiddits contained in Dr. Kramer’s letter. I will, however, briefly allude to them, before I come to that part of the subject which is really of grave importance as concerns medical or any other literature, engaging, as it does, a question of veracity on one side, and misquotation upon the other. I wish one of your printer’s devils would teach Dr. Kramer the exact meaning applied to a quotation in English, and also point out to him the position which inverted commas ought to occupy in print. A knowledge of these two subjects would greatly facilitate any discussions which he may in future have with his medical brethren, and enable the readers of his writings to know where the quoted passage begins, and which is his own opinion, or that of the author which he is reviewing. As an example of this, I beg to refer to the misquotation he has given from page 28 of the “Aural Surgery.”

Dr. Kramer has for some years past published several books besides that translated by Dr. Bennett; and he may not, perhaps, be aware that most of these are in my possession, and that, in reviewing his opinions, I have referred to the works in which these opinions are most distinctly and prominently put forward. It is quite useless for me to refer to the various portions of Dr. Kramer’s writings in which the cure of nervous deafness, so called, by the introduction of vapours of different kinds into the cavity of the tympanum, is enforced. The fact is established, that such has been the chief new theory which he advanced many years ago, (in 1837,) and has continued to uphold ever since. It is a fact, for which I refer to Dr. Bennett’s translation, that he did recommend ethereal vapour as the most suitable for this purpose. I am aware that he has since modified his opinions in that second edition to which there is nothing now to be added, and from which there is nothing to be deducted, and does in it recommend “to begin the treatment of nervous deafness by vapours of pure lukewarm water, or of a thin mucilaginous fluid, combined with one-eighth to one-half grain of extract of hyoseyamus,” introduced into the cavity of the tympanum, in order to pass through, by, I presume, endosmosis, “the thin membranes of the round and oval foramina, etc;” and thus, either by mixing with, or replacing the perilymph, to stimulate the dormant faculties of the acoustic nerve! But I really thought this too ludicrous to impose upon my English readers; and here in Ireland we have a far more efficacious remedy, and one much more easily employed,—



being the rubbing of the left elbow with a brickbat every second morning, fasting. We have received many good things from Germany, some bad ones, and not a few popular delusions; among the last of which may be mentioned the more than Hahnemannian dilution of the one-eighth of a grain of henbane in some quarts of water, the vapour arising from which is, when passed into the middle ear, to cure impairment of the function of the portio mollis of the seventh pair of nerves!

It is a fact, that, in the English translation of Dr. Kramer's book, he denies, at page 144, the possibility of elevating the membrana tympani, or pressing it outwards towards the external meatus.

It is not quite true, I acknowledge, that, in the first edition of his book, Dr. Kramer devoted but four pages to the description of acute inflammation of the membrana tympani, as I rather too leniently gave him credit for; but it is a fact, as you may perceive by referring to the work at this moment, that in Dr. Bennett's translation, the description of acute inflammation of the membrana tympani commences at page 150, of which it occupies four lines, passes through 151, and all 152, except one line, where the subject of polypus growths commences; at page 154 there are seventeen lines on the same subject; two pages and a quarter are occupied with the details of cases, and the rest of the section is occupied with the subject of perforation, etc.

All I asserted about Dr. Kramer's criticism upon Willis, with respect to the effect of loud noises improving certain forms of deafness, is perfectly correct, of which the reader may assure himself by comparing page 140 with the end of page 259 of Bennett's translation.

With respect to Dr. Kramer's statistics, I have already occupied your space upon former occasions, (see the Number for Nov. 20, 1852, in particular,) and I have no desire to enter upon that subject again; but I would now call the serious attention of your readers, and that of every professional writer in Europe, to what is, perhaps, one of the most audacious instances of a man denying his own productions which has ever presented, and which should, I think, make all editors of periodicals consult the authorities referred to by Dr. Kramer, before they insert his tergiversations. The passage in Dr. Kramer's letter runs thus:—

“(‘Aural Surgery,’ page 105)—Kramer says, the catheter is the only means of blowing, or by the introduction of a catgut-string, or a small whalebone or ivory probe, to learn the condition of the Eustachian tube, and the cavity of the tympanum, and thereby, in the cases in question, to judge of the condition of the auditory nerve.’ And page 391—‘The proposition of Dr. Kramer, to judge of the state of the auditory nerve by the introduction of a catgut-string, an ivory or a whalebone bougie, into the cavity of the tympanum,’ etc.

“Again, I never recommended nor made use of a whalebone or ivory probe or bougie to be introduced into the Eustachian tube, still less into the cavity of the tympanum. (Of my works, English Translation, pp. 201, 226; Second Edition, page 499.)”

It is quite true that in neither the first nor second edition of his work, on “The Nature and Treatment of Diseases of the Ear,” will this advice about the ivory probe or whalebone bougie be found, although, at page 202 of the English translation, we do read, under the head of ‘Mucous Accumulation of the Middle Ear,’ something about the mode of passing a harp-string or piece of catgut through the Eustachian tube into the tympanum, when we are told that it may ‘be thrust still further forwards, so as to pass between the handle of the malleus and the incus.’

“This, it must be confessed, is rather heroic practice to be recommended by an author who subsequently advocated the twenty-millionth of a grain of hyoseyamus for fumigating the middle ear. Now, it is strange, that, although Dr. Kramer has gainsaid many of my interpretations of his views, in only one instance has he objected

to a quotation from his written descriptions, and that is in the case above alluded to. Fortunately, however, I am in possession of the work in which this diagnostic of poking a piece of ivory or whalebone into the middle ear, in order ‘to judge of the condition of the auditory nerve,’ is advanced, and I forward it to you, that the printers may make no mistake in printing the original, and that you may be convinced of the correctness of the text, and the fairness of the translation. The passage will be found, commencing with the last line of page 25, of the “Beiträge zur Ohrenheilkunde. Von Dr. Wilhelm Kramer, Sanitäts-Rath. Berlin, 1845;” and the denial of its authenticity is the more reprehensible, from my having referred to the very work from which I gave the quotation. It runs thus:—

“Hier ist die Anwendung des Ohrenkatheters das einzige Mittel, um durch Einblasen, durch Einstromen von verdichteter Luft aus der Luftpresse, durch Einführen einer Darnasaite, eines Fischbein oder Elfenbein-Stäbchens sich von dem Zustande der Eustachischen Trompete und der Trommel-höle Kenntniss zu verschaffen und davon in den betreffenden Fällen auf den Zustand des Gehörnerven zu schliessen.”

“Littera scripta manet.

“I am, &c., “W. R. WILDE.

“Dublin, Oct. 25.

“P.S. In last Saturday's *Lancet*, the Editor does me the honour to say that he is not very likely ever to look into my book upon ‘Aural Surgery,’ but that he intends to publish Dr. Kramer's letter in the next issue of that periodical. I neither ask nor expect courtesy at the hands of Mr. Wakley; but, in justice to the Medical Profession in England, and to the readers of the *Lancet*, he will, I presume, also publish my answer to the charges of Dr. Kramer. If he does not, I shall take the liberty of telling my readers the reason thereof. W. R. W.

“November 2.”

—(*Medical Times and Gazette*.)

[We regret to announce the painful intelligence of the decease of Dr. Kramer, who died, during the course of this literary controversy, on the banks of the Lake of Como, whither he had gone for the benefit of his health.—*Ed. Med. Chr.*]

## THE CHOLERA.

### PAROCHIAL MEDICAL OFFICERS AND THE REQUIREMENTS OF THE BOARD OF HEALTH.

With the view of giving greater efficiency to the labours of the local authorities in carrying out the regulations and directions of the General Board of Health, issued under the recent Order in Council, the Boards of Guardians in many parishes have adopted the following Resolutions:—

“That the Medical Officers be directed to act forthwith as sanitary inspectors, each in his own district, in pursuance of the directions of the Board of Health now in force.

“That this Board will be ready hereafter to consider the extra remuneration of the Medical Officers, when the nature and amount of such extra services shall have been ascertained.

“That the clerk do forward a copy of this Resolution to the Medical Officers severally.”

The very responsible duties of active sanitary inspection, in conjunction with those of vigilant supervision of the health of the different districts, are thus devolved upon those who, by their local knowledge, and their professional avocations, can most efficiently discharge them; thus making a first, but most important step towards the formation of a health police.

### METROPOLIS.

The epidemic of cholera, whose progress has been recorded during the last two months, has now attacked many parts of the metropolis, widely distant, between



Hammersmith and Whitechapel. The deaths from cholera, which were about 16 weekly in the beginning of September, rose last week to 96. 54 males and 42 females sank under the disease: 32 died under 15 years of age, 49 between 15 and 60 years, and 15 at 60 years, and upwards. The 96 deaths occurred in the five metropolitan divisions as follow:—In the West Districts 16, in the North 3, in the Central 1, in the East 24, on the South side of the Thames 52.

The following Table shows the progressive advance of cholera since August, together with the deaths from all causes, and typhus, and diarrhoea, with the temperature of each week:—

Week ending	Aug. 6.	Aug. 13.	Aug. 20.	Aug. 27.	Sept. 3.	Sept. 10.	Sept. 17.	Sept. 24.	Oct. 1.	Oct. 8.	Oct. 15.	Oct. 22.	Oct. 29.
Deaths, except from													
violence	978	956	1043	1002	988	1003	915	951	1055	996	1023	1029	1125
Typhus	42	60	48	37	48	37	35	49	57	49	51	47	50
Diarrhoea & dysentery...	115	141	131	144	157	137	80	94	71	72	51	48	43
Cholera	4	19	10	18	16	7	16	29	47	66	4.	83	96
Mean temperature	61.3	61.2	61.4	58.6	55.7	56.1	57.6	54.6	52.4	48.6	52.1	48.6	55.5

A view of the comparative progress of cholera in the metropolis in 1848 and 1853, in corresponding periods up to the present time, shows, that in 1848, in the 13 weeks ending October the 29th, the deaths numbered 261, while in 1853, in the corresponding weeks, the deaths numbered 457; and that, in the four weeks ending the 29th of October, the deaths in 1848 were 174, and in 1853 they were 290.

The epidemic has nearly disappeared in the provinces.

## Obituary.

April 7.—JOHN ATTWOOD, Esq., surgeon, on board the "Albemarle," on her passage to Sydney, New South Wales. The deceased was a son of the late Abraham Attwood, Esq., of Southampton.

Oct. 24.—J. J. RENWICK, Esq., surgeon, late of the Royal West India Mail Company's ship, "Dec," and son of the late W. H. Renwick, Esq., of Canterbury.

Lately.—PROFESSOR KRAMER, the eminent aurist, of Berlin.

## Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 28th ult.:—Frederick Trestrail Bond, H.E.I.C.S., Bombay; John Major Coleman, Wolverhampton; Thomas Duncan, Chelsea; Richard Eustace, Royal Navy; Thomas Prior Hall, Knaresborough, Yorkshire; Joseph Packard, Yoxford, Suffolk; Thomas Joseph Cookson Powell, Bristol; William Williams Thomas, Fishguard, Pembrokeshire; John Wright, Mount Sorrell, Leicestershire. At the same meeting of the Court Mr. Charles Harper passed his examination for naval surgeon; this gentleman had previously been admitted a member of the College, his diploma bearing date July 2nd, 1849.

JEFFREY'S RESPIRATOR.—We are now rapidly approaching the season of the year when the most disagreeable phases of our variable climate manifest themselves, a season particularly trying to all sufferers from cutaneous and pulmonary affections, and are, therefore, well suited for calling a tention to the admirable invention known as JEFFREY'S RESPIRATOR. It has now been so long before

the profession and the public, and the principles upon which it is constructed are so well known, that it is quite unnecessary for us to enter upon that subject. We may, however, observe that there are those who may be somewhat prejudiced against it, and others again who, whilst admitting its utility, underrate its advantages. We are inclined to think that they are in error. Very many of our profession can testify to the comfort and relief experienced by members of their own families, or by themselves, from its use during the winter months; and we know of one or two of our most distinguished surgeons who wear it from a profound conviction of its advantages. Since the first introduction of these instruments some years ago, the inventor has adopted such improvements in them, as experience has suggested to him, and from an examination of two of them, which are now lying on our table, we think that he has succeeded in making them all that they should be. Amongst the objections which have been urged against the use of the respirator, is that of "unsightly appearance;" but granting even that they do not improve the "tout ensemble" of the wear r, we confess that we should regard it as a great weakness in an invalid, if he or she were prepared to neglect any agency calculated either to cure or relieve, on so poor a pretext, more especially if by wearing one of these instruments they may enjoy exercise in the open air, at times and seasons when without it they would be confined to the house.

INDIAN PATRONAGE.—We have great pleasure in announcing that W. H. C. Plowden, Esq., of Rust Hall, near Tunbridge Wells, a director of the Hon. East India Company, has just presented Mr. J. H. Sylvester, a late distinguished student of King's College and of the Royal College of Surgeons, with an appointment on the medical staff of the Bombay army. What renders this presentation of the more value is, that it has been quite unsolicited by that gentleman or his friends, and may be looked on solely as a reward for distinguished merit. Mr. Plowden has also given two other appointments during the last few months to other young surgeons, on account of superior professional acquirements.

ROYAL COLLEGE OF SURGEONS.—From a report of the receipts and expenditure of the College in the year from Midsummer Day, 1852, to Midsummer Day, 1853, it appears that the former amounted to £14,823 7s. 11d., derived from the examinations for the diplomas for members, fellows, and licentiates in midwifery, *ad eundem* admissions to the memberships, &c. The fellowship appears to be a very profitable affair, amounting to nearly £3000 per annum, whereas during the preceding year it reached only £220 10s. The disbursements amounted to £23,522 6s. 10d., including nearly £12 000 expended on the new building, which is now progressing rapidly to completion. From a summary of the whole, it appears that the incidental income of the college amounts to £13,757 17s. 7d., whereas the incidental expenditure reaches £19,271 3s. 8d. At the same time the permanent income appears to be only £1065 10s. 4d., and the expenditure £4251 3s. 2d.

ALNWICK COUNTY COURT, THURSDAY, October, 13.—(Before James Losh, Esq.)—HEDLY, M. D., v. ROBSON.—This was an action to recover £15 16s. 9d., amount of a bill for medical attendance upon Robert Lee. It appeared that the defendant was lessee of the colliery at Newton-on-the-Moor, and that the patient, Robert Lee, was a servant working in the colliery on October 15, 1851, and was dreadfully burned by a fire-damp explosion in the pit. The man lay for ten weeks, and although at first his life was despaired of, he at last, by great care and attention, was recovered. To prove the case, Mr. Busby called Dr. Hedly, of Felton, who deposed that Thomas Kellatt, the resident agent of the colliery, sent for him to attend Robert Lee, and that he had done so till his recovery. Other witnesses proved that Kellatt had paid for brandy, wine, and oil used for the patient. Mr. Wilson, for the defendant, urged that Kellatt had no authority to employ Dr. Hedly for the patient,



and that the defendant never gave Kellatt such authority. In support of this view of the case, Mr. Barras, present agent of the colliery, was examined to prove he could not find any payment in this case entered by Thomas Kellatt, who was not at present in this part of the country, and that there was no custom for an agent to have authority to employ medical aid in such a case; and George Kellatt was called to support this defence. Mr. Robson was not called, nor were Kellatt's accounts in court. Mr. Busby replied, and the judge in giving judgment said:—"I am of opinion that where a business such as an extensive colliery is carried on, attended with considerable risk and probability of danger to life, it is the duty of the master or owner to provide medical aid in case of a dangerous accident such as this, and I therefore find for the plaintiff the full amount of his bill; he seems to have done his duty, and no objection is taken to its reasonableness."

**THE DUTY OF MEDICAL OFFICERS UNDER THE NEW ACT RELATING TO LUNATICS.**—The Poor-law Board have addressed a communication to every medical officer in the unions and parishes of England and Wales on the subject of the provisions of the Act 16th and 17th Vict., cap. 97, which came into operation on the 1st inst., in which they call attention to the enactment by which it is required that all pauper lunatics not in an asylum are to be visited once every quarter of a year by the medical officer of the union or parish where such lunatic is resident, and for which the medical officer is to be paid a fee of 2s. 6d. a visit for each lunatic, and to make out a list of the lunatics visited on a form to be provided by the guardians, stating whether they are properly taken care of, and may properly remain out of an asylum, which list they are to transmit to the clerk to the guardians or overseers, non-compliance with which subjects them to a penalty of not exceeding £20 and under £2. The Board then proceed to point out in what respect this enactment is much more favourable to the medical officer than that of the previous statute 8 and 9 Vict. c. 126, s. 55, "inasmuch as it defines more clearly the class of pauper lunatic whom he is to visit, and the proper mode of computing the quarters wherein his visits are to be made. It diminishes the trouble of making the report, since it requires him to prepare and sign one list only instead of three, and provides that the forms which he is to fill up shall be supplied by the guardians. Lastly, a certain fee is to be paid for every such quarterly visit." After pointing out the duty of the medical officer in other respects, they conclude by stating: "The restriction contained in the former Act, which prevented the medical officer of the union or parish from certifying to the insanity before the justices who might be applied to for the order to place a pauper lunatic in confinement, is now repealed.—(Signed), W. G. LUMLEY, Assistant Secretary."

**YELLOW FEVER.**—Advices from Bermuda to the 13th of September, give a fearful account of the fatal progress of yellow fever in that island. It first made its appearance on board the convict-hulk *Thames*, stationed at St. George's, and soon went through the whole ship's company, there being no hospital ship to receive the sick. It very soon reached the troops in garrison and the townspeople. It is stated, that the *Thames* is beached at St. George's, under the Barrack-hill, where she has continued imbedded in her own filth for eight or nine years, without the slightest attempt at keeping her from the accumulation of filth. The immediate cause of the fever is ascribed to the fact, that six weeks previously a severe gale occurred, in the course of which the *Thames* shortened her heavy chain moorings; they were consequently permitted to work in the filth in which she was imbedded until the whole surrounding atmosphere was poisoned with the effluvia, and sickness was the consequent result. The *Weymouth* (another hulk) has been taken to St. George's, and the survivors removed into her from the *Thames*. The *Bermuda Royal Gazette* of the 13th of September gives a list of the deaths during the last five or six days of August. It

amounts to 81 persons, 40 of whom were convicts. Among the fatal cases is that of Lieutenant A. G. Woodford, 56th regiment. Of this regiment, 106 were sick, and 9 men, 1 officer, 4 women, and 2 children had died. Of the 205 convicts, only 25 have escaped the fever, and 50 have died. The *Gazette* says, that the fever was less intense.

## Notices to Correspondents.

**NOTICE.**—In order to facilitate the transaction of the rapidly-increasing business of the "Medical Circular," and to meet the wishes of those gentlemen desirous of a personal interview, the EDITOR has arranged to attend at the OFFICE, 128, STRAND, every WEDNESDAY, between the hours of Twelve and Two, p.m.

The "Medical Circular" may be procured by an order on any Newsvendor or Bookseller; or it will be sent direct by post from the Office, to subscribers for one year, on receipt of Sixteen shillings; half-yearly subscription, 8s.; quarterly, 4s. Cases for containing the numbers, bound in cloth, 1s. 6d., or by post, 2s. Post-office Orders to be drawn in favour of Thomas Rolfe, Post-office, Charing-cross.

**INVESTIGATOR.**—We should be happy to publish an article on the subject, but we cannot consider—giving, of course, merely a private opinion—that it has been proved that persons working at any particular trade have enjoyed an exemption from cholera. During the first epidemic it was said that persons engaged in salt mines, or working in salt districts, were exempt from cholera, but this was proved to be an error; then, again, it has been said, that workers in metals have escaped the epidemic, but there is a considerable amount of evidence opposed to such a notion. Similar ideas have prevailed respecting the plague. Thus, it is said that in Egypt and Tunis, "oilmen" have been observed to be exempt; in Rome "tanners," and even "druggists and apothecaries" have been flattered with the statement of their immunity. The opinion of the special exemption of the latter class argues great faith in physic. In arriving at these conclusions, collateral circumstances have been kept out of view, and it is not unlikely that the gentlemen who formed these opinions were influenced by some prejudice in favour of a particular theory or plan of treatment; thus, salts and iron in the instance of cholera; inunction, tannin, and, as we hinted before, the mysterious power of drugging, in the case of plague. That something positive in this direction may be discovered we do not deny.

**LECTOR.**—Mr. Newnham, of Farnham, is secretary to the Medical Benevolent Fund, to whom application should be made. Its benefactions are not limited to members of the Provincial Association.

**A SUBSCRIBER.**—The subject has already received our attention, and we are almost in a condition to promise that the suggestion will be carried out.

**NEMO.**—We think that the Clerks to the Boards of Guardians would not object to supply you with a copy of the Union accounts for the purposes stated. A copy of the accounts is probably sent to the Poor-law Commission, and you might try to procure a copy from that quarter, but we doubt your success.

**M.R.C.S. Eng.**—You can claim both for medicine and attendance, but it resides with the judge to allow the claim. In cases of dispute, the matter is generally compromised. We do not think £10 too large a charge for medicines administered after fracture, followed by tedious recovery.

**CENSOR.**—The subject of the Royal Maternity Charity has been exhausted in another periodical; we must, therefore, decline your communication.

To the Editor of the "Medical Circular"

**DEAR SIR.**—In your last number you attribute to Edward Cutler, Esq., of New Burlington-street, a work on "Bandaging," which was written by my friend Dr. Thomas Cutler, now, and for some years past, the resident Physician at Spa, in Belgium, and in deservedly extensive practice. It was published by Taylor and Walton. You are generally so correct, that I am sure you will excuse this notice of the mistake.—I have the pleasure to be, yours faithfully, R. G. SHUTE.

22, Mecklenburgh-square, Oct. 27th

**DR. SERRACHAN (Auchterarder).**—Communication received.

**A READER AND WELL-WISHER.**—Communication received with thanks.

**MR. WATT.**—The Society of Apothecaries in London will recognise the certificates.



**OBSERVER.**—We quite agree with you that the Editor of the Journal has exceeded his duty in appending the remarks he did. The policy of sending phthisical patients to Madeira and elsewhere, away from the endearing ties of friends and home, is one of great importance; and the thanks of the profession and the public are due to Dr. Burgess for dispassionately giving us the *pros* and *cons* of the custom. We certainly cannot understand why he is to be snubbed by the Editor of the "Association Journal" because he defends himself against what he considers the "misrepresentations" of Dr. George Lund, of Madeira. Our limits will not admit of our going into the merits of the controversy between these two gentlemen, but there is this to be said in favour of Dr. Burgess, that in writing his work on the "Climate of Italy" he could have had no motive beyond the benefit of his fellow-creatures, and the renown which pertains to a successful expounder of medical errors; whereas Dr. George Lund, although probably actuated by the same feelings, *might* have had another, namely, to perpetuate his practice by sustaining the credit of Madeira as a residence for invalids. We may return to this subject at an early opportunity; in the meantime, we would rather see our contemporary leave his contributors to fight their own battles, and not show himself the partizan of either party. We really cannot answer Observer's question at the foot of his note. Apply to the party you have named.

**MR. MOSS.**—The subject will shortly be placed before our readers in an intelligible form, so as to insure it that attention from every member of the profession which it may merit. We propose to append your communication as an important testimony in favour of the Doctor's views and treatment.

**F. HAWKINS.**—The portrait of Mr. Saunders was engraved from a daguerreotype by Mr. Mayall, 1 Argyll-street, Regent-street.

**ROBERTUS.**—1st, yes; 2nd, the next examination will take place in May.

**IGNOTUS.**—We do not possess the means of providing you with the information.

**T. B.**—The half-pay of an Assistant-Surgeon, after three years, is 3s. per diem; but you could not retire when you pleased, and claim the half-pay. If this were allowable, many young men would enter the public services for the sake of the half-pay.

**INQUIRER.**—We find that it was Dr. Neil Arnott, not Dr. Simpson, who was the inventor of the Pneumatic Tractor.

**MR. WILSON.**—Communication received.

**MR. GURNEY.**—We cannot supply you with the information.

**A. B.**—1st, yes; 2nd, yes.

**MR. W. T.**—Apply at the Queen's printing-office, East Harding street.

**MR. WILDE.**—Our correspondent will see that we have anticipated his suggestion.

**DR. JOHN WEBSTER, DR. A. B. GRANVILLE.**—Communications received.

#### BOARD IN EDINBURGH.

### A Medical Gentleman in the New

Town of Edinburgh, can receive into his family Two Young Gentlemen as BOARDERS. Apply to D. C. F., care of Mr. Irvine, Scotsman Office, Edinburgh.

#### TO GENTLEMEN SEEKING APPOINTMENTS.

### The Civil Service Gazette (Weekly

Family Journal, Price Sixpence) contains each week a List of all Vacancies and Appointments in the Treasury, Post Office, Admiralty, Audit Office, Royal Dockyards, War Office, Home and Colonial Departments, Foreign Office, Customs, Coast Guard, and all other Departments of the State, both in England and the Colonies. The information is official and authentic. The CIVIL SERVICE GAZETTE is also a complete Newspaper, with the usual Parliamentary, Legal, Home and Foreign News, Literary Notices, and Theatrical Critiques. Its Ecclesiastical Intelligence supplies a List of Clerical Vacancies, with the name of the Patron and Value of each Living. It contains the usual Naval and Military Gazettes; and in the General News will be found an account of Vacancies in Railways and Dockyards, and all the great Incorporated Companies. Office—5, Catherine street, Strand.

### The Synoptical Chart of the "Medi-

cal Circular" is now ready, with considerable additions, marginal notes, and explanations, giving at a *coup d'œil* a complete Synopsis of the Classes, Lecturers, Hours, Fees, &c., of every recognised Medical School in England. To be had at the Office of this Journal, price 6d.

\*—Mr. Griffith is offended that we declined to publish his advocacy of the Coffinite remedy of *lobelia* and *capsicum* in inflammatory diseases, and threatens us with withdrawing his subscription, and joining the Provincial Association. The Association's Journal will be, doubtless, glad of the Paper, as it has always shown a partiality for heterodox doctrines. Has it not, Mr. Griffith? Thus speaks our correspondent: "I shall feel obliged by your returning me my different communications on the subject of *Lobelia* and *Capsicum*, which you declined publishing, because it was a *quack* remedy. I did not recommend it as an *universal* remedy, but merely wished to direct the attention of the profession to its use and beneficial effects in *febrile* and *inflammatory* diseases. It seems to me to be much more likely to be beneficial than the *homoeopathic* combination recommended by Mr. Larkin; but, because it is a *quack* combination, forsooth, it must not be allowed to be tried within the pale of legitimate medicine; and at the same time it must be allowed that all our most active and heroic remedies have once been celebrated *quack* nostrums before their introduction into our several pharmacopœias.—Yours obedient, in haste, WM. GRIFFITH."

**ALTER.**—Your excellent letter on the "Militia Surgeons" shall appear next week.

To the Editor of the "Medical Circular."

**SIR,**—Would you or any of your subscribers have the goodness to inform me if there is any book yet published in which the proper mode for administering chloroform in midwifery practice is described, or if there is any work that could be referred to by which a knowledge of the use of that drug in such practice could be obtained. We hear of it being used almost indiscriminately in Scotland, in the practice of Dr. Simpson, without any bad results, but in this country we are not so courageous in applying it, and about few things can there be a greater difference or variety of opinions than about the use of chloroform.—Your obedient servant, M.D. AND A SUBSCRIBER.

Belfast, Ireland, 22nd October, 1853.

**NON-MEDICUS.**—The purity of the water used for drinking is of the very highest importance in a sanitary point of view. Whenever it contains impure substances a filter should be used. There are various kinds of filters continually advertised, but the one which we employ ourselves, and which we believe to be the best, is that manufactured by the Messrs. Lipscomb, of the Strand. It answers its purpose admirably, and is moderate in price. It is also provided with a tap, manufactured from a non-corrosive metal, which is a decided advantage. We have heard of the new Packet Filter alluded to by you, which we should imagine might prove a desideratum, but have not yet had an opportunity of testing its merits. When we have done so, we shall have no objection to give you our opinion. We know nothing of Ransom's filter.

**MR. WALKER.**—It shall be attended to.

### THOMAS SALT and Co.

EAST INDIA PALE ALE BREWERS, BURTON-ON-TRENT.

#### STORES.

London.....	21, Hungerford-wharf.
Liverpool.....	52, Henry-street.
Manchester.....	37, Brown-street.
Birmingham.....	26½, Bull-street.
Bristol.....	Back Hall, Baldwin-street.
Nottingham.....	14, Milton-street.
Dublin.....	4, Crown-alley.
Edinburgh.....	17, Downie-place.
Dundee.....	13, New Inn Entry, High-street.

### Argyll Baths, 10, Argyll-place,

REGENT-STREET,

AND AT 5, NEW BROAD-STREET, CITY.

#### TERMS:

WARM BATHS—ONE SHILLING EACH.

Reserved Rooms, including the Ladies' Department, One-and-Sixpence each; Twenty-one Transferable Tickets, One Guinea. Vapour, Sulphur, and Harrowgate Baths, 3s. 6d. each—8 for 21s. Hot Air, Mercurial, and other dry Fumigating Baths, 5s. each—6 for 21s.

Portable Warm Baths sent out within ten miles of London. Single Bath (with hot linen, &c.), within one mile of Argyll-place, 5s.; every additional mile, 1s. extra.

An idea may be formed of the capacity of these Establishments when it is stated that upon their erection and completion upwards of £30,000 has been expended, and that at each place one hundred Baths can be given in an hour.



## Prize Medal, Great Exhibition,

1851.—The only one granted for CORSETS in the United Kingdom, was awarded by the MEDICAL JURY to MADAME CAPLIN, 58, Berners-street, Oxford-street, for her HYGIENIC CORPIFORM CORSETS, Elastic Bodice, Belts, &c. For a description of the merits of the above, see Dr. Tilt's great work, "Elements of Female Hygiene."

## Rumble's Improved Elastic Bodice,

recommended by eminent Physicians.—This superior and much improved Elastic Bodice can with confidence be offered to ladies, as surpassing any yet made; it fastens easily in front, retains its firmness and elasticity, and by a peculiar system, adopted by Mrs. Rumble, a perfect fit is ensured. To be obtained only of the manufacturer, M. Rumble, 2, Welbeck-street, Cavendish-square, opposite the Savings Bank.

STAYS SUPERSEDED.

## Great Exhibition Elastic Bodice.

—Stiff Stays destroy natural grace, produce deformity, and implant disease. Curvature of the spine, consumption, and a host of evils arise from their use. MARTIN'S ELASTIC BODICE is without whalebone or lacing, at the same time furnishing a sufficient support, and imparting to the figure that natural elegance, which is quite impossible under the pressure which is the great aim, as mischief is the certain end, of all kinds of stays. The time and patience of the wearer are also spared, by a simple fastening in front, to obviate the trouble of lacing. As there are several imitations of these celebrated Bodice, it is necessary to inform the Public that they can be obtained only of the Inventors and Manufacturers, E. AND E. H. MARTIN, 504, New Oxford-street.

A Prospectus, &c., on receipt of a stamp, can be sent by post.

## The Respirator.—The extensive

use of Mr. JEFFREYS'S Respirator by sufferers from irritation in the air passages and lungs, renders it desirable that the attention of the profession should be invited to the different forms of the instrument. These are—for the mouth, THE FIXED ORAL RESPIRATOR, and the HAND ORAL,—the latter so convenient in form as to supersede in many cases a necessity for the former. The NASAL for the nostrils, and the ORINASAL to cover both orifices, are instruments used chiefly at night, to promote rest by allaying cough and irritation. The earlier and more steadily the Respirator is employed in the forms needed, the sooner does the patient cease to require it. There can be no greater mistake in therapeutics than to defer the employment from a fear of inducing a dependence on it, the very contrary being true in theory and in all experience. A pamphlet, entitled "Answers to Objections, &c.," and procurable at all the Depots, may be worth the attention of medical men, as containing philosophical replies to mistaken views. West-end Depot, 25, Holles-street, Oxford-street.—S. Griffiths. Wholesale Office, City, 25, Bucklersbury. The leading Chemists and Instrument Makers are Agents for Mr. Jeffreys's Respirators.

## For Varicose Veins & Weakness.—

SURGICAL ELASTIC STOCKINGS, AND KNEE-CAPS on a New Principle, pervious, light in texture, and *inexpensive*, yielding a permanent, efficient, and unvarying support under any temperature, without the trouble of Lacing and Bandaging; likewise, a Strong, Low priced Article for Hospitals and the Working Classes: ELASTIC NET CORSETS of the same beautiful fabric, ABDOMINAL SUPPORTING BELTS, for both sexes, those for ladies' use before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instructions for measurement, and prices on application, and the articles sent by post, from the Manufacturers, POPE and PLANTE, 4, WATERLOO-PLACE, PALM-MALL, LONDON.

The Profession, Trade, and Hospitals supplied.

## The Electric Rubber for the Skin.—

The valuable properties of this Rubber are still but little known. It has received the valuable testimony of many of the first Members of the Medical Profession, and also Private Gentlemen. The utility of a daily application, particularly after the cold bath, or sponging, both in restoring the heat of the blood and skin, without in any way injuring the skin, will be self-evident upon the inspection, or one trial, of the Elastic Rubber, made solely for LUDLAM'S, 159 and 160, Oxford-street.

## New Truss for Hernia.—F. Walters

begs to call attention to his NEW TRUSS, with improved *water-pad*. The advantage of water is, extreme softness and the certainty of the pressure being always in the proper place. This truss has received the approbation of the most eminent surgeons, many of whom pronounce it the most perfect ever yet produced. F. W. can, therefore, confidently recommend it to all those requiring such assistance. Manufactured only by F. Walters, of whom can be had the new double-action Cycloidal Enema Syringe; also Walters's celebrated Railway Convenience for Ladies and Gentlemen. —F. Walters, 16, Moorgate, City.

## American Invention for the Pre-

VENTION of SPINAL CURVATURE, &c.—An apparatus, not intended for the support but prevention of spinal deformity, has recently been invented in America, by means of which the habit of stooping, rounding the shoulders, &c., is immediately corrected, without the wearer feeling the least restraint. It is instantly applied, without any fastenings whatever, can be worn beneath or above the dress; is simple in its form, and in weight only a few ounces. It is especially recommended for young ladies during drawing, music, equestrian exercise, &c., and to adults whilst reading, writing, or following any sedentary pursuit. To be procured only from HENRY BIGG and SON, anatomical machinists, 29, Leicester-square. Price £1 1s. The apparatus is patented in England, France, and America.

RUPTURES.—BY ROYAL LETTERS PATENT.

## The Moc-Main Lever Truss is allow-

ed by upwards of 200 Medical Gentlemen to be the most effective invention in the curative treatment of HERNIA. The use of a steel spring, so often hurtful in its effects, is here avoided; a soft bandage being worn round the body, while the requisite resisting power is supplied by the MOC-MAIN PAD and PATENT LEVER, fitting with so much ease and closeness that it cannot be detected, and may be worn during sleep. A descriptive circular may be had, and the Truss (which cannot fail to fit) forwarded by post, on the circumference of the body two inches below the hips being sent to the Manufacturer, Mr. WHITE, 228 Piccadilly, London.



## Elastic Stockings for Va-

RICOSE VEINS, and all cases of Weakness and Swelling of the Legs, Sprains, etc. They are porous, light in texture, and inexpensive, and are drawn on like an ordinary Stocking. Price from 7s. 6d. to 16s.

MANUFACTORY—228 PICCADILLY, LONDON.

## Scarlett's Portable Invalid Soup.—

SCARLETT and SON respectfully inform the public that the SOUP made by them expressly for invalids, so strongly recommended by Dr. Marshall Hall and other medical gentlemen, will be found very beneficial. 2s. 6d. per quart, or 1s. per lb. 26, King William-street, London-bridge.

## Arrowroot, 8d. per lb., in 14lb. Tins,

warranted genuine, imported direct from the West Indies. Finest Brazilian Isinglass, 8s. 6d. per lb. Samples per post on receipt of two stamps. Delivered free to any part of England.—H. WARREN & CO., 302, Regent-street, London.

## Genuine Wines.—Pale or Brown

Sherry, 33s. per dozen. A very superior Amontillado Sherry 42s. per dozen. Old Crusted Port, 34s., 42s., and 48s. Hock, 36s. Moselle, 36s. Claret, 30s. Champagne, in splendid condition, 40s. per dozen. THE FINEST BLACK TEA imported, 4s. per lb. H. WARREN & CO., Importers of Continental and Colonial Produce, 302, Regent-street (nearly opposite the Polytechnic), London.

## To Invalids and those desirous of

PRESERVING HEALTH.—The Sanitary Commission instituted by THE LANCET having pronounced the Cocoa purchased at 15, Rathbone-place, Oxford-street, to be "entirely free from deleterious admixture," the attention of the public is directed to EDMONDS and Co's HOMOEOPATHIC COCOA, at 1s. 6d. per lb. Edmonds and Co., Tea Dealers, &c., 15, Rathbone place, Oxford-st.

## Hats perfectly ventilating, pliant

to the head, many ounces lighter than those in present use, yet equally durable. These Hats, as exhibited by MESSRS. GAIMES, SANDERS, & NICHOLL, at the Great Exhibition, 1851; and which are now so extensively patronised by the nobility and gentry, by the leading members of the legal and medical professions, and by many of the most eminent literary men, can be obtained in London, at 22, BIRCHIN-LANE, CORNHILL, and 111, Strand; or of their agents in most of the principal towns in England, Scotland, and the Colonies. The usual discount allowed to shippers.

## Medical Men, Managers of Clubs,

INSURANCE and other OFFICES, and the Public generally are respectfully requested, before furnishing, to inspect the extensive and well-selected Stock at RICHARD A. C. LOADER'S CABINET AND UPHOLSTERY WAREHOUSES, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

The Stock comprises every requisite for furnishing, at as low a price as goods of a guaranteed quality can be supplied. Catalogues gratis.

RICHARD A. C. LOADER, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.



## ADVERTISEMENTS.

### In a Favourite Watering Place,

South of London, a GENERAL PRACTICE, with Retail, is for DISPOSAL. Receipts last year over £1000. Price for a thorough introduction by partnership to the practice, and the unusually handsome and valuable Fixtures and Stock, £1,400. The house and premises are held for a long time at a low rent, and are unexceptionably situate.

Apply to Messrs. LANE and LARA, 14, John-street, Adelphi.

### One Year's Introduction by Partner-

ship will be given for £700 (or less for a shorter one), to a well established connexion, in a rich manufacturing town. Receipts, which are on the increase, £600 per annum, one-half being derived from transferrable appointments, not Union. ONE QUALIFICATION SUFFICIENT.

Apply to Messrs. LANE and LARA, 14, John-street, Adelphi.

### Dissecting and all other Surgical

Instruments, best quality, and lowest price. ELASTIC STOCKINGS from 5s.; URINALS, for Railway or Night use, from 12s.; ENEMAS at all prices, at

**PRATT & CO'S**  
420, OXFORD-STREET, LONDON.

### Horne, Thornthwaite, and Wood,

PHILOSOPHICAL and CHEMICAL INSTRUMENT MAKERS, 122, and 123, NEWGATE-STREET, LONDON.

Medical Achromatic Microscopes, in Case, for Anatomical Urinary Deposits, &c., £2 2s., £5 5s., and upwards.

Electro-Galvanic Machines, giving a uniform Current of Galvanism of great quantity, in one direction only, and of the only form and construction suitable for medical application, in portable case, £3 3s., £5 5s., and £8 8s.

Urinometers, gilt metal, 14s.; glass, 4s. 6d.; in case for pocket with Thermometer, Acid, &c., 21s. and 35s.

Apparatus and Tests for Analyses of Urine, and Toxicology. In Cases, £3 3s., £5 5s., and £10 10s.

### Medical Benevolent College.—

NOTICE is hereby given, that the NINTH LIST of Contributors will be published in the Medical Journals on Saturday, the 3rd December next, and subsequently in *The Times* newspaper. Gentlemen who are collecting in aid of the funds would oblige by reporting to the Treasurer on or before the 28th instant.

Any members of the profession who may desire to assist the Council by acting as Honorary Local Secretary for his immediate neighbourhood, is requested to communicate with the Secretary, who, upon his appointment, would forward the necessary papers for that office.

By order of the Council

EDWD. H. SILVERING, Hon Sec.

HERBERT WILLIAMS, Assistant-Sec.

Office, 37 Soho-square.  
Nov. 2, 1853.

### Mayall's Daguerreotype Portrait

GALLERIES, 224, Regent-street, corner of Argyle-place, and 442, West Strand.—Mr. Mayall invites inspection of his newly patented process for producing crayon effects in daguerreotype miniatures, also his extensive collection of original portraits of parliamentary, scientific, literary, and theatrical celebrities. Portraits taken daily in the highest style of art. "Mr. Mayall's crayon pictures are much distinguished for the beauty of their execution, the tint being harmonious and neutral, the various textures of flesh, hair, drapery, &c., discriminated with a painter's taste, and an entire absence of a certain commonness of aspect which has tended hitherto to disparage this art."—Athenæum.

### To Authors, Publishers, etc.—Wood

ENGRAVINGS.—Illustrations for Books, Periodicals, Newspapers, and every class of Wood Engravings executed in a superior style, at reasonable prices, by GEORGE DORRINGTON, Designer and Engraver on Wood, 4, Ampton-street, Gray's Inn-road.

TESTIMONIALS.—"We are much pleased with your Engraving, and are obliged by your punctuality."—Cambridge Advertiser. "We are quite satisfied with your workmanship."—Edinburgh Evening Post. "The Engraving does you great credit."—Leicester Chronicle. "The Engraving has worked admirably, we are perfectly satisfied with it."—Cambridge Independent Press. "Your clarity, business-like tact and system are admirable."—Sheffield Times. "We are quite satisfied with the Engravings; they have our entire approval."—Derbyshire Courier. "The workmanship is very creditable to you, and worthy of the patronage of the press."—Nottingham Review. "We can fully bear out the encomiums of other newspapers on your ability and punctuality."—Sherbourne Journal. "We have much pleasure in bearing testimony to your promptitude in the execution of Engravings, and also to the general excellence of the work."—Leicester Mercury.

ESTIMATES AND SPECIMENS POST-FREE.

### Medical Agency, 50, Lincoln's-inn-

fields, Conducted by

**MR. BOWMER, M.R.C.S.L.**

All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.

(OFFICE HOURS, 11 TILL 4.)

### Royal College of Physicians, Degree

OF M.D., APOTHECARIES' HALL, &c.—DR. COOKE continues to assist (personally or by correspondence) Gentlemen desirous of Graduating in Medicine or Surgery, or of Matriculating at British or Continental Examining Boards.—For terms, &c., apply to DR. COOKE, East Temple Chambers, 2, Whitefriars-street, Fleet-street.

NEMO SIBI VIVAT.

### Medical, Legal, and General Mutual

LIFE ASSURANCE SOCIETY.

126, Strand, London.

FOR HEALTHY AND DISEASED LIVES.

Established A.D. 1846.

TRUSTEES.

JAMES COPLAND, M.D., F.R.S., 5, Old Burlington-street.

VERE FANE, Esq., 189, Fleet-street.

JOHN B. PARRY, Esq., Q.C., Lincoln's-inn.

THE RIGHT HON. THE MASTER OF THE ROLLS, Hyde-park-terrace.

JAMES RUSSELL, Esq., Q.C., Lincoln's-inn.

DIRECTORS.

John B. Parry, Esq., Q.C., Chairman.

\*George H. Barlow, M.D., Guy's Hospital.

Daniel Cornthwaite, Esq., 14, Old Jewry-Chambers.

\*F. J. Farre, M.D., St. Bartholomew's Hospital.

T. W. Greene, Esq., 2, New-square, Lincoln's-inn.

Richard Jebb, Esq., Greek-street, Soho.

\*J. C. W. Lever, M.D., Guy's Hospital.

\*William J. Little, M.D., London Hospital.

John Parrott, Esq., Clapham-common.

\*R. Partridge, Esq., F.R.S., King's College Hospital.

\*R. Quain, Esq., F.R.S., University College Hospital.

R. Smith, Esq., Endsleigh-street, Tavistock-square.

F. T. White, Esq., Stone-buildings, Lincoln's-inn.

J. H. Whiteway, Esq., Lincoln's-inn-flds.

Policies never disputed in the absence of wilful fraud; they are a sure and safe provision for settlements, renewal of leases, security of debts, &c.

The Medical Attendant consulted as the Medical Adviser and Examiner of the Society, and awarded a fee of £2 2s. when the sum assured amounts to £250, and £1 1s. when under that sum. The Medical Practitioner also receives for business introduced by him, the usual commission of ten per cent. on the first payment, and five per cent. on the payments of subsequent years.

The Society also claims the support of the Medical Profession on the following grounds:—

1. For several years the "Medical Legal and General" was the only MUTUAL Life Assurance Society connected with the Medical Profession.

2. The Rates are lower than those of any other Medical Life Office.

3. This is the only MUTUAL Life Assurance Society now actually declaring its bonuses once every year.

4. Persons desirous of assuring Diseased or Rejected Lives will find that from the experience acquired by this Society it is enabled to accept such lives at rates both equitable and safe.

5. From the outset the expenses of management have been kept within the narrowest limit consistent with the efficient working of the establishment.

Annuities, endowments, and every form of assurance contingent upon Life transacted at moderate rates.

Annual Premium for assuring £100 at death, with profits.

Age.	Premium.	Age.	Premium.	Age.	Premium.	Age.	Premium.
15	£1 10 10	30	£2 6 2	45	£3 12 3	60	£6 19 0
20	1 15 0	35	2 13 0	50	4 7 8	65	8 17 6
25	2 0 1	40	3 1 2	55	5 9 11	70	11 10 6

Prospectuses, forms, and any further information may be obtained of FREDERICK JAMES BIGG, Actuary and Secretary.

\* The Directors marked with an asterisk are the Medical Examiners of the Society, one of whom is always in attendance on Moudays at 3 o'clock, and on Fridays at 4 o'clock.

The Publisher of the "MEDICAL CIRCULAR," in answer to several enquiries from the country, begs to state that the following are the terms for inserting Advertisements:—

Four times and under	£0 2 6
Every additional line	0 0 6
Whole Column	2 15 0
Whole Page	5 5 0

London: Printed by WILLIAM TROUBLE, at his Office, No. 9, Cursitor-street, Chancery-lane, in the Parish of St. Andrew, Holborn, in the County of Middlesex; and published by CHARLES JAMES HARRIS, at No. 125, Strand in the City of Westminster.—November 9th, 1853.



# THE MEDICAL CIRCULAR

AND

## General Medical Advertiser.

No. 46, NEW SERIES. }  
No. 72. }

WEDNESDAY, NOVEMBER 16, 1853.

{THREEPENCE.  
{ STAMPED, 4d.

### TABLE OF CONTENTS.

	Page		Page
Leading Articles :		Anatomy of Quackery, No. XXXIV. ... ..	381
Poor-Law Medical Reform... ..	373	Biographical Notices ... ..	383
Scotch Parochial Surgeons ... ..	373	Reviews ... ..	385
The Refusal of the College of Surgeons to recognise		Correspondence ... ..	386
the Royal Free Hospital ... ..	374	Notes and Queries... ..	387
Mirror of Periodical Literature ... ..	374	Medical Societies ... ..	387
Contents of the Medical Journals ... ..	377	The Cholera ... ..	389
Bibliography ... ..	378	Obituary... ..	389
Deaf-Dumbness ... ..	378	Medical News ... ..	389
Hospital Reports ... ..	380	Notices to Correspondents ... ..	393

On the First of January next will be published, most carefully revised, and with many new features, which will add greatly to the utility of the Works,

**THE LONDON AND PROVINCIAL MEDICAL DIRECTORY.** Price to Subscribers, 6s.; Non-Subscribers, 7s. 6d.

**THE MEDICAL DIRECTORY FOR IRELAND.** Price to Subscribers, 4s.; Non-Subscribers, 5s.

**THE MEDICAL DIRECTORY FOR SCOTLAND.** Price to Subscribers, 4s.; Non-Subscribers, 5s.

OBSERVE, that the above are the only Medical Directories, published by Mr. John Churchill, Princes-st., Soho, one of which (the London and Provincial) has been the Index to the Profession for the last eight years, and has received the warmest commendations both from the medical and general press. The utmost pains are taken in the compilation of these works, which are found in all Public Offices, Scientific Institutions, &c., and are constantly referred to in the Courts of Law. Office, 128, Strand, where all communications are to be addressed. C. J. Harris, Secretary.

### Dr. Little on Deformities.—In 8vo.

with 160 Engravings and Diagrams, price 15s., cloth. ON THE NATURE AND TREATMENT OF THE DEFORMITIES OF THE HUMAN FRAME. By W. J. LITTLE, M.D., Physician to the London Hospital, Founder of the Royal Orthopædic Hospital, &c.

"We cordially recommend it to our readers as a sound and judicious practical treatise."—MEDICAL CIRCULAR.

".....This extract will give a good idea of the useful and practical manner in which Dr. Little's book is written."—MEDICAL TIMES AND GAZETTE.

"Dr. Little has brought together from all sources the existing knowledge of the profession regarding the nature and treatment of deformities; and he has also contributed not a little information from the stores of his own abundant and enlightened experience."—ASSOCIATION MEDICAL JOURNAL.

"Dr. Little's labours have largely contributed to the extension and perfection of the modern methods of healing the deformities of the human frame. In all that relates to the pathology and cure of these affections he is second to none as an authority, and the present edition will enhance his already high reputation. We unreservedly commend Dr. Little's production as the best treatise on the subject in any language."—THE LANCET.

"This is a great work; great, because it is a practical treatise on every possible form of distortion and malformation to which the body is liable, with minute instructions as to the remedy of such as can be benefited by art....Dr. Little in this edition presents himself, laden with experience, and fortified at every point by a careful series of observations, the value of which is apparent to the reader in passing from one page to another."—BOSTON (U.S.) MEDICAL AND SURGICAL JOURNAL.

London: Longman, Brown, Green, and Longmans.

**The Synoptical Chart of the "Medical Circular"** is now ready, with considerable additions, marginal notes, and explanations, giving at a coup d'œil a complete Synopsis of the Classes, Lecturers, Hours, Fees, &c., of every recognised Medical School in England. To be had at the Office of this Journal, price 6d.

Recently published, Third Edition, 8vo, price 6s.,

### ON CURVATURES OF THE SPINE, THEIR CAUSES and TREATMENT.

By SAMUEL HARE, F.R.C.S., etc.

"The author has had much success in his plan of treatment, and we are of opinion that the principles upon which he acts in the treatment of these affections are correct."—*Lancet*.

"We unhesitatingly commend his work as a truthful and trustworthy statement of the power of scientific surgery and medicine over some of the most grievous hindrances to human activity and industry."—*London Medical Gazette*.

"Mr. Hare may take credit to himself for having effected much good in the treatment of the cases described."—*Provincial Association Journal*.

By the same Author, 8vo., price 2s.,

ON the PHYSICAL EDUCATION of CHILDREN, especially as regards the PREVENTION of SPINAL and other DEFORMITIES.

London: J. Churchill, 46, Princes-street, and all Booksellers.

TO GENTLEMEN SEEKING APPOINTMENTS.

### The Civil Service Gazette (Weekly)

Family Journal, Price Sixpence) contains each week a List of all Vacancies and Appointments in the Treasury, Post Office, Admiralty, Audit Office, Royal Dockyards, War Office, Home and Colonial Departments, Foreign Office, Customs, Coast Guard, and all other Departments of the State, both in England and the Colonies. The information is official and authentic. The CIVIL SERVICE GAZETTE is also a complete Newspaper, with the usual Parliamentary, Legal, Home and Foreign News, Literary Notices, and Theatrical Critiques. Its Ecclesiastical Intelligence supplies a List of Clerical Vacancies, with the name of the Patron and Value of each Living. It contains the usual Naval and Military Gazettes; and in the General News will be found an account of Vacancies in Railways and Dockyards, and all the great Incorporated Companies. Office—5, Catherine street, Strand.



## ADVERTISEMENTS.

### MR. HOOPER'S IMPROVED INVALID WATER OR AIR CUSHIONS, AND MATTRESSES OR BEDS.

Being made of prepared India-rubber, without the admixture of cloth materials, Leakage is avoided.  
See the "LANCET," Jan. 25, 1851.



**CUSHIONS FOR BED-SORES.**—Whether threatened with Sloughing, or in which Sloughing has taken place, Fractures, Dislocated Joints, Ulcerated Cartilages, Coldness of the Stomach, Pain in the Bowels, Spasms, Lassitude, Typhoid and other Fevers, Gouty and Rheumatic Affections, Cancer, Ovarian Dropsy, Coldness of the Stomach and Feet, Consumptive and all Bed-ridden Patients. They are simply placed on an ordinary mattress, and covered with two or three blankets and a sheet as an ordinary bed.

For further reports of their utility, see Mr. Caser Hawkins's Letter in the "Lancet," Oct. 27, 1849; Dr. Hake's Letter in the "Provincial Medical and Surgical Journal," Nov. 1, 1850; Dr. Thorn's Letter, "Medical Times," March 20, 1851; also the "Institute," February 5th, and the "Lancet," Jan. 25th, and Feb. 15th, 1851. 7, Pall Mall East, and 55, Grosvenor Street.

### Cook and Williams's Respiratory

Organ, and Chest Protector for Fog, Cold, and Night Air.

"A good and inexpensive substitute for Mr. Jeffery's Respirator. It is either stock or scarf of most ready and convenient adjustment. The one for Ladies is manufactured in fine stuff, of various colours, and forms a neck-tie of elegant appearance; the elastic band which covers the mouth falls into the fold when not required."—MEDICAL TIMES, January 4, 1851. "Cheap, elegant, and effective."—LANCET, November, 30, 1851. Patentees, 10, Princes-street, Hanover-square, and of the Principal Chemists in the United Kingdom.

### Rumble's Improved Elastic Bodice,

recommended by eminent Physicians.—This superior and much improved Elastic Bodice can with confidence be offered to ladies, as surpassing any yet made; it fastens easily in front, retains its firmness and elasticity, and by a peculiar system, adopted by Mrs. Rumble, a perfect fit is ensured. To be obtained only of the manufacturer, M. Rumble, 2, Welbeck-street, Cavendish-square, opposite the Savings Bank.

### For Varicose Veins & Weakness.—

**SURGICAL ELASTIC STOCKINGS, AND KNEE-CAPS** on a New Principle, pervious, light in texture, and *inexpensive*, yielding a permanent, efficient, and unvarying support under any temperature, without the trouble of Lacing and Bandaging: likewise, a Strong, Low-priced Article for Hospitals and the Working Classes: **ELASTIC NET CORSETS** of the same beautiful fabric, **ABDOMINAL SUPPORTING BELTS**, for both sexes, those for Ladies' use before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instructions for measurement, and prices on application, and the articles sent by post, from the Manufacturers, **POPE and PLANTE, 4, WATERLOO-PLACE, PALL-MALL, LONDON.**

The Profession, Trade, and Hospitals supplied.

**RUPTURES.—BY ROYAL LETTERS PATENT.**

### The Moc-Main Lever Truss is allow-

ed by upwards of 200 Medical Gentlemen to be the most effective in the use of the curative treatment of HERNIA. The use of a steel spring, so often hurtful in its effects, is here avoided; a soft bandage being worn round the body, while the requisite resisting power is supplied by the **MOC-MAIN PAD and PATENT LEVER**, fitting with so much ease and closeness that it cannot be detected, and may be worn during sleep. A descriptive circular may be had, and the Truss (which cannot fail to fit) forwarded by post, on the circumference of the body two inches below the hips being sent to the Manufacturer, Mr. WHITE, 228 Piccadilly, London.



### Elastic Stockings for Va-

**RICOSE VEINS**, and all cases of Weakness and Swelling of the Legs, Sprains, etc. They are porous, light in texture, and inexpensive, and are drawn on like an ordinary Stocking. Price from 7s. 6d. to 16s.

MANUFACTORY—228 PICCADILLY, LONDON.

### Prize Medal, Great Exhibition,

1851.—The only one granted for **CORSETS** in the United Kingdom, was awarded by the MEDICAL JURY to MADAME CAPLIN, 58, Berners-street, Oxford-street, for her **HYGIENIC CORPORIFORM CORSETS, Elastic Bodice, Belts, &c.** For a description of the merits of the above, see Dr. Tilt's great work, "Elements of Female Hygiene."

STAYS SUPERSEDED.

### Great Exhibition Elastic Bodice.

—Stiff Stays destroy natural grace, produce deformity, and implant disease. Curvature of the spine, consumption, and a host of evils arise from their use. **MARTIN'S ELASTIC BODICE** is without whalebone or lacing, at the same time furnishing a sufficient support, and imparting to the figure that natural elegance, which is quite impossible under the pressure which is the great aim, as mischief is the certain end, of all kinds of stays. The time and patience of the wearer are also spared, by a simple fastening in front, to obviate the trouble of lacing. As there are several imitations of these celebrated Bodice, it is necessary to inform the Public that they can be obtained only of the Inventors and Manufacturers, **E. AND E. H. MARTIN, 504, New Oxford-street.**

A Prospectus, &c., on receipt of a stamp, can be sent by post.

### American Invention for the Pre-

**VENTION OF SPINAL CURVATURE, &c.**—An apparatus, not intended for the support but prevention of spinal deformity, has recently been invented in America, by means of which the habit of stooping, rounding the shoulders, &c., is immediately corrected, without the wearer feeling the least restraint. It is instantly applied, without any fastenings whatever, can be worn beneath or above the dress; is simple in its form, and in weight only a few ounces. It is especially recommended for young ladies during drawing, music, equestrian exercise, &c., and to adults whilst reading, writing, or following any sedentary pursuit. To be procured only from **HENRY BIGG and SON, anatomical machinists, 29, Leicester-square.** Price £1 1s. The apparatus is patented in England, France, and America.

### The Respirator.—The extensive

use of Mr. JEFFREYS'S Respirator by sufferers from irritation in the air passages and lungs, renders it desirable that the attention of the profession should be invited to the different forms of the instrument. These are—for the mouth, **THE FIXED ORAL RESPIRATOR**, and the **HAND ORAL**—the latter so convenient in form as to supersede in many cases a necessity for the former. The **NASAL** for the nostrils, and the **ORINASAL** to cover both orifices, are instruments used chiefly at night, to promote rest by allaying cough and irritation. The earlier and more steadily the Respirator is employed in the forms needed, the sooner does the patient cease to require it. There can be no greater mistake in therapeutics than to defer the employment from a fear of inducing a dependence on it, the very contrary being true in theory and in all experience. A pamphlet, entitled "Answers to Objections, &c.," and procurable at all the Depots, may be worth the attention of medical men, as containing philosophical replies to mistaken views. West-end Depot, 25, Holles-street, Oxford-street.—S. Griffiths. Wholesale Office, City, 25, Bucklersbury. The leading Chemists and Instrument Makers are Agents for Mr. Jeffreys's Respirators.



## The Medical Circular.

WEDNESDAY, NOVEMBER 16, 1853.

### POOR LAW MEDICAL REFORM.

A CIRCULAR has been lately forwarded from our office to each of the Poor Law Medical Officers in England, Wales, and Ireland, requesting information with respect to the amount of work, remuneration, and other particulars incidental to the performance of their duties, with the view of compiling a comprehensive

#### STATISTICAL RETURN OF THE STATE OF UNION MEDICAL PRACTICE.

We are pleased to be able to state that our request has been already responded to from numerous quarters, and that the warmest approbation has been expressed of our design.

As the fullest information is, however, necessary to completeness, we now exhort the Union Surgeons to make their Returns without exception or delay, as it is our intention, at the earliest possible period, to bring their grievances before the Legislature, in order to procure amelioration and redress.

We have entire confidence in the prompt and earnest co-operation of our brethren in aid of this endeavour, and we trust that, by combined exertion, the condition of Union Medical Practice will, before a long period elapse, be much more favourable than at present to the rights and interests of the Medical Officers. Now is the time for a cordial and united effort to achieve this great object—

### SCOTCH PAROCHIAL SURGEONS.

OUR northern friends have had a grand gathering in defence of their nationality and legal rights, and "Justice to Scotland" has been inscribed on the banners of the earnest and indignant patriots. The curtailment of the honours indefensibly due to the Scottish Lion is assuredly a grave indecorum which that respectable animal is bound to resent; the intrusion of a horde of market gardeners into the pleasant shades of Holyrood, and the irreverent dilapidations of that Royal Palace, are highly scandalous to the feelings of a generous and a loyal people; the systematic snubbing of Scotland's dignity by refusing her a Secretary of State for the management of her affairs, is also a subject for eloquent indignation, and is sufficient to stir the jealous susceptibilities even of the intelligent and self-relying folk who can point to a Buchanan, a Hume, a Thomson, a Scott, a Burns, a Smith, a Napier, a Watt, a Reid, an Alison—let us add too a Cullen, a Bell, a Munro, and, greater than all, a Hunter, for genius; and to a Falkirk, a Preston Pans, a Killiecrankie, and a Banockburn for valour.

In the roll of those who have raised their voices in this

cause, we find the name of Dr. Alexander Wood, and although we might not be disposed to agree with that gentleman in all the articles of his new faith, there are some in which he can command our hearty concurrence. We allude especially to the state of the medical profession in Scotland. We have now before us a Report, drawn up with the customary official temperance, by a committee of the Royal College of Physicians of Edinburgh, and signed by Dr. Simpson and Dr. Wood, on the subject of the "Deficiency of Medical Practitioners in the Highlands and Islands" of Scotland, and detailing the hardships endured by those Surgeons who are already located in that part of the United Kingdom. Here, indeed, we have a practical grievance set forth in the gloomy colours of truth, and loudly demanding the interference of the Legislature. "Justice to Scotland" has here a positive meaning, and an irresistible force. Here is no regal palace, but the peasant's hearth; no heraldic lion, but living, breathing, suffering flesh and blood, calling to the Legislature for instant aid and relief.

We have already, and often, prayed the attention of our brethren to the wrongs of the English Poor-Law Medical Officers, and of the Irish Dispensary Surgeons, and we now request their sympathy for another section of our brethren—the Scotch Parochial Officers, who labour under similar grievances, but without the same hope that their complaints will be heard by the Legislature.

The Report to which we have already adverted gives the following account of their desperate situation:—

"With regard to the position of the medical men who practise in or near the imperfectly supplied districts, the following facts have been ascertained:—

"That, of 53 of these, from whom returns have been received, 12 have been in practice for ten years, or between ten and twenty years; 12 for twenty years, or between twenty and thirty years; 8 for thirty years; and 1 for fifty-six years. Most of these gentlemen report the length of their ordinary daily rounds at from three to fourteen miles, and their greatest distances at from ten to one hundred miles; almost all travel on horseback generally; 16 make use of wheeled conveyances partially, and 17 are obliged to take boats daily. Three only report the entire absence of roads in the districts which they traverse, and these are in Orkney and Shetland; 7 complain of the roads being very bad; but by all others the state of the roads is said to be excellent. With regard to the status presently enjoyed by the Highland practitioners compared with what it was some years ago, 26 report it as unchanged, 15 as being improved (chiefly under the operation of the New Poor Law), and only 12 as being worse than it was; but so many as 28 complain of the great inadequacy of the remuneration received; in some places two-thirds of the people pay nothing, in others the proportion of gratis to paying patients is at 19 to 1. Only 4 gentlemen state that they have no complaint to make; all the rest appear to regard their lot as a hard one; and complain, some of the hardships and dangers to which they are necessarily exposed in travelling great distances by sea and land in all weathers, over bad roads and in crazy boats; others of the want of improving society; others of the interference of unqualified practitioners; and a few of the harsh treatment they experience at the hands of the parochial authorities."

We need scarcely say that our private correspondence is



couched in language much more indignant and severe than characterises the foregoing quotation.

Thus it appears that wherever the principle of the Poor Law extends, injustice and oppression mark its limits. In England, Scotland, Ireland, the same grinding parsimony and ungenerous dealing with our brethren characterise its operations. England looks across to Ireland, and sees her face mirrored in her sister's sufferings; Ireland turns to Scotland, and there views the counterpart of her own troubles.

The Highlands and Islands of Scotland are also inadequately supplied with medical men; many thousands of the population being absolutely without the slightest hope of obtaining professional aid in the event of ailment or accident. The report says on this point:—

"According to the population returns of 1841, the number of persons who never receive, and cannot, without great expense, at any time receive the benefit of medical aid, amounts to about 34,300; while those who receive it occasionally are in number about 90,000, making a total of 124,300 persons inadequately supplied. Doubtless the numbers of these are almost daily becoming less by emigration; but it may be presumed that about 116,000 people, scattered over wide and rugged districts, are, at this moment, most imperfectly provided for in sickness."

Here, then, is an important subject, which our medical friends in the north may justly bring before the consideration of the British Legislature. If one tithe of the energy were devoted to the advocacy of this subject that will probably be expended on less practical and profitable enterprises, there can be no doubt that the Legislature would lend a patient ear, and ultimately grant the ways and means necessary to supply the medical wants of the poor Scottish Highlander, and to remove many of the evils complained of by the profession in that part of the United Kingdom.

We shall soon be able to give our Scotch friends an opportunity of co-operating with our English and Irish brethren in an effort to obtain redress for the grievances which they so bitterly and justly resent.

#### THE REFUSAL OF THE COLLEGE OF SURGEONS TO RECOGNISE THE ROYAL FREE HOSPITAL.

WE announced in our last number, upon authority which we thought indisputable, that the College of Surgeons of England had refused to recognise the Royal Free Hospital and Medical School; we were amused, therefore, by remarking in the last number of the "Lancet" a counter-statement, which, with its usual impudence, that Journal has not hesitated to publish. It runs as subjoined in the Notices to Correspondents:—

"CHIRBURGUS.—The statement respecting the Royal Free Hospital in the print mentioned is merely a wilful falsehood. Nothing else could be expected from such a quarter."

After reading this notice, and feeling, of course, much discomposed by the directness and audacity of the contradiction, we were much consoled on turning to the column of Notices to Correspondents in the "Medical Times and

Gazette," by observing our statement corroborated in the following terms:—

"STUDENS—INQUIRER—*G. O. S.*—We believe it to be true that the College of Surgeons of England have refused to recognise the Royal Free Hospital and Medical College. This intention was intimated, we are assured, to some of the students when they registered their tickets at the College. If the grounds upon which the Council of the College have acted be those reported to us, they could not have done otherwise."

Notwithstanding the boldness of the "Lancet's" contradiction, it must be observed that we are charged *only generally* with publishing what the elegant and moral writer terms—"a wilful falsehood;" but the "Lancet" does not distinctly say that the School is RECOGNISED. It stops short of the "wilful falsehood," and the "lie direct," only for one reason, that it knew that on the following week an official contradiction would be given to its mendacity.

Although we do not pretend to be privy to the secrets of the Board of Examiners of the Royal College of Surgeons, or to be informed of the exact terms on which on Monday last the decision of the College was communicated to the lecturers, we are assured that our statement is SUBSTANTIALLY TRUE; and we call upon the "Lancet" to supply the profession with a copy of the letter in which the decision of the College of Surgeons is conveyed. We repeat that the College of Surgeons HAVE REFUSED TO RECOGNISE the Royal Free Hospital and Medical School: will the "Lancet" have impudence enough to repeat the contradiction?

### Mirror

OF

#### PERIODICAL LITERATURE.

From the "Medical Times and Gazette," Nov. 5, 1853.  
ON DISORDERS OF THE RENAL SECRETION IN DELIRIUM TREMENS, AND IN INJURY OF THE SPINAL CORD.

The author, Dr. Bence Jones, remarks:—

"This disease, in its effect on the renal secretion, and on the system, has many points of connexion with the diseases which I mentioned in my last lecture. This resemblance is most apparent in the presence of albumen in the urine, in the *post-mortem* appearances of the kidney, and in the tendency to epileptic convulsions.

"Such cases might mislead you into the supposition that Bright's disease existed; and though it is very possible that the frequent recurrence of this congestion may give rise to that disease, still, in most of the cases which I have seen, when the vascular excitement subsided, the albumen disappeared from the urine without any treatment especially directed to the state of the kidneys.

"In the cases of delirium tremens, cholera, and scarlet fever, the passage of the congestion of the kidney into inflammation is rarely made evident during life by the presence of purulent matter in the urine. But there is a congestion arising from another state of acute disease in which not only the kidney but the bladder and ureter are often simultaneously affected, whereby the marks of inflammation become most perceptible.

"Severe injury of the upper part of the spinal cord, inasmuch as it almost invariably causes the death of the patient within twenty-one days, may well be called an



acute disease. Now, laceration of the spinal cord, from fracture of the spine, very frequently give rise to the most decided congestion of the kidney, and to the most unequivocal purulent matter in the urine. The effects on the kidneys and bladder, as evidenced by the state of the urine, may be divided into three degrees.

"In the first degree, there is no affection of the urine, but the kidneys are healthy, or rather more congested than natural. In the second, the secretion is purulent, but there is no ammoniacal urine. In the third, there is purulent matter and alkaliescence of the urine."

Dr. B. Jones cites three cures in illustration of his views, and goes on to say:—

"From these cases of injury of the spinal cord, it is evident that three states of urine may be observed.

"In the first two cases it was healthily acid and free from pus.

"In the following two cases it was acid but contained pus.

"In the two last cases it was ammoniacal and contained pus.

"It may be concluded, 1st, that injury of the spinal cord does not immediately affect the renal secretion; and, 2ndly, that inflammation of the mucous membrane precedes and probably produces the ammoniacal urine.

"The effect of the inflammation upon the specific gravity of the urine is a point which is also worthy of attention, the rather as in Bright's disease the same low specific gravity usually occurs.

"In none of the cases of injury of the spinal cord which I have seen has the temperature been increased. There is no doubt that occasionally the reverse occurs. Sir B. Brodie, in his 'Physiological Researches,' page 121, says 'a man met with an accident which occasioned a forcible separation of the bodies of the fifth and sixth vertebrae of the neck. He died at the end of twenty-two hours. At last there were not more than five or six inspirations in a minute. Nevertheless, when the ball of a small thermometer was placed on the inside of the groin the quicksilver rose to 111° Fahr. Immediately after death the temperature was examined in the same situation, and found to be still the same.' The experiments of M. C. Bernard and of Dr. Budge render it probable that the increase of temperature occurs only when the sympathetic nerve is injured, and that when the spinal cord alone is injured the temperature is lower than natural. M. Brown Sequard considers that the phenomena observed on injury of the sympathetic nerve are mere consequences of the paralysis (and, therefore, of the dilatation) of the blood-vessels. The blood finding a larger way than usual, arrives in greater quantity, and hence the nutrition of the part is accelerated.

"Regarding the treatment of the congestion of the kidney from delirium tremens and injury of the spinal cord, I have but little to recommend.

"In delirium tremens the congestion is caused sometimes, perhaps, by the action of the alcohol in the blood on the kidney, but more often by the stimulation of the heart and blood-vessels. I have never found it requisite to abstract blood by cupping; and by allaying the excitement and quieting the circulation by opium, the blood has disappeared from the urine.

"In injury of the spinal cord the congestion appears to be the consequence of the paralysis of the capillaries. Here, as in many other diseases, the affections of the eye enable us to see clearly that which in other parts is concealed from our view.

"In cases of paralysis of the first division of the fifth nerve, the conjunctiva is often seen to become vascular and to pass into a state of more or less active inflammation. So, also, in the experiments on the section of the pneumogastric nerve, congestion, and afterwards inflammation of the mucous membrane of the bronchial tubes and mucous membrane of the stomach is produced.

"In injury of the spinal cord the same tendency to congestion and inflammation of the mucous membranes

and skin exists. In one case it is most marked in the kidneys, in another in the bladder, while even the mucous membrane of the intestines may sometimes be found highly inflamed.

"As the injury to the spinal cord cannot be repaired, so the effect may be palliated but cannot be removed. The putrifying urine must be drawn off with great care, at least twice daily, in order that its irritating properties may not increase the inflammation of the bladder.

"The injection of warm water is sometimes useful in lessening the irritation, but great care is requisite to avoid the slightest mechanical injury, which greatly aggravates the symptoms."

#### ON THE REMOVAL OF A PARTICULAR KIND OF OPACITY FROM THE CORNEA.

Mr. Haynes Walton has delivered an interesting lecture on a mode he has employed of removing certain Opacities from the Cornea. He says:—

"The treatment of opacity of the cornea by practical surgery is not of modern invention as many surgeons suppose. We have only to glance at the literature of ophthalmic medicine to be convinced of the antiquity of the practice. Authors who are now considered too obsolete to be received as authority dissent it. There seems to have been misgivings in the minds of our standard writers concerning its practicability, as some do not even allude to it, while others almost treat it as fabulous. Nevertheless, within the last few years it has been discussed in France and Germany, adopted in those countries, and, still later, executed in England.

"I certainly recognise in the measure a considerable auxiliary in the treatment of affections of the cornea. It carries us a step further in the alleviation of disease, enabling eyes to be rescued from conditions that are without the pale of ordinary means.

"The female who is the subject of this discourse is too well known to you to require her presence. I shall therefore proceed without her.

"Elizabeth Wheeler, aged 29, became a patient here so long ago as 1845; attended me for some months, then resorted to some other ophthalmic institution; and ultimately replaced herself under my care in the summer of last year—1842. Of the prior attendance I have no data; my notes apply to the re-entering. She was virtually blind, requiring to be led, and unable to perform any act demanding eyesight. The centre of each cornea, to an extent a little beyond the pupil, (the left eye being the more affected,) was occupied by a dense opacity, slightly raised, and which gave in profile somewhat the appearance of "conical cornea." The form of each was irregularly spherical, with sharp outline. The colour, French white, with dots or mottlings, not unlike those which appear on the back of the cornea in the affection called "aquo-capsulitis." Altogether, the appearance was peculiar and striking, differing from that of ordinary opacity, and conveying the idea of being due to a deposit of a substance probably cretaceous. The remainder of each cornea was transparent; otherwise the eyes seemed healthy. When the pupils were dilated, the could see to move about in the house alone; but there was not sufficient sight for any employment.

"Nothing of her history of any value could be gathered, and a long examination elicited merely that, from childhood, she had been subject to inflammation of the eyes, and her blindness was of about ten years' duration."

"Reflecting on the insufficiency of previous treatment, and on the physical character of the disease, I concluded that I had before me a case that warranted operation. I decided to employ the miniature gouge, which, as you know, I generally use to remove foreign substances from the cornea, and to pick away, as it were, the opacity. This I considered safer than to use the knife.

"I selected the right eye, picked away at the outer margin of the opacity, detaching some, and was not a little gratified to find that it was superficial, and, as I hoped,



not deeper than the anterior elastic lamina. Finding my attempt successful, the opacity reduced, and transparency of the cornea thus far restored, I repeated my little process four times, at intervals of a month, and operated twice on the left eye. Now, there was vision enough with the right for her to read large type, and with the left she could move about alone. Still, in both, especially the left, some opacity remained.

"She ceased to attend me from this period till the present summer, when I operated twice more on the right eye, and nearly, but not quite, established a clear cornea, a small spot of opacity passing deeper than I deemed it prudent to penetrate. The left eyeball, too, was scraped a few times, and here, also, a central deep bit resisted removal.

"To conclude the report,—the appearance of the eyes is so far natural, that it needs a careful examination in a favourable light, to detect the remaining opacities. The form and outline of the corneæ are normal, and their entire surfaces reflect the light. Vision is nearly perfect. With either eye she can thread a common sewing-needle (No. 6), but the left is rather the more perfect.

"As this is the only case of the kind of which I have personal experience, I have little to add to the facts that it affords.

"Perhaps the first points of practical import that demand remark, are the fitness of the case for the means used, and the signs by which such cases may be diagnosed. Concerning the first, the opacity being raised, and, to all appearance, of an earthy nature and superficial, induced me to interfere. I suspected that there was a circumscribed deposit of a foreign substance, which could be removed, just as one would extract a particle of iron, or any other extraneous matter, imbedded in the cornea. As to the second, I trust it is sufficient to put you on your guard to prevent you from mistaking small staphylomata of the cornea, or fungous growth from the conjunctiva, for this affection. You must be observant to prevent such errors. It is by personal observation alone that you can learn their distinctive characteristics. Of the precise nature of the substance scraped away, I cannot speak, as neither minute chemical nor microscopical examination was made. I did not detect any grittiness with the instrument, but this does not disprove an earthy nature.

"I must tell you that this class of treatment is not restricted to opacities that are raised. So long as we have tolerable assurance that the loss of transparency of a part of the cornea is due to deposit of earthy material, there can be no reason against operating, although such deposit does not interfere with the natural outline of the part. At the same time, the opposite state renders diagnosis more certain, inasmuch as it goes to prove that there is some material superadded. Nor does the practice end here; it has been applied to opacities the result of cicatrices from loss of substance of the cornea, or from opaque deposit, the consequence of inflammatory attack; but I should be travelling away from the case before us to enlarge on this; you may find a full account of the subject in my Work on 'Operative Ophthalmic Surgery,' in the Chapter on the removal of opacities of the cornea by operation. I shall, therefore, confine myself to a short statement from Mr. Spencer Wells, who was present at one of the occasions of my 'scraping.' Mr. Wells saw Malgaigne perform his second operation of paring opacities of the cornea, at the Hospital of St. Antoine, in Paris, in 1845, as follows:—He made an incision above the upper edge of an opacity, which covered the lowered part of the cornea, and divided the external laminae. He then fixed the edge of the opaque portion with fine forceps, and on raising it this peeled off very easily, and the separation was completed by another incision round the lower edge. Mr. Wells saw the first patient upon whom M. Malgaigne had operated six months before, and the cornea was perfectly transparent. Mr. Wells tells me that he has himself repeated this operation in two cases, with equally favourable results.

"You should realise to your mind that this application of practical surgery has reference to a portion of the eyeball, about the thickness of one's thumb-nail, and to separate the component parts of which, even on the dead eye, demands exquisite manipulation.

"Let us now inquire a little into the conditions essential to the success of scraping the cornea. It is necessary that that portion of it posterior to the operation do retain its transparency, and that the repair of the injury inflicted by the instrument be effected by transparent material. I imagine that little is to be apprehended from failure in the former, and the fulfilment of the latter must, I conclude, depend on the depth to which the true corneal tissue, the laminated part, is penetrated.

"I strongly suspect that the perfection of repair differs in the two instances of loss of structure from ulceration, and from wounds, being by far more complete in the former. That a breach by ulceration, provided it be small, which will penetrate far into the laminae,—nay, even go through them,—may, under favourable conditions, be filled by a material in no respect inferior in transparency to the original structure, while the removal of any of the laminae by art, or the separation of them, must be attended with the greatest risk of opacity, and that in proportion to the extent of the wound. It is said that Malgaigne, who made a great stir about the operation at the time of its revival among educated surgeons, for it seems that it had lapsed into the hands of itinerant oculists, sought to convince himself of its practicability by removing the laminae from the cornea of animals, and obtained success that encouraged him to operate on man. The chance of inflammation of the cornea supervening on any of these operations, and so spoiling that which had been transparent, must be taken into the general account in deciding on the mechanical treatment of opacities. The dread of this was the reason of my proceeding cautiously and in so piecemeal a manner, effecting by many stages what might perhaps have been accomplished at once, or at least by much fewer operations. I have nothing to regret from my caution. But slight action followed each of the applications of the gouge, and the effect so caused passed off in two or three days. It is probable, judging from the result of the operation, that the instrument never penetrated beyond the anterior elastic lamina. The restoration of epithelium, always rapid in slight abrasions of the cornea, was quickly effected.

(From the "Lancet," November 12, 1853.)

#### ON THE ACTION OF COD LIVER OIL AS A CURATIVE AGENT IN THE TREATMENT OF DISEASE.

Dr. Glover has communicated a paper on this subject, from which we take the following quotations:—

"My objection to the theory, that the fact of oil placed in contact with albumen under the microscope forms a globule with a central nucleus and outward pellicle, affords any sufficient explanation of the value of cod-liver oil in scrofula and phthisis, I retain as strongly as ever. Dr. Bennett, in his recent work, says that I object to his views because, 'first, so far as his analyses go, the fats are not deficient in blood,' (scrofulous;) 'second, because tubercle itself often contains a considerable quantity of fat; and third, because the theory is too mechanical, and vitiates itself by giving a too easy explanation of great difficulties.'

"Now, that this explanation is too mechanical, I submit for the following reason: I ask any person if it is reasonable to suppose that the mechanical fact of a little albumen and oil forming a globule with a non-vital nucleus can explain the power of cod-liver oil in enriching the blood? But other substances mixed with albumen assume a similar appearance, although I admit that oil is one of the best. But I believe the explanation, whatever it may be, is rather a chemical than a mechanical one, if the following facts, which I have occasionally thought upon for years, be correct:—



"First,—That drunkards hardly ever die of phthisis. Even if the proportion of deaths from phthisis in drunkards were only as great as in other people of more temperate habits, the circumstance would still be curious, since an irregular life, *ceteris paribus*, predisposes to phthisis; but if it be the case, as I have stated, that drunkards rarely die of phthisis, the circumstance is still more remarkable. Drunkards, of course, die of numerous diseases, but I believe rarely of phthisis. Second,—Oils of all kinds and fatty substances are beneficial in phthisis. Third,—Pitmen, according to my observation and inquiries, very rarely die of phthisis.

"If the first and last kinds of alleged facts are incorrect, I shall be glad to have them corrected; if they are true, what do they point to?

"Oils, alcohol, and the carburetted hydrogen of mines, constantly inhaled by the coal-miners, all agree essentially in affording to the blood large quantities of combustible substances; and I may mention along with this, that I have known, during my experience, many instances of young surgeons of small fortunes being compelled to go a voyage in a Greenland ship, and thus saved for some time at least from hereditary phthisis. Now during these voyages there is great consumption of nutritious substances, and perhaps not a little of alcoholic fluid.

"I infer that the efficiency of the oils, and, generally speaking, the hydro-carburets in tuberculosis, is due to some chemical influence which they exercise. This is supposing my premises admitted.

"In the last part of Dr. Pereira's work, just published, the editors, in seeking to explain the operation of cod-liver oil, attempt to return to the idea that it is due to the iodine and bromine in the oil. They say—'as the oil contains iodine, and as it proves most successful in those maladies in which this element proves successful, it has been suggested that iodine is its active principle. Tauffied, however, denies this, and asserts that the properties of the two are not identical, for the one succeeds where the other fails. Is bromine the active agent? (It must not be forgotten that iodine and bromine are combined organically with some of the constituents of this oil, and in such manner that they are not to be immediately recognised by the ordinary tests. This fact may perhaps tend to develop a peculiar action of iodine and bromine, and endow them with an efficacy not otherwise attainable.)'

"Now in 100 parts of oil there are never more than 0.04 parts iodine, and as iodine exists in all fish, what possible virtue can it have, especially as it no doubt exists combined with alkaline or earthy bodies? A fabulous reputation seems attached to bromine. I have taken the bromide of sodium to my dinner instead of common salt!

"The fact is that all the chlorides, bromides, and iodides are analogous; they afford a beautiful illustration of the greatest law ever observed in therapeutics, and of which very few seem to be capable of realizing an adequate idea—viz., that the chemical properties of bodies are exactly imitated by their physiological and medicinal properties.

"Some years ago, as an illustration of this great law, I selected the group of chlorine, bromine, and iodine, so closely related in their chemical and physical properties, and as the compounds of bromine had been least examined, they were especially chosen; and I think I proved that the physiological activity of these bodies was as their solubility, and their facility of decomposition, with this allowance, that as chlorine is the more active element of the three, chemically, so it and its compounds are the more active of the three physiologically, *ceteris paribus*. We find everywhere bromine and its compounds occupying an intermediate place between the others physiologically as they do chemically.

"In the electro-positive salts—say, the chloride, bromide, and iodide of potassium—the chloride is the least easy of decomposition and the least soluble, the bromide more so, the iodide most, in the ratio of their activity. When we come to the electro-negative compounds—say, those of

mercury—when the affinities come to be inverted, there the physiological and medicinal powers are inverted also; for instance, iodine will decompose the chloride of mercury, while it will not decompose the chloride of potassium, and the chloride here is the most active, the bromide less so, the iodide least. Now I account for this by supposing that the activity of such substances depends in great part upon a series of molecular changes which they produce in the system, and that the elements liberated in the nascent form in the system produce a series of combinations and decompositions; but the fact remains, that these bodies are closely related, and as cod-liver oil contains more chlorides than bromides or iodides, the activity of it may just as well be attributed to the first class as to the others. But *omne ignotum est pro magnifico*. In the "Archives Générales d'Anatomie," for 1846, there is a paper which would seem to controvert some of these views; but for the present I shall content myself with stating that I adhere to them.

"The late Mr. West, of Leeds, in an analysis of the mineral water at Shotley Bridge, in the county of Durham,—which, if his statement be correct, has wrongly fallen into desuetude,—states that there are traces of bromine, and attributes great probable powers to it. Now, as the proportion of bromides—for of course the bromine must exist in combination—is in infinitesimal proportion to the chlorides, this idea is another illustration of the hallucination which many men appear to entertain with regard to these bodies.

"As a further illustration of the relationship between all the properties of the chlorides, bromides, and iodides, I may give an extract from the recent letter of Dr. Cogswell on the 'Employment of the Chlorate of Potass in Cholera,' published in the 'Lancet' of October 22nd. He found the endosmotic properties of the chloride, bromide, and iodide of potassium, to be as follows:—

"Elevation in inches—1st hour: chloride, 1.5; bromide, 5; iodide, 3. 2nd hour: chloride, 4; bromide, 2; iodide, 1. Always the chloride occupies the first position, the bromide the second, and the iodide the third. As the extraordinary confirmation which these results afforded to my conclusions was unknown at the time, and not thought of by Dr. Cogswell, they are the more valuable.

"In conclusion, in my work on Scrofula, I say that the merits of cod-liver oil are in all probability 'as a tonic, from the resinous principle it contains; by stimulating animal heat; occasionally by acting as an aperient; and also as a deobstruent, more particularly by increasing the quantity of urine.'"

#### CONTENTS OF THE MEDICAL JOURNALS.

**Lancet**—(No. XIX. Vol. II. November 12. 1853).—CLINICAL LECTURES on Diseases of the Joints. By Samuel Solly, F.R.S., Surgeon to St. Thomas's Hospital. On the Management of Labour characterized by Defective Uterine Action, and the Comparative Value of Ergot of Rye and Galvanism in Obstetric Practise. By Robert Barnes, M.D. Lond. (concluded.) On the Action of Cod-Liver Oil as a Curative Agent in the Treatment of Disease. By R. M. Glover, M.D., F.R.S.E.—HOSPITAL REPORTS.—St. Mary's Hospital: Medullary Tumour of large size in a Boy fourteen years of age; Death: Autopsy. (With an Engraving.) Guy's Hospital: Encephaloid Tumour on the Side of the Neck; Fatal Results. St. George's Hospital: Encephaloid Growth from the Left Orbit in a child three years old. Large Fibro-Cystic Tumour on the Right Side of the Face, of Thirty-two Years' Growth. St. Bartholomew's Hospital: Encephaloid Tumour in the Cervical Region; Operation. Royal Free Hospital: Removal of Symmetrical Fibrous Tumours from the Lobules of the Ear.—REVIEWS AND NOTICES OF BOOKS.—Elements of Psychological Medicine: an Introduction to the Practical Study of Insanity. By Daniel Noble, M.D., F.R.C.S. A Manual of Obstetrics. By Thomas F. Cock, M.D., Physician to the New York Lying-in Asylum, &c.—LEADING ARTICLES.—The Duties of the Public to the Practitioners of Medicine.



Hospital Appointments: Injustice of the Present System to Junior Practitioners. The New Park for Finsbury. St. Thomas's Hospital: Payment of the Medical Officers.—MEDICAL SOCIETIES.—Royal Medical and Chirurgical Society: First Meeting of the Session. Medical Society of London: On the Pathology and Treatment of Cholera. Western Medical and Surgical Society of London: On Convulsions. Epidemiological Society: First Meeting of the Session.

**Medical Times and Gazette.**—(No. CLXXVI. November 12, 1853).—ORIGINAL LECTURES.—Clinical Lectures on the Relation of Renal Disorders to Disorders of the Stomach, and to other Acute and Chronic Disorders. By H. Benée Jones, M.D., F.R.S. Lecture III.—ORIGINAL COMMUNICATIONS.—Army Medical Reports. No IX. 1. Extracts from Reports on the Cholera and Small-pox in Ceylon in 1852. By Andrew Ferguson, M.D. 2. History of an Epidemic Influenza at Auckland, New Zealand, during January and February, 1853. By Arthur S. Thomson, M.D. Cases of Chronic Disease of the Stomach, with Sarcinae in the Vomited Matters. By W. H. Ransom, M.D. Lond. A Case of Large Polypus of the Uterus complicated with Inversion. By Geo. Canney, Esq.—HOSPITAL REPORTS.—Cases illustrative of the Modern Treatment of External Aneurism. Short Notices of Hospital Therapeutics.—EDITORIAL ARTICLES.—Assurance Offices: Who Ought to Pay the Surgeon's Fee? The Recent Deaths from Chloroform. The Albert Park, Finsbury. The Cholera: The Epidemiological Society and Cholera; Report of the Registrar-General for the Quarter ending September, 1853; Cholera in the Metropolis, the Provinces, and at Sea.—REVIEWS.—Asiatic Cholera: its Symptoms, Pathology, and Treatment. By Richard Barwell, F.R.C.S.E. The Journal of Psychological Medicine and Mental Pathology. Edited by Forbes Winslow, M.D., D.C.L., etc. Hand-book of Organic Analysis. By Justus Liebig. Notes on the Climate and Diseases of the City of Cork. By John Popham, A.B., M.D.—PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals: Opium in the Prolapsus of the Rectum of Children; Upon the Signification of the Milk-Scab (Milch Schorf) in Infants; Upon Parotid Swellings in Children.—FOREIGN CORRESPONDENCE.—Medical Sketches in Germany: No. III. The present School of Heidelberg.—PROVINCIAL CORRESPONDENCE.—Scotland: Doings in the North.—REPORTS OF SOCIETIES.—Royal Medical and Chirurgical Society. Medical Society of London: Cholera. Epidemiological Society. The Western Medical and Surgical Society of London.

**Association Medical Journal.**—(No. XLV. Nov. 11, 1853).—LEADING ARTICLES.—Fraternity between Metropolitan and Provincial Practitioners.—ORIGINAL COMMUNICATIONS.—Notes on the Pathology and Treatment of Cholera. By John Rose Cormack, M.D. Report of the Reading Pathological Society. By W. W. Moxhay, Esq. On Change of Sight as Premonitory of Hard Cataract. By W. White Cooper, Esq. Twin Pregnancy: Abortion of one Fœtus in the third month, the other attaining the Full Period. By G. G. Brown, Esq.—ASSOCIATION INTELLIGENCE.—Medico-Ethical Committee. Metropolitan Counties Branch: Proceedings of the Committee on Gratuitous Medical Services.—METEOROLOGY.—Medico-Meteorological Observations for the Week ending November 5th, 1853, taken at Wakefield, Hawarden, Grantham, Bedford, Uckfield, Exeter, Ryde, and Guernsey.

**Dublin Medical Press.**—(No. DCCLXXV. Vol. XXX November 6, 1853).—PROCEEDINGS OF SOCIETIES.—Medical Society of London: On the Preservative Power of Copper in Cholera. On Pericarditis.—REVIEWS AND NOTICES OF BOOKS.—On Variations of Pitch in Percussion and Respiratory Sounds, and their Application to Physical Diagnosis. (Prize Essay.) By Austen Flint, M.D., of Buffalo, New York.—SUPPLEMENT TO STUDENTS' NUMBER.—Royal College of Surgeons of England: Regulations of Naval Medical Service: Regulations of Ordnance Medical Department: Regulations of East India Medical Service: Regulations of.—LEADING ARTICLES.—Surgical Education: Dr. Jacob's Introductory Lecture at the Royal College of Surgeons. English Medical Colleges and Schools. "Exposure of Wilde's 'Aural Surgery' by Dr. Kramer, of Berlin."—CONTRIBUTIONS ON CHOLERA.—Letter of "Scrutator."

**DALRYMPLE MEMORIAL.**—At the meeting of the Council on Thursday, the 10th inst., the marble bust by Campbell of the late John Dalrymple was presented to the College of Surgeons by the subscribers to the memorial.

## BIBLIOGRAPHY.

NEW WORKS IN MEDICINE AND THE COLLATERAL SCIENCES, PUBLISHED FROM THE 14TH TO THE 31ST OF OCTOBER.

- Asiatic Cholera; its Symptoms, Pathology, and Treatment. By Richard Barwell. Post 8vo. pp. 219, cloth, 4s. 6d.
- The Results of the Census of Great Britain in 1851; with a Description of the Machinery and Processes employed to obtain the Returns. By Edward Cheshire. Pp. 70, 1s.
- The Science and Art of Surgery; being a Treatise on Surgical Injuries, Diseases, and Operations. By John Erichsen. 8vo. pp. 952, cloth, 25s.
- On the Advantages of the Starched Apparatus in the Treatment of Fractures and Diseases of Joints. By Joseph Sampson Gamgee. 8vo. pp. 92, cloth, 5s. 6d.
- On the Management and Disorders of Infancy and Childhood. By T. J. Graham, M.D. 1 vol. 12mo. boards, 10s.
- A Handbook of Inorganic Chemistry. By William Gregory, M.D. 3d edition, corrected and enlarged, 12mo. pp. 292, cloth, 5s. 6d.
- The Nuisances Removal and Diseases Prevention Act, 1848, II & 12 Vict. c. 123. With an Introduction, Notes, and Appendix. Second Edition, containing the Amending Statute, 12 & 13 Vict. c. 111. By William Gilder Lumley. 12mo. pp. 100, bds. 3s.
- The Elements of Materia Medica and Therapeutics. By Jonathan Pereira, M.D. 3d edition, enlarged and improved. Vol. 2, Part 2, 8vo. pp. 1000, cloth, 24s.
- The Microscope in its Special Application to Vegetable Anatomy and Physiology. By Dr. Herman Schacht. Translated by Frederick Currey. Post 8vo. illustrations, pp. 131, 5s.
- A Text-Book of Physiology. By Dr. G. Valentin. Translated and edited from the 3rd German Edition by William Brinton. With upwards of 500 Illustrations on wood, copper, and stone. 8vo. pp. 700, cl. 25s.
- A Manual of Materia Medica, Pharmacology, Toxicology, &c. By Edward Chapman Crown 8vo. cloth, 6s.
- Treatise on Poisons. 8vo. cloth, 10s.
- A Manual of Mineralogy. Post cloth, 6s.
- Quarterly Journal of Microscopical Science; including the Transactions of the Microscopical Society. Edited by Dr. Edwin Lankester. Vol. I, 8vo. illustrations, cloth, 17s.

## Deaf-Deafness.

ON THE MEDICAL AND PHILOSOPHICAL STUDY OF DEAF-DUMBNESS.

BY

M. E. HUBERT-VALLEROUX.

Docteur en Médecine de la Faculté de Paris, Membre de la Société Médico-Pratique, etc.

TRANSLATED BY JAMES YEARSLEY, M.R.C.S. ENG., Surgeon to the Metropolitan Ear Infirmary, Sackville-street, etc.

(Continued from page 340.)

## CHAP VII.

ON THE EDUCATION OF THE DEAF AND DUMB.

*Instructing the Deaf and Dumb in Language.—Difficulties attending this instruction.—Singular theory of M. Puy-bonnieux.—Its refutation.—Error of Itard and his imitators regarding the capability of the Deaf and Dumb for receiving Instruction.—Causes of this error.*

In order to enable the deaf-mute to speak, something more is necessary than merely developing his hearing. They who have not seriously, and for a length of time, reflected on the subject of language, and the conditions implied by its being taught and understood, readily suppose that the ears of the deaf-mute being opened, he



must naturally speak, or, at least, that nothing can be more easy than to teach him to do so. In a work which I have already had occasion to quote, (a) M. Puybonnieux expresses himself that:—"In the present state of science it would be almost superfluous to try to ascertain whether he who should be so fortunate as to recover his hearing, would really stand in need of the assistance of an able master, and of a certain length of time, in order to learn to speak, as was imagined by that practitioner who thought he could put deafness to flight by the insufflation of a little air into the ears. Doubtless, his efforts have been crowned by no result, for he must have known that nothing is so easy for him who hears as to repeat sounds. The pronunciation of him who should thus recover his hearing, would not certainly, at first, be as pure and regular as ours, but it would make rapid advancement, and, in a few days, by mere dint of hearing, apart altogether from other aids, would become as distinct and as perfect as it could be, the actual state of the vocal organ being taken into consideration; that is, in other words, the person who had received his hearing would soon speak neither better nor worse than he would have done had he never been deaf at all."

If, as the professor at the institution in the *Rue Saint-Jacques* affirms, "nothing is more easy for him who hears than to repeat sounds," how is it that children, for the most part, are unable to pronounce certain syllables, or certain words, till long after they can pronounce every other quite correctly? How, more especially, is it that so many foreigners who write and understand French as well as we do, can yet never speak French as if it were their mother-tongue? How is it, too, that so many Frenchmen, whose larynx and ears are in the most apt state possible, can, moreover, never speak the language of Arabia, England, Spain, etc., like the natives of those countries? It will, perhaps, be said that the auditory and vocal organs, accustomed to the perception of certain sounds, and to utter the words only of the mother-tongue, can no longer bend to the perception and enunciation of a new language. But, then, how can we explain the fact, so well known to every one, that he who already knows many languages, learns with so much greater facility to translate and speak a new language?

He who reflects on the multiplicity of phenomena that take place from the instant the sonorous wave strikes against the membrana tympani to its transformation into sensation, would not be surprised that long practice should be necessary to discern and distinguish the numerous sounds by which the auditory organ may be affected. His wonder would be that this could really be accomplished. Both the emission of sound, and the operations of phonation, give rise to phenomena neither less complex nor less numerous than the foregoing. And when we come to range in order the two classes of phenomena, the difficulties become such, that it is difficult to imagine how they could ever be overcome. And in this estimate, we must not omit singers and orators, who have made themselves masters of their voice.

Itard (book II. chap. 20), enters into lengthened details of the obstacles he encountered, when he wished to exercise the auditory and vocal organs of Dietz, and other deaf mutes, whom he had cured. I have under treatment at this moment two young persons, deaf and dumb from birth, the one nine, and the other six years and a half old. The latter understands an ordinary voice at a distance of several metres, and without seeing the speaker. He can even hear, though in a different apartment and the doors closed, answer questions he understands, and repeat syllables he has not yet learned. Notwithstanding the satisfactory state of his hearing, and the perfect integrity of his vocal organs, this deaf-mute has to be exercised daily with the utmost care, and long-continued efforts will still be necessary ere he speak "neither better nor worse than if he had never been deaf."

H., his companion, has been under treatment only a few months; he begins to understand at a distance, and without seeing the speaker. But the difficulty of reproducing sounds, though he perceives them distinctly, is such that, not only the willingness of this deaf-mute, but all the experience of his teacher, M. Valade, seem necessary to complete success in his education. The first difficulties, however, are vanquished, and the period, not very distant, can be foreseen, when this young person shall cease any longer to be deaf and dumb. Several relatives and friends of the families of these children, as well as physicians and teachers, have seen and examined them, and are all of the same opinion on this point.

The infant, reared in the arms of its mother, learns in the course of some months, in play, a complete vocabulary, attaches to each word its proper signification, multiplies and combines in a thousand ways, masters the verb, and enters thus into the intellectual world. This miracle, which to us seems so simple, because we see it every day, M. Puybonnieux believes he ought also to accomplish all at once in older deaf-mutes cured of their infirmity. But has the professor of the *Rue Saint-Jacques* well considered that the senses require a special education, and the sense of hearing no less than the others. Has he not considered that to this education is owing their awakening, as well as every excellence we admire in them? Has he more especially thought that the delicate touch of the blind, the exquisite sense of smell in the savage, the piercing sight of the mariner, are so many advantages resulting from education? This teacher of the deaf and dumb had probably not reflected on this subject when he wrote the phrases I have cited above.

A person blind from birth, and who has just been operated on for cataract, is placed, as far as regards vision, in the same organic conditions as we ourselves are; objects are painted on his retina as they are on ours, and in order to transform the image into sensation, there are wanting only ideas of colour and distance, but especially habit, that is, the education of the senses. I operated some years ago for cataract on a young person of thirteen years, in whom it had existed from birth. The operation succeeded perfectly, but, accustomed to judge of forms and distances by the touch, the education of his sight was extremely difficult. His family were surprised to see his awkwardness, and the errors he committed daily for several weeks after the operation. But soon after that period, the education of the eye was finished, and this young man is now sufficiently expert to take charge of an establishment for the manufacture of marine cordage.

The deaf-mute, whose hearing has just been restored, is, as regards the state of the organ, in the same condition as the blind person who has just been cured for cataract. As the sonorous vibrations strike the tympanum, the impression is conveyed to the sentient apparatus by the chain of ossicula; but it is nothing more than an impression, which falls short of perception, and still more so of hearing. To hear is to perceive actively, with intelligence and will; and it is this activity, combined with habit, which, in the adult who has become deaf, takes the place of hearing when this is more or less abolished. Every one may have observed this fact. To the attentive listener, a few words, or even a single word, may suffice to enable him to seize the whole sentence. The skilful musician often comprehends a musical passage as soon as he hears a few notes, and should he become deaf, can follow the different instruments of the orchestra better than the audience; but nothing of the kind takes place in the infant, still less in the deaf and dumb. And thus the former, slight as may be the imperfection of his hearing, is obliged to approach near the chair of the teacher: whilst the finished man is still able, in the same circumstances, to follow the discourse.

Nay, more; place a man at such a distance from an orchestra or a watch that he no longer hears the one or can distinguish the hour as indicated by the other. Little as he may know the air, he will perceive both it and the

(a) See *Mutisme et Surdité*, page 42.



hour the instant you indicate them to him. The instruction of the deaf and dumb must be begun by educating the ear; and this labour is one that is neither more nor less than easy and rapid.

But the deaf and dumb has besides a language peculiarly his own, which serves the purpose of his limited communications with the external world, and is sufficient for his wants; a language that has no analogy with our European tongues, and whose syntax has no relation with any language but the Chinese. The cure of the ears being accomplished, we ought, after having taught this poor child to perceive, and especially to hear, to forget this figurative language—a work more difficult than is supposed—in order to substitute for it another altogether spiritual and idealized. For my own part, the difficulties of such an undertaking seem so great, that I can scarcely believe the success that falls under my own eye. So, also, I must declare that in the joint work undertaken by M. Valade Gabel, and myself, for the cure of the deaf and dumb, his share of merit seems to be much greater than my own. In the work which this intelligent and ingenious teacher is about to publish, it will be seen by what train of reasoning and experiments he has arrived at the end he had in view—transferring the deaf and dumb, cured of his deafness, from the class of mutes to that of those who speak.

Itard and his imitators have, I know, proceeded in a way different from the path I have taken. To the duties of the physician, they wished to add those of the pedagogue, and have left us, on the subject of education, precepts of which I cannot estimate the value, but which are by no means the rules I see put in practice by M. Valade. For my own part, a stranger to teaching, I should think myself, were I to undertake the education of the ear and voice of the deaf and dumb, acting as unreasonably as the teacher who should undertake the medical treatment of his pupils: *cuique suum*.

## Hospital Reports.

### ST. BARTHOLOMEW'S HOSPITAL.

*Popliteal Aneurism.—Treatment by Compression.—Cure on the Eighth Day.*

[Under the care of Mr. LLOYD.]

The following case, which occurred in 1848, under Mr. Lloyd's care, has not as yet been published; it is of unusual interest, from the circumstance that sloughing of a small portion of the integument happened as a consequence of the pressure. The aneurism, however, was cured, and with the exception of the formation of the eschar, everything did very well.

George Edwards, aged 24, a hostler, was admitted on May 4, suffering from periostitis of the tibia. He had been in the hospital under treatment for this disease nearly three weeks, when an aneurism was discovered in his left popliteal space, of which no history could be obtained. It was the size of a pullet's egg, pulsated forcibly, and presented all the usual symptoms of the disease. A preparatory treatment, which consisted in putting the patient on a sparing diet (without meat), and exhibiting a saline aperient mixture, containing the tincture of digitalis (*m xv.*), three times daily was adopted; and, on May 24, compression of the femoral trunk was commenced. The apparatus used was the ordinary clamp, which was applied at different parts of the thigh, and never with sufficient tightness, to quite arrest the flow of blood through the tumour. Slow progress in solidification was made up to June 1 (the seventh day), on the morning of which day the compressing pad was readjusted, and screwed down with more tightness than before; still, however, not with so much as to entirely stop the pulsation of the tumour. The man, who had now become anxious for a speedy cure, had determined, as it afterwards appeared, to bear the pain, and he allowed the pad to continue in the same place as it had been put for

twelve consecutive hours. On the following morning, the tumour felt solid, and pulsation had entirely ceased, but there was a large dusky bulla over the part where the pad had pressed. Subsequently, a deep slough, of about the circumference of half-a-crown, formed, and was separated from the surrounding tissues. No further ill consequences attended the event; the sore shortly filled up and healed; the aneurism was permanently cured. The man left the hospital on July 10, quite well, the popliteal tumour having been reduced to very small dimensions.

### ST. THOMAS'S HOSPITAL.

*Large Popliteal Aneurism.—Failure of Treatment by Compression.—Ligature of the Femoral.—Recovery.*

[Under the care of Mr. LE GROS CLARK.]

The particulars of the following case are from the notes taken by Mr. R. S. Bateson, the dresser of the patient.

Daniel Wrighten, aged 41, a cabinet maker, admitted into Isaac's Ward, July 5, 1853, suffering from popliteal aneurism of the left extremity, states that he was quite well until three months ago, when, for the first time, he perceived a stiffness behind his left knee, which increasing, disabled him from walking properly. About a month later, he discovered a small, soft, throbbing tumour at the back of the joint. The stiffness increased as the swelling enlarged, but he has not hitherto been under any medical treatment from it.

On examination, the popliteal space is found completely occupied by a large aneurismal tumour, and the leg is considerably swollen. The patient's constitution is good, and his general appearance healthy.

July 7.—Ordered the limb to be kept slightly flexed, ice to the swelling, and pressure to be made over the femoral artery. To have meat diet, with half-pint of beer daily. Castor-oil occasionally. Compression was made on the vessel alternately in two parts of its course, at the commencement of the middle third, and where it crosses over the brim of the pelvis. The apparatus used was a Bigg's compressor, and a cylinder weight.

The pressure treatment was continued, altogether for twenty-five days; and although, during the greater part of that time, the force employed was not quite sufficient to arrest the pulsations of the tumour, yet it caused such severe pain, that the man seldom got much sleep, his appetite failed, and towards the end of the time it was evident that his health was materially giving way. No permanent alteration was effected in the condition of the tumour, which at times felt as if more solid, and then again became softer; on the whole, however, it rather increased in size, and the limb below it became considerably more swollen.

On the twenty-sixth day, (August 2,) Mr. Clark apprehending danger of the sac giving way, as portended by a blush of redness which had appeared on the most prominent part of the tumour, decided on immediate ligature of the artery, which he performed at half-past two in the afternoon, the patient being under the influence of chloroform. In the evening of the same day, the patient was free from pain, the aneurism quite pulseless, and the extremity warm. The first night after the operation was a good one, by far the best the man had since his admission. On the following day the tumour was examined carefully, but no pulsation could be detected. On the 4th inst., however, it pulsated slightly, though very perceptibly. On the 5th the pulsation had ceased, and never again recurred; it was not, however, until the 8th or 9th, that any appreciable diminution in the size of the tumour began to take place. From that time forward the progress to recovery was uninterrupted; the ligature came away on the 27th inst. (twenty-fifth day), and the wound shortly afterwards healed. On Sept. 5, the patient returned home in good health, the aneurism being painless, quite firm, and very much diminished in size.



## THE LONDON HOSPITAL.

*Popliteal Aneurism—Failure of Compression—Ligature of the Femoral—Suppuration of the Sac extending into the Joint—Death.*

[Under the care of Mr. LUKE.]

James Haggetts, aged 60, an Irish labourer, employed in a timber-yard, was admitted on account of a popliteal aneurism on Oct. 28, 1852. He was a large-built, stout man, but rather pale; of very intractable temper: pulse 84, of good power. The tumour was in the left extremity, about the size of an orange, and pulsated forcibly. The history of the swelling given by the patient was, that four years ago he had been struck violently in front of the left knee, by a swinging piece of timber, after which, he was for some time an in-patient at the London Hospital, and almost immediately after his discharge he noticed a beating swelling in the part now affected. He gave a very clear account, and stated himself, as quite certain, that from that time forwards there had always been this small lump about the size of a nut in the part mentioned, which nine months ago had begun to increase. During the whole of that period he had walked with a limp, but had nevertheless been able to continue at his laborious occupation until quite lately. For several weeks he had been suffering severe pain in the swelling, which had often kept him awake at night.

The trial of the compression treatment was commenced on Oct. 31, and extended over the space of a fortnight, during the greater part of which the pulsations in the tumour were very much diminished, but not quite arrested. When it was abandoned on Nov. 13th, the tumour was rather larger than before, very tense, and not at all more solid; and, on account of the pain caused, and the great œdema of the leg and excoriation of the thigh which had been produced, the plan was of necessity laid aside. The apparatus which had been used was one made especially to Mr. Luke's direction, and consisted in a strong elastic strap, which passed round the limb, was fixed behind to a broad leathern splint, and in front held in place the bridge apparatus, in which the compressing screw-pad worked. It had the advantage of being extremely light. Two of these were in use—one fitted to the thigh, and the other around the pelvis, to compress the vessel just below Poupart's ligament; they were employed alternately. The man, during the treatment, was on ordinary meat diet, and regularly took an opiate pill every night.

On the 17th, Mr. Luke placed a ligature on the femoral artery, and during the week following, some progress seemed to be made; the man was relieved from pain; the tumour ceased to pulsate, and its size a little diminished; it did not, however, become firm. The limb had been enveloped in a flannel, and the swelling of the leg had much subsided. On the 24th, an attack of severe diarrhœa came on, and although shortly checked by medicine, materially diminished the patient's strength, and, subsequently, the tumour became softer still, and the sense of fluctuation was felt more superficially. A week or two later, guided in his opinion by the progress towards the surface which the contained fluid was evidently making, Mr. Luke expressed to the dressers and students his belief, that the tumour would have to open externally, but stated that he should not puncture it, as it seemed desirable to delay the opening as long as possible, to allow the blood to solidify as much as might be. On the twenty-fourth day the ligature came away, and the wound was closing favourably. On the 24th of December, the skin over the middle of the tumour gave way, and a copious gush of fluid blood followed. It was thought, at the time, that there was more bleeding than the emptying of the sac would account for, and to prevent further loss, the house-surgeon in attendance had the cavity stuffed with lint. On the following morning, Mr. Luke removed the lint, and with his finger turned out of the sac a large quantity of soft coagula, after which gentle support was applied to the walls of the cyst, by means of a compress and bandage. Inflammation of the

sac followed, and involved also the knee joint, into which an ulceration had extended. Under the severe constitutional irritation induced, the man rapidly sank, and having steadily refused to accede to Mr. Luke's proposal for the amputation of the limb, he died about a month afterwards. At the autopsy there was found complete disorganisation of the entire joint: the anterior half of the aneurismal sac was converted into a pulpy mass; the femoral artery below the ligature was obliterated. The unfortunate result of this case cannot be considered as affording any evidence unfavourable to either of the plans of treatment adopted, being, in all probability, attributable simply to want of constitutional stamina on the part of the patient. Under the continued impression, alike as after the ligature of the femoral, the blood showed little or no disposition to coagulate; and when the tumour had burst, the want of vis conservatrix was again manifested by the ease with which the ulcerative action was allowed to involve the joint. It does not appear that the operation was very materially prejudiced in its hopefulness by the previous treatment, although it must be confessed, that the patient was to some extent weakened by the restlessness and constitutional disturbance it had occasioned. Even if the ligature treatment had been primarily adopted, it is not improbable that the same result might have followed.

## The Anatomy of Quackery.

### QUACK MEDICINES, THEIR HISTORY, COMPOSITION, AND QUALITIES. NO. XXXIV

THE BARKERS, BRODIES, BROOKES, DE ROOS, GIBSONS, JONES, DANES, SLOANS, SOLOMONS, WALTONS, &C., &C.

Having temporarily disposed of those "leviathans of obscenity" noticed in our previous numbers, our space will merely permit us to give a passing reference to a few only of the "smaller fry," that follow in their "wake" by shoals. But here we stumble on a difficulty not easily surmounted in a satisfactory manner. Whom shall we select? To whom shall we extend our patronage? Those who so perseveringly poison the columns of our newspapers with their lewd advertisements,—who so industriously "piebald" our "public boards," and the walls of our "watering places" and "common urinals" with their diminutive and demoralizing "posters,"—those who with such gratuitous liberality thrust their obscene little circulars into the hands, pockets, and baskets of the men, women, and even juvenile passengers of our public streets, crowd before us in such astounding numbers as to leave us in a position of absolute embarrassment. We desire to be impartial, so that none may charge us with neglect or preference, more especially those who may be eager for our recognition, and who would be grateful for our attentions. Happily chance comes to our aid, and relieves us from our difficulty. What have we here? Some kind correspondent has enclosed us a bundle of bills, posters, and advertisements, the product of two newspapers only, and a single afternoon's ramble from the "Elephant and Castle" to the "Angel," Islington. We feel grateful for our friend's consideration, and shall avail ourselves of this "treasure-trove." We shall take them seriatim. First,

ALFRED BARKER, M.D. (?) (a) astonishes us with his "*Help for all who need it*," his new "*Guide to Health*," his "*Purific Pills*," and other *nostums*. This delicate M.D., we must admit, has most judiciously chosen his trading appellation. Certainly no quadruped of the genus *canis*, ever "howled" himself into a disgusting notoriety with greater effect than this biped Barker. He tells the public that he is a "model"—

(a) No such name appears in the list of qualified practitioners in the Medical Directories.



we must breathe a moment), not of a man, but of a thoroughly industrious, experienced, and talented M.D. "His course of study has been *patient, lengthy, and continued*,"—his researches and practice, "almost *without parallel for extent and importance*." He "scorns the deceptions of the empiricist and quack." His own "great purpose is to *remedy*." He "undertakes the most inveterate cases, (even when life has become a burden, and death appears a boon,) and guarantees a safe and speedy cure, without hindrance to business, &c.," and with no other expense than a *regular remittance of his fees*—a preliminary "sine qua non" in the matter. Even the "diffident" and "delicate" (of both sexes) may rely on Mr. Alfred Barker's favours, at his residence, Argyle Square, King's Cross. We sincerely believe that if the guttural component of this worthy's name were removed, it would represent an honest vocation better suited to his qualifications and talents, than medicine and surgery are. Of his "PURIFIC PILLS," we shall remark, that they are a harmless nostrum, utterly incapable of effecting the wonders he ascribes to them.

Next we have a second "barker," under the *nom de guerre* of Brodie, whose real name, according to report, is Jordan. We cannot find a single redeeming trait about him:—his eccentricities and misdeeds, like those already noticed, belong to his class. Unfortunately he possesses them in abundance. The same applies to the BROOKES, SOLOMONS, and WALTONS.

Of Mr. Wm. S. Gibson, we may remark, that both ourselves and the public expected better of him, than degrading himself and the profession of which *he is* a member, by the indiscriminate distribution of dirty little hand-bills in the public streets, and the gratuitous papering of common "tap-rooms," and "watering places," with offensive and degrading advertisements. We trust this individual, (we can no longer style him gentleman,) will see the disreputable nature of such conduct, and abandon it ere it be too late—ere the degradation which necessarily accompanies it to a greater or less degree, shall completely overwhelm him, and leave him a professional outcast on the confines of society.

Next come we to the JORDANS—a numerous family, who, under the "aliases" of Perry, Brodie, &c., have long driven on a thriving trade. Our notices in Nos. 35, 37, 39, and 41 of the "Medical Circular," must serve their turn.

WALTER DE ROOS, M.D. (?) (b) follows the Jordans in our packet. In Mr. De Roos we have an adventurer of the thorough Perry and Lambert school,—persevering, reckless, dauntless, unscrupulous,—a masculine Medea, whose unholy appetite is insatiable so long as the viands within the reach of his penetrating vision have the slightest tinge of gold. There is an advertisement, occupying about three-fourths of a column of a newspaper, headed with the delusive announcement, "*Secret sorrow—certain help*." Then follows the intelligence that "THE MEDICAL ADVISER," by "Walter De Roos, M.D., 35 Ely Place, Holborn Hill," is printed in "six languages," and is now in its "forty-seventh edition." This work contains a similar amount of trash, and is "illustrated by numerous colored engravings," for the most part of precisely the same character as that of the "Silent Friend" and "Manhood," and are equally as dangerous to the moral welfare of society. The proprietor of this book has the astounding impudence to assure the public that it envelops "the new mode of treatment adopted by Lallemande, Ricord, Deslandes, and others, of the Hôpital des Vénériens, à Paris, and now uniformly practiced in this country by Walter De Roos" (!) Mr. De Roos then talks of his "*many years' experience* at the various hospitals in London and on the Continent," but, by a strange piece of forgetfulness, omits to mention the name of a single

establishment of the kind that was honored with his presence. Now we ask Mr. De Roos, or whatever his other name may be, to inform us what hospitals and lectures those are to which he alludes, and to give us evidence of the truth of his assertions, if he can. Such is our desire to do justice, we promise Mr. De Roos to publish the names of all the "colleges," &c., at which his "vast experience" was acquired, on his forwarding the necessary official documents to support his assertions.

Just now we thought Mr. Barker's account of his skill was astonishing, but it sinks into utter insignificance before the gigantic genius and experience of Mr. De Roos. Talk of "out-Heroding Herod," why, Walter De Roos "out-barks Barker." His success is only exceeded by his assertions, by which he "is enabled to treat every variety of disease with the *utmost certainty* of cure," without "Mercury, Copaiva, or Cubebs." "This truth"—(now don't be rash, Mr. D.,) "this truth—has been borne out in *thousands* of instances; and he further *guarantees*" (that's foolish) "to cure the most *inveterate* cases," &c., &c. But to save our readers time, and our own space, we may sum up Mr. De Roos's skill in a single sentence—"Dr. Walter De Roos, for a *sufficient fee*, is ready to bestow virility on the valetudinarian of eighty, and to transmute into blooming virgins and teeming mothers any ladies not exceeding the reasonable age of three score years and ten; whilst by a machine which he is now perfecting, and about to patent, he will shortly be able to 'grind old maids young' in any required numbers." "(N.B.—Contracts taken by the score.)"

DE ROOS'S "CONCENTRATED GUTTLE VITÆ," for "LIFE DROPS," and "COMPOUND RENAL PILLS," resemble similar preparations noticed at page 284 of this volume. They are the veriest "chips-in-porridge" that have ever been offered to the public under the protection of "a *bona fide* Government Stamp," to use the words of their proprietor.

Lastly in our bundle, come the bills and circulars of MESSRS. SLOAN AND CO., of Argyle Place, Regent Street. These possess no distinguishing points worth notice, beyond the announcement which they contain, printed in conspicuous letters,—"*No charge unless cured*." We find, however, in the body of the bills a caution to patients, that "*no letters will be answered without they contain a FEE*." With such pertinacity do the distributors of these bills pursue their vocation, that our friend, before referred to, received *several* in his progress through the streets; and we know the ease of a lady who had no less than *three* thrust into her reticule in a morning's walk from Pall-mall to Temple-bar.

**SWARM OF FLIES.**—The Carlisle papers state that early in the month, on an exceedingly close and sultry day, the air was literally swarming with small flies,—a source of infinite annoyance to all who were obliged to be abroad. A similar phenomenon occurred about a month since, just before the outbreak of cholera. Other towns have been similarly visited. We may add, that this phenomenon was also noticed in different parts of the country prior to the outbreak of cholera in 1848-9; and also before the first visitation in 1832. The flies were in very numerous swarms at Malta on that occasion, and, if our memory serve us right, were said to inflict malignant sting. The connexion between the appearance of these swarms and the outbreak of a malignant epidemic, has been frequently demonstrated.

**OZONE.**—This remarkable substance, which is sometimes, but not universally, present in the atmosphere, and which has hitherto been regarded, when observed, to be an allotropic condition of oxygen, has been discovered, by a German chemist at Bonn, not to be so, but a distinct substance, existing as a teroxide of hydrogen, thus continuing the series of the compounds of oxygen with hydrogen. The details of the process by means of which the discovery was effected have not yet been given.

(b) We know of no medical practitioner of the name, and must refer our readers to a recent number of the "Weekly Dispatch," for a development of the mystery. ;





### Biographical Notices.

#### PORTRAIT OF WILLIAM WHITE COOPER, ESQ.,

*From a Daguerreotype by Mayall.*

##### WILLIAM WHITE COOPER, ESQ.

Mr. Cooper, youngest son of George Fort Cooper, Esq., is descended from a family which held lands at Ablington, in Wiltshire, under the abbey of Dernford, in Surrey, anno 1437. At the dissolution of monastic houses, under Henry VIII., the estate previously held by George Cooper, was bestowed upon his grandson, Richard Cooper, Esq., in 1589, a fact established by authentic family documents. The subject of our memoir was born at Holt, a village in Wiltshire, in the year 1816. His early education was entrusted to Dr. Wilkinson, of Bath, a connecting link between the celebrated English and French schools of the last century—the Hunters and the Desauts. Dr. Wilkinson attended the lectures of John Hunter, the surgical practice of Desault, and pursued his chemical studies in the laboratories of Fourcroy and Vanquelin. Whilst little dreaming of proximate discoveries in electricity, he published a work on the Elements of Galvanism, a book much thought of at the

period. Like other medical students in Paris during the Revolution of 1789, he was present at the taking of the Bastille, but participated no further in the memorable affair than by affording assistance to the wounded on their conveyance to the Hotel Dieu. He died about two years ago, an octogenarian, retaining to the last all the mental vigour for which he was remarkable, and detailing with minuteness the strange events of which he had been an eye-witness at this momentous period.

From this gentleman's care young Cooper was transferred to a school of some celebrity, kept by the late Rev. Dr. Radcliffe, at Salisbury. Here he remained about four years, and having evinced an instinctive disposition, as it were, for comparative anatomy, in the dissection of "mice and rats, and such small deer," he was early destined for the profession of the scalpel.

In the year 1832, when about sixteen years of age, he was sent to London, entered St. Bartholomew's Hospital as an articled student, and resided as a house-pupil with



Mr. Stanley for six years. During eighteen subsequent months he held dresserships under those admirable surgeons, the late John Painter Vincent, Henry Earle, and William Lawrence, and made the most of the opportunities thus afforded him for acquiring a fund of sound and extensive practical knowledge, fully appreciating the personal kindness and professional merits of his distinguished teachers.

In 1835, a chair of comparative anatomy, established for the first time at St. Bartholomew's, was filled by Professor Owen, then giving earnest of a fame which has since become universal. Mr. Cooper, at the public competition which closed the session, obtained the prize assigned by the professor to the student who had acquired the greatest proficiency in comparative anatomy.

The subject of our memoir subsequently dissected many specimens for the college museum, including the myology of the first apteryx minutely examined in Europe. Now honoured by the intimacy of the Cuvier of the age, whom he continues to number among the staunchest of his friends, Mr. Cooper accompanied Professor Owen in a tour on the Continent, visiting the most celebrated schools of anatomy and surgery in Holland and Southern Germany. On his return he passed the examination at the College of Surgeons, with a degree of credit to be expected from the opportunities he had enjoyed.

He now set up his standard as a consulting surgeon; but the course of practice, any more than the course of true love, seldom does run smooth. In June, 1839, our zealous aspirant punctured his hand, while making an autopsy in a case of peritonitis. The accident was followed by a series of abscesses in the axilla, which undermined his health, obscured his prospect of advancement, and rendered it necessary for him to undertake a voyage to Madeira for the recovery of his health. (1)

In the month of January, 1840, he quitted England, was nearly lost in a fearful storm whilst crossing the Bay of Biscay, but ultimately reached Madeira in safety. At the expiration of four months, his health renovated, he visited Teneriffe, and returned to England by way of Portugal.

The following winter was passed by him under the hospitable roof of an eminent surgeon and most skilful practitioner, Thomas Poyser, Esq., of Wirksworth, in Derbyshire—a residence which braced his frame, added to his professional knowledge, and led to results that have contributed in no slight degree to his domestic happiness.

During his excursions in the neighbourhood of Wirksworth, a circumstance occurred which goes to prove that landmen, as well as mariners, are not exempt from the superstition that certain sounds have power “to call up spirits from the vasty deep.” Mr. Cooper having, out of curiosity, reached the bottom of a shaft in one of the deepest lead mines in Derbyshire, happened to whistle as he wandered amid the murky gloom; but, whether from want of thought, or astonishment, deponent sayeth not—not knowing—of a sudden, a chorus of rude voices, like those in the cave of Acheron, saluted his ears, and the incautious visitor heard himself assailed in uncouth dialect, with imprecations, and admonitions to forbear from calling down misfortune on the miners by further sibilation. He obeyed; no gnomes were presently provoked, and no accident subsequently occurred; but the slightest *contretemps*, even for weeks after, would have been attributed to his luckless whistle.

Returning to London, Mr. Cooper resumed practice first in Regent-street, and then in Tenterden-street, Hanover-square; and we soon after find his name in the Army List, as Surgeon to the Artillery Company. His constitution not having as yet recovered from the effects of the morbid poison it had imbibed, he determined to

confine himself to some special branch, as not involving so much wear and tear as general surgery. His friends, aware of his natural delicacy of touch and quickness of sight—both faculties improved by long habit of minute dissection—advised him to devote himself exclusively to the treatment of eye diseases, a recommendation which fully accorded with his inclinations.

For nearly two years he again became a student, attending, with perseverance and industry, the practice at Moorfields, under the late Frederick Tyrell, John Scott, and John Dalrymple, with the latter of whom he formed a warm and lasting friendship. In due time he commenced practice as an ophthalmic surgeon, and, towards the end of 1841, established the North London Eye Infirmary, in conjunction with the late Dr. William Twining and Mr. Holmes Coote. No similar Institution existing within its extensive district, it became a great boon to the indigent: numbers of patients flocked thither daily for advice, and Mr. Cooper was thence afforded an ample field for the exercise of his skill, and for acquiring fresh operative experience. In 1845 he passed the junior—the more severe—examination for the Fellowship of Royal College of Surgeons; and in 1851, when the staff of St. Mary's Hospital was formed, two of the wards were assigned to his charge, he being appointed Ophthalmic Surgeon to that establishment.

During the summer of that year—the memorable season of the Great Exhibition—Frederick Jäger, renowned as the first Ophthalmic authority of Vienna, came to London. He resided for three weeks under Mr. Cooper's hospitable roof, a portion of each day being devoted to professional intercourse between these two congenial spirits. The host acquired an insight into those improvements in operations on the eye which have rendered Jäger's name so famous; the guest himself became familiarised with the peculiarities of British practice. The late Dr. Florent Cunier, of Brussels, Editor of “*Les Annales d'Oculistique*,” a correspondent of Mr. Cooper's, was also making preparations for paying him a visit, when his life was brought to an untimely close.

From the foregoing sketch of White Cooper's career, it is evident that a great portion of his life has been devoted to study, and that circumstances have afforded him unusual opportunities for acquiring familiarity with ophthalmic diseases. As an author, he first became known by reporting Professor Owen's far-famed lectures, delivered before the Royal College of Surgeons, on the “Comparative Anatomy and Physiology of the Invertebrate Animals,” published under the sanction of the distinguished professor, in 1843. An eminently practical work on “Near Sight, Aged Sight, and Impaired Vision,” emanated from Mr. Cooper's pen in 1845, and has recently arrived at a second edition. He has likewise contributed a number of papers on Ophthalmic subjects to the various professional publications of the day, including the article “Vision” in “Todd's Cyclopædia of Anatomy and Physiology.” This article contains the fullest account in the English language of that peculiar state of abnormal vision denominated Achromatopsy. Among other contributions to medical periodicals, may be mentioned original papers on Congenital and Melanoid Tumours of the Eye; Protrusion of the Eyes, in connection with Anæmia; on Congenital and Osseous Cataract; Conical Cornea; Scleritis; Injuries of the Eye from Shot and other Foreign Bodies; Cysts in the Interior of the Organ of Vision, &c. In the “Association Medical Journal” for January, 1853, Mr. Cooper gives the results of his experience on the administration of chloroform in operations on the eye; he was one of the first to employ it in cases of this description, and proves it to be eminently useful.

Those who have had opportunities of witnessing White Cooper's neat operations on the living subject, cannot but acknowledge that he possesses, in an eminent degree, the qualifications which, according to the dictum of his namesake, the illustrious Sir Astley, are essential to an accom-

(1) By a strange coincidence, White Cooper resided some time at 308, Regent-street, in the same rooms occupied by the unfortunate Philip J. Potter, who died there from the consequences of a wound received whilst making a post-mortem examination.



plished operator: "the eagle's eye, the lion's heart, and the lady's hand." In him, however, the keen glance is tempered by commiseration, and the firm heart "owns some touch of pity;" while the lady's hand performs its office with unerring precision. It is not always thus. Our own impression, on being introduced to one of the most celebrated surgeons of his day, long since dead, induced us mentally to exclaim, "thine eye reveals too much of cold, unsympathising, selfish speculation; skilful as we know thee to be, thou shalt never, with our consent, exercise on us thy skill."

But to return to the subject of our notice. The use of the pencil is as familiar to his hand as the pen and the knife. No ease of interest, therefore, comes under his observation without being illustrated as well as recorded. The contents of his note-book and well-furnished portfolio attest the truth of the assertion; and from these sources he obtains materials for his practical contributions to medical literature; all delineated and described with truthfulness and vigour.

Ever since his removal to his present residence, 19, Berkeley-square, he has enjoyed extensive and daily increasing private practice as an ophthalmic surgeon. He does not, nevertheless, relax in his attention to public duties, but seeks to increase his knowledge at St. Mary's Hospital, as well as in others to which he is attached.

Mr. Cooper is Ophthalmic Surgeon to St. Mary's Hospital, Senior Surgeon to the North London Eye Infirmary and to the Artillery Company, Surgeon to the "Professional" Life Office, and Consulting Surgeon to the School for teaching the Blind. He is also a Fellow of the Royal Medical and Chirurgical Society, and of the Pathological Society.

The circumstances we have recorded relative to our friend White Cooper, being public property, may be revealed without the accusation of breach of trust. The task of the biographer, in approaching his private life, becomes more difficult, in consequence of the retiring unostentatious character of the individual under notice. Although apprehensive of wounding his feelings by expressing the full sense we entertain of his excellent qualities of head and heart, we can scarcely be held responsible to him for repeating the opinions of his colleagues and his other friends. All unite in representing him as a gentleman of high moral character: imbued with a nice sense of honour, according to the best interpretation of the phrase; a lover of science, polite literature, and the fine arts; kind-hearted, courteous, and affable to all men. In these opinions, we humbly but cordially concur, and take leave of him for the present, with the earnest hope that he may live long to benefit society, and reap the fruits of his earnest endeavours to do good.

## Reviews.

*On the Prevalent Treatment of Disease.* By Frederick C. Skey, F.R.S.

This is a rare, bold, outspoken, uncompromising pamphlet. We cannot quibble away the breadth of its principles by saying that they are already, in many cases, acted on, and that it contains nothing new which wise men do not already know and practise. It was not written for wise men, who are a small minority, but for the mass of practitioners who, we venture to affirm, do the very things Mr. Skey does not hesitate to condemn.

That there has been going on in the profession a gradual emancipation from old errors, no observer of the practice of medicine or reader of its literature can deny; but this improvement has been piecemeal, limited to a few forms of disease, and, even in these cases, not generally accepted as points of doctrine. There has been an empirical improvement, but that there has been a doctrinal one is not so clear. Bleeding is not now employed so liberally as heretofore, but active purging has, in most

instances, supplied its place; and when purgatives have been laid aside, either calomel or antimony, in repeated doses, has been systematically given on antiphlogistic principles. The kind of remedial agent has been altered, but the *principle* of treatment has almost universally remained the same.

Against these things Mr. Skey raises a strong protest. He says fever and inflammation, of whatever kind, are induced by debility.

"Take a familiar illustration. Select two healthy men of the same age and constitution. Take twenty ounces of blood from one of them. Subject them both to the atmosphere of a room impregnated with fever or other contagious disease. Which of these men is the more susceptible to infection? And why? Because the loss of blood has really opened the portals to disease. His circulation is accelerated by loss of blood—but most of all, the tone of his nervous system is shaken. Parallel and corroboratory of this acknowledged truth is an old but solid maxim in medicine, not to approach a contaminated atmosphere with an empty stomach. Swallow a stimulant, and you will avert fever or other disease.

"And will not the same reasoning apply to almost every form of deviation from health? If I select fever, may I not also quote *inflammation*? What is the best preventive to an attack of inflammation? Tonic health, full blood-vessels, health and vigour of the frame. The profession recognises the distinction between the forms of inflammation we call acute and cachectic or asthenic—as the result of weakness—but is not every form of inflammation the result of weakness? *Strength is health*, and every deviation from strength, points to deviation from health. Ask the physician-accoucheur in what class of case he has most reason to anticipate the peculiar form of inflammation of the uterus and lower limbs, called phlegmasia dolens, or puerperal peritonitis, accompanied as they are with fever? If he be an observant man, he will tell you, *in those cases which follow uterine hæmorrhage*."

After this Mr. Skey runs through all the more important forms of inflammatory disease, and expresses his conviction that the only true and successful plan of treatment, either to avert or cure inflammation, is to raise the system up to the standard of health by the administration of tonic remedies. *The treatment of INFLAMMATION BY TONICS* is, then, the principle of this book. Nay, Mr. Skey says more than this; but we will let the author declare his principle in his own language:—

"If we take a general and impartial survey of the multiform diseases that, in the exercise of our duties as members of our high profession, we profess to control by the agency of medical science, there are probably few that are not more or less the product of derangement in the condition of either the vascular or nervous system, or of both, founded on a basis of *weakness*. If the supply derived from the heart and from the nervous centres be disturbed, or be even deficient, if the harmony between these two functions be deranged, disease is the result.

"I presume it to be an infallible law of nature, that health and strength are *harmonious, co-existent, and mutually dependent*; that health and weakness, strength and disease, are incompatibilities; that as health and disease are also incompatible, so the most efficient principle of treatment that medical science could adopt is one which would most effectually build up, nourish, and invigorate the vital powers as an antidote to the disease; to oppose and to thwart the antagonism of debility by the administration of such means as give tone and vigour, and health and strength, to the system. This ought to be the broad basis of medical treatment throughout the whole range of disease, the true philosophy of medical science. We talk of treating disease, when, in truth, we treat but its symptoms. We contend against effects, leaving causes untouched."

There is no book in our literature in which the general principle of treatment by tonics is so unhesitatingly laid down; and in this fact lies its originality. If there be



any men who cannot detect the grasp of a bold, comprehensive, and searching genius in the few pages which Mr. Skey has given to the world, they must know more of the practice of physic than has ever yet been writ. Although—and we have personal knowledge of the fact—it is common for cases of fracture, and of other surgical injury occurring in country practice, to get well, in the absence of venæsection and purging, and when left almost entirely to the restorative powers of nature, yet we suspect that the majority of the practitioners who so treat their patients, will not be prepared for the bold assertion of the general doctrine as set forth by Mr. Skey. This gentleman is evidently a teacher, and reduces facts to principles with a lucidity and positiveness that make him remarkable among his brethren. We do not scruple to express our adhesion to his doctrines in the main: we have already acted on them for many years in numerous forms of inflammatory disease; and although there are certain affections, in the treatment of which we still hold a reservation, we shall, after the perusal of this work, be induced to reconsider our objections, and make an endeavour to extend the principle as widely as experience may seem to permit. This is, we believe, the most forcible way of expressing our commendation of the author's work.

### Correspondence.

#### MILITIA SURGEONS.

*To the Editor of the Medical Circular.*

SIR,—There cannot be two opinions as to the grievances complained of by your correspondent on this subject; but in order to obviate the effect it is essential to ascertain the cause, though I grieve to say I am by no means hopeful of its removal. Not militia surgeons alone are treated with injustice by the government—the whole profession—poor law surgeons, naval assistants, and army assistants—are snubbed in a similar manner. Why is this? There is no union in the profession even among those suffering the same injustice, and too many others, unmindful of their pledges to maintain the respectability of their order, are always on the watch to catch the droppings of those who become martyrs in supporting that respectability. Can it be wondered at that the Government takes advantage of such a broken squad, and makes hard terms? That such a course is politic I deny: honourable feelings and high attainments are usually associated, and *vice versa*; nor is it more prudent to admit money competition into such offices than in the higher departments of the state. Home and War Secretaries may be had from among the princely and wealthy of this country without salary, merely for the honour and patronage those offices confer, but men of wealth do not embark in the laborious service of surgery *con amore*—it is adopted as a means of livelihood; and no labourer is more worthy of his hire than the one who has brought talent and energy to the attainment of this paramount study. Your correspondent suggests agitation and a meeting of sufferers in some central town. I, for one, shall be happy to co-operate with him, provided our brethren generally are disposed to throw off their apathy and be earnest to the end. But it is disheartening to reflect with what indifference a similar attempt at redress was met twelve months ago. Many militia surgeons were at considerable trouble and expense in endeavouring to obtain signatures to a memorial addressed to the Secretary at War for this purpose. The public press has reiterated our grievances—the “Morning Herald” of 2nd September last most fully; the “Lancet” has several times proclaimed them, but failed to evoke spirits from the vasty deep. Some were unwilling to pain the ears of men in high places; some imagined the regulations did not affect *themselves*; some doubted the accuracy of the statement that militia surgeons were required to reside at head-quarters to attend the adjutant and staff, as well as to be at every beck and call for the performance of regimental duty either

there or elsewhere, however prejudicial such calls may be to their permanent means of livelihood;—in short, to be members of the staff for every purpose but their own emolument. However monstrous and anomalous such requirements may be, the following extracts from an official letter shows that they are exacted:—“The Secretary at War cannot sanction the residence of a surgeon of militia at a distance from the head-quarters of the regiment.” “It will be his duty to require your personal attendance during the training and enrolment, and also upon the disembodied staff;” and yet “the Secretary at War sees no reason for placing militia surgeons on a reduced allowance in the disembodied state!” There must be an obliquity in his vision which a united effort of the sufferers only can remove, and that effort must be made through Parliament, which, economical though it be, cannot sustain a system so impolitic and so unjust. In hope that this subject will be followed up until the adders hear,

I am, Sir, your obedient Servant,

ALTER.

#### CHOLERA: ITS TREATMENT BY SALINES, ALKALIES, AND SULPHURIC ACID.

*To the Editor of the Medical Circular.*

SIR,—There are now three modes of treating cholera, supported by such evidence as must, I think, decide us in giving them priority over the numberless and infinitely varied plans recommended—namely, the saline, alkaline, and acid. The two former are nearly allied, the third directly opposite. Which of these is best? that is the question.

In confirmation of Mr. Moss's views of the treatment of cholera, I am induced to send you—*valeat quantum*—my experience of the bicarbonate of soda in diarrhoea.

Since 1849 I have constantly prescribed bicarbon. sodæ in scruple or half-drachm doses, and with such invariable success (rarely or never using chalk mixture with opium and astringents, preferring lime-water in large doses alone, or with a little milk), that I had resolved to give it a trial in choleraic diarrhoea and cholera.

I have found cases of sickness and purging with cramps to be speedily removed by the bicarbon. sodæ, which I have commonly given, with the addition of one or other of the following,—spt. ammon. comp., spt. nucis moschat, tinct. card. comp., or combined with tinct. camphoræ comp., which form has proved very efficient. Conjoined with this simple remedy, we are to give cold water *ad libitum*, and afterwards, water, arrowroot, and beef-tea, to the exclusion of all stimulants. Should symptoms not be arrested, and collapse supervene, brandy might at this stage be given, but not at the onset, or before, or with the bicarbonate of soda.

We have seen that Dr. Maxwell's remedy, as reported by Dr. Cameron, was a scruple of bicarbon. sodæ, combined with gr. iij. of opium in bolus, washed down with a solution of another scruple as hot as could be taken, to be repeated with gr. ij. of opium, if necessary.

In 1834, Mr. Beaman reported very favourably of the chloride of sodium, in large doses, as an emetic in cholera (Med. Gazette, Vol. XIV., p. 781.) and we know the success that has attended Dr. Stevens' saline treatment, as he has enjoined its exhibition.

Now these means may be considered as modifications of one another, and of these I should first be inclined to try the bicarbon. sodæ, followed by such small and repeated doses of calomel as recommended by Mr. Moss (the mode in which I have always used calomel myself in like cases) as shall assist in promoting a flow of healthy bile. Sometimes a single dose gr. v. to gr. x. of hydrargyrum cum cretâ will have a good effect with the first dose of the bicarb. sodæ.

Since this decision was made in favour of the alkaline and saline treatment, Dr. Fuller's recommendation following up Mr. Buxton's suggestion, “of the anti-choleraic properties of the acidum sulphur. dil.” now in pretty



general use in diarrhoea, has been so strongly given, and on such apparently good grounds, as to command its use; so that we have now these two among the numberless opposite modes of treatment of cholera. Again, the Austrian remedy, as stated by Mr. Herapath, is a mixture of sulphuric and nitric acids, with gum and water. Acid or alkaline is now the question.

As by different paths we arrive at the same point, may one or both of these be found a high road to the successful treatment of the dreaded cholera; and then, as has been observed in the "Medical Times," "cholera will have proved a blessing instead of a curse" in our time.

I am, Sir, your obedient servant,

M.D. EDIN.

Nov. 11, 1853.

[We cannot agree with our contemporary. We would rather have been without the blessing than be obliged to find a cure for it. The loss of two million of lives is rather a severe penalty for the human family to pay for the favour of such a blessing as cholera.—ED. MED. CIR.]

### THE ACTION OF CHLOROFORM.

To the Editor of the Medical Circular.

SIR,—In the administration of chloroform, where the anaesthesia seems slow in manifesting itself, a question may arise whether there may not be a considerable diversity in different individuals as to the absorbing power of the lungs.—whether this may arise from idiosyncrasy or from intemperance, or other causes. Where this tardy susceptibility takes place, may not the chloroform produce a direct paralyzing effect on the heart and lungs before any appreciable impression is made on the sensorium? If such should be the case, a slight anaesthesia induced is not always a safe test or measure of the absence of danger; and we should be led by this consideration not to persevere too long with the inhalation in cases where there is a difficulty in bringing on the anæsthetic action of the chloroform. I am, very truly yours, W. H. C., M.D.

Donaghadee, Ireland.

## Medical Notes and Queries.

### QUERIES.

SWALLOWING FALSE TEETH.—SIR,—I will thank you to ask my professional brethren, through the medium of the "Circular," if they have met with a case where a patient swallowed false teeth. One of mine has swallowed two, the setting of which is two inches in length. I should be glad to know, in the event of a similar case having been observed, if they passed through the bowels, how long a time intervened, and what were the symptoms. My patient swallowed hers fifteen days since, and now experiences at the ilio-cæcal valve a pain, described by her as a "knife like feel." I have only given of ricini.—Respectfully yours,

M.D.

Slane, Ireland, Nov. 10, 1853.

CHOLERA.—SIR,—Will you be good enough to insert the following query for me in the next "Circular?" Can any of your numerous medical readers inform me, whether it is possible in a meteorological or physiological point of view, to explain the causes why the following places escaped the previous and present visitations of epidemic cholera, namely, Isle of Wight, Isle of Man, Birmingham, and the Channel Islands?—Yours, &c.,

ROBT. STEVENSON.

4 St. John's Terrace, Clontarf, Nov. 7.

A CONGRATULATORY ADDRESS has been presented to Dr. Thomson by sixty-eight of his friends and students, at Glasgow, on his appointment to the Chair of Chemistry at St. Thomas's Hospital. A copy of the address has been sent to us, but our space does not permit of its insertion.

## Medical Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Dr. Copland, President, in the Chair.

This Society commenced its Session on Tuesday, November 8. About 140 Fellows were present.

Dr. Copland, in commencing the business of the session, congratulated the Fellows upon the encouraging prospects before them. He begged that all who intended to favour the Society with papers would present them as early as possible, inasmuch as at the close of the last session so many contributions were received that he was forced so to hurry their delivery, that the attention which their ability demanded could not be afforded to them. He begged, moreover, that all demonstrations of applause be always checked, as inconsistent with the dignity of the chief Professional Society in London.

A very interesting and learned paper by the President was then read, of which we shall give a full analysis in our next.

### MEDICAL SOCIETY OF LONDON.

November, 5, 1853.

Dr. John Snow, Vice-President, in the Chair.

#### CHOLERA.

As this was the first evening of the session on which the engrossing subject of cholera was to be discussed, the Society's rooms were crowded with Fellows and visitors.

Dr. Cormack read a paper on the Pathology and Treatment of Cholera. He arranged his observations under the following heads:—The manner of studying cholera; the literary history and pathology of cholera; the treatment of cholera; and general conclusions. Most authors who have written on this disease, have drawn their description from the more severe forms; this, however, is an error, and it is necessary to study simple and uncomplicated cases, especially those which terminate in recovery with little or no medical interference. In other diseases, such as scarlatina, we see thousands of cases recover almost spontaneously, while others are saved by the skilful use of remedies; but not a few are tremendously rapid in their fatal career; and we often meet with the mildest and the most terrible cases occurring in the same house simultaneously or consecutively. Both classes of cases are, then, evidently the results of the same morbid poison, and the diversity of the effects proceeds from a difference in the quantity of the poison employed, and in the condition of the recipient. And it is equally reasonable to regard tractable cholera and intractable cholera as pathologically the same, and to include in the same category all the intermediate cases. If this were done, the mortuary statistics of cholera would be more truthful, and less appalling. Dr. Cormack then proceeded to consider the literary history and pathology of cholera. From the writings of Alibert, Comparetti, Merton, and Raimond Restaurant, and from the observations of Dr. James Bird and Dr. Charles Bell, and from cases which had occurred under his notice, he concluded that cholera was essentially a pernicious intermittent fever. In noticing the morbid anatomy of the disease, he insisted on the importance of noticing in what stage of the disease the patients had died, and referred many of the *post-mortem* appearances, generally described as characteristic of cholera, to the increased thickness of the blood produced by the serous discharge from the bowels. In the treatment, we must bear in mind that cholera is a disease resembling, if not identical, with pernicious ague. The remedies which Dr. Cormack had found most useful were, preparations of iron and quinine in the early stage, or rather as prophylactics; camphor and chloroform in the cramps and collapse; and various astringents, as acetate of lead, creasote, nitrate of silver, or sulphuric acid, to arrest the diarrhoea. He



deprecated the practice of giving large quantities of opium or calomel, believing that, when reaction has set in, fatal narcotism has been, in many cases, induced by the opium, which had till then remained inert in the intestinal canal.

The leading points in the discussion were—first, is cholera in its essence analogous to an intermittent fever; and, second, the general treatment of the disease.

Mr. Ross thought that there was some truth in the opinion that the disease is similar to an intermittent fever; it was well known that in this country the mortality from zymotic diseases increased in the years preceding an outbreak of cholera. There is, however, this difference between zymotic diseases and cholera, that, while the former must run through their defined course, the latter may be arrested at every stage; this difference was most important as regarded the pathology of the disease. It had been remarked, that the efflux of the serous and saline parts of the blood through the bowels had induced inspissation of the blood, with congestion at the surface; but these conditions had been observed where there was no flux, and both had arisen under the same atmospheric influences; the degree of collapse also bore no constant relation to the vomiting and purging. He thence inferred, that something more was necessary to produce congestion and collapse than mere purging. What that something was had not been determined. He then alluded to the efficacy of nitrate of silver in the treatment of cholera, which he had employed in about 80 instances, but remarked, that although it had been more successful in his hands than other remedies, he had used it only during the last six weeks of the epidemic. He thought that it deserved extensive trial.

Mr. Dendy also believed cholera and intermittent fever; to be analogous diseases, and considered, that so far from cholera and diarrhoea being merely stages of the same disease, the disease ought rather to have been designated a cholera. He objected to the employment of external heat in the treatment of cholera. He, however, approved of external applications, and usually directed the body to be washed first with vinegar and water, and then with salt and water, and afterwards to be wrapped in flannel; but this was not to induce warmth. He also directed the doors and windows to be opened, not to lower the temperature of the body, but to raise it by promoting the free inspiration of oxygen. With this exception, he approved of the author's plans of treatment. He considered Mr. Ross to be in error when he drew a distinction in those cases in which no external flux had been observed, and stated that there was internal, if not external flux, and that the large and small intestines would be found filled with the effused serum.

Mr. Robinson was decidedly of opinion that cholera depends upon the presence of a poison. He approved the author's treatment, except so far as referred to the use of mercury. He was of opinion that mercury was a most valuable agent in destroying the poison, and in emptying the distended gall-bladder, and had observed a profuse flow of disordered bile on the recovery of decided cases of cholera. He called for a large average of cases in reference to the beneficial action of any special remedy, since there are cases which will recover with any, or in spite of any treatment whatever; while on the other hand, there are those which, from the intensity of the action of the poison, resist stimulants, mercury, and purgatives, and will die in spite of any treatment.

Dr. Crisp inferred that no analogy exists between intermittents and cholera, since the latter, unlike the former, may be confined to parts of a common locality, as one side of a street or river. He affirmed cholera to be a disease *sui generis*, and altogether of modern origin. He conceived the aspect of the countenance to be an infallible diagnostic sign, and stated, that within the space of two or three hours the patient appeared to have aged twenty years. In reference to treatment, he had collected statistics to prove that workers in metals enjoyed no special immunity;

and in order to test the relative merits of mercury, sulphur, and of injections into the veins of human and brute blood and of saline fluids, he had advised that our great hospitals should each appropriate three wards for the reception of cholera patients, in each of which one of the above-mentioned modes should be exclusively tried.

Dr. Wehster agreed with nearly all the views expressed by the author, and combatted Dr. Crisp's objection to the theory of the analogy between cholera and intermittents, by stating, that he observed that ague was oftentimes confined to one side of the Tiber, or to some one street in Rome; and he also affirmed, that the same disease was known long before 1815. He was pleased with the change of opinion which the Board of Health had undergone as to the contagious character of cholera, and had always believed the disease to be non-contagious. He instanced, in support of this view, the immunity of Versailles during the epidemic of 1848, notwithstanding the proximity of Paris, where the disease raged fearfully; and the spread of cholera in Sweden, in spite of the strictest quarantine. In reference to treatment, he did not approve of the author's omission of opium, and believed that that drug, when given in small doses, and conjoined with camphor, was an excellent remedy in the premonitory diarrhoea.

Mr. Lee advised that injections should be cast into an artery instead of a vein, believing the operation to be equally easy, and far less dangerous, since bubbles of air, and extraneous particles, would thus be carried to the capillaries, and not to the centre of the circulation. He would select the radial artery, and had found it to answer well in his experiments on animals.

This earnest and useful discussion was brought to an untimely end in obedience to the rules of the Society, although many gentlemen still desired to express their opinions. It is, however, understood, that another opportunity will be presented on the reading of a paper on the same subject by Dr. Snow.

Dr. Cormack, in reply, referred to the co-existence of neuralgic affections having an intermittent type, and the rise and decline of cholera. He had noticed this in preceding epidemics, as also in connexion with the present one. He believed opium to be a valuable remedy among others, but considered that it should not be given in larger doses in this than in other diseases, lest it should exert a poisonous action on the recovery of the patient from the state of collapse. He had not had any experience in the use of mercury, and believed the opinions respecting it to be about equally balanced.

#### EPIDEMIOLOGICAL SOCIETY.

The first meeting of the fourth session of this Society was held at the house of the Royal Medical and Chirurgical Society, 53, Berners-street, on Monday, the 7th inst., Dr. Babington, the President, in the chair.

Several new members were proposed and elected. After the usual routine of business,

Dr. Babington, stated to the meeting the papers that had been read at the ordinary meetings during the last session, spoke of the operations of the various committees, and dwelt particularly upon the Cholera Committee, now actively engaged in perfecting the queries which were about to be issued among the profession; he stated that they were now in the hands of the printer, and would soon be ready for distribution. He further stated that a new committee was being organised to investigate the causes which give rise to the origin and spread of epidemic diseases in the metropolis; and in the course of his speech, he said that the Society would feel indebted for papers or other information on the important subject of cholera.

Dr. James Bird delivered the opening address of the session.

The President announced that at the meeting in December a paper by August Hirsch, M. D., of Dantzic, Prussia,



would be read, entitled, "The Indian Plague and the Black Death."

There was a very full attendance of members, and the room was well filled with visitors.

## THE CHOLERA.

### METROPOLIS.

Cholera continues to make progress, though its rate of increase is not rapid. The deaths referred to it last week were 102. In the last four weeks the numbers rose as follow: 45, 83, 99, and 102; in the same periods diarrhoea and dysentery were fatal in 55, 48, 43, and 42 cases, showing a constant decrease. Of the 102 deaths by cholera, 11 occurred in the West Districts, 9 in the North, 2 in the Central, 21 in the East, and 59 in the South districts.

### PROVINCIAL.

From the Board of Health Report of Nov. 8.—Deaths.

Dundee.—Nov. 5 to 8, cholera, 17.

Morpeth.—Nov. 5, cholera, 1

Faversham.—Nov. 5, cholera, 1.

Gateshead.—Nov. 5-6, cholera, 2

„ (Hewarth).—Nov. 5, cholera, 1; diarrhoea, 1.

South Shields Union.—Oct. 30 to Nov. 6, cholera, 5; diarrhoea, 1.

Luton.—Nov. 7, cholera, 2.

Strood.—Nov. 6, cholera, 2.

Soham.—To Nov. 8, 35.

The "Cork Examiner" announces the arrival at Queens-town, on Sunday evening, of a large American vessel—the *Kossuth*—bound from Liverpool with emigrants for America. She was fifteen days out up to the time of her putting into harbour, during which time cholera had made its appearance on board, and of the most virulent and fatal character. Fifty persons were attacked, eighteen of whom died, and the bodies were thrown overboard. A number of the emigrants were Germans. Another frightful case of cholera, on board an emigrant ship, the *Guiding Star*, also from Liverpool, is described in the "Belfast News-Letter." The total number of deaths has been thirteen, viz., one at Liverpool, six at sea, and six in Belfast Lough. The sick, twelve or thirteen, have been removed to the workhouse hospital. The ship was left free from disease. The *Guiding Star* left Liverpool with 550 souls on board, principally Irish, English, and Scotch emigrants.

CHOLERA IN SHIPS AT SEA.—PORTSMOUTH, Nov. 7.—The Bremen merchant-ship *Anna* arrived at Spithead from Bremerhaven, which she left on Thursday last for Baltimore, having lost some of her passengers by cholera. On the day she sailed, a child four years old was taken ill with diarrhoea and vomiting, and died in four hours after. On the same day two adults and a second child were also attacked with similar symptoms, and died on Friday. On Saturday five of the crew were taken ill, and one died yesterday; the other four are so far recovered as to be able to do light work.

## Obituary.

Nov. 3.—BULL, M.D., at his residence, Cork.

Lately.—JOSEPH LAWSON, Esq., Assistant-Surgeon of the 45th Regiment, at Bermuda, of yellow fever.

Lately.—CHARLES ST. JOHN, M.D., Inspector General of Hospitals, at Umballah, from an attack of paralysis. Dr. St. John entered the service in August, 1811, as an hospital-assistant, became assistant-surgeon in September, 1812, regimental-surgeon February, 1822, staff-surgeon December, 1836, an assistant-inspector January, 1839, deputy-inspector-general October, 1843, and inspector-general July, 1850. He served in the Peninsula from September, 1811, to the end of the war.

## Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners, on the 4th inst.:—John Caldwell, Kew-green; James Allan Currie, H.E.I.C. Service, Bengal; John Richard Davern, Chelsea Hospital; James Askwith Ellis, Nanty Glo, Monmouthshire; John Hodgson Waterhouse, Sheffield; Charles Thomas Wickham, Winchester; J. Ignatus Purcell Williams, Denbigh, North Wales. At the same meeting of the Court, Mr. William Thomas Wilson passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College, his diploma bearing date July 4, 1845.

APOTHECARIES' HALL.—The names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, Nov. 3, 1853:—William Valentine Bird, Seacombe, Liverpool; Thomas Booth Brierley, Tattenhall, Cheshire; John Wells Fletcher, Upton-on-Severn, Worcestershire; George Augustus Fulcher; Robert Harmer, Wells, Norfolk; Henry Frederick Marley, Padstow, Cornwall; John Benson Pritchard, York; Silvanus Tucker, Bridport, Dorsetshire.

IMPORTANT TO MEDICAL MEN.—In the Sheriff's Court, City, an action was brought by Mr. Gourlay, a surgeon of the West-End, against a Mr. Ferguson, a gentleman residing at Brixton. The claim was only for two guineas, but involving some nice law points upon Medico-legal claims. The plaintiff stated, that he had been engaged to attend Mrs. Ferguson at her accouchement, and the fee agreed upon was the sum now claimed; and it was also stipulated, that he was to be paid another guinea for the first necessary visit previously; but if others were essential, he was not to make any charge for the succeeding visits. He made six visits on those terms, but received no notice so as to attend the accouchement, and consequently did not deliver the defendant's wife. He contended that he was entitled to the two guineas upon custom, and also upon the contract entered into. Mr. Buchanan, solicitor for the defendant, on the other hand, urged that the plaintiff could not recover, inasmuch as it was entirely through his own proceedings that he was not at the accouchement. When his client's messenger went for the plaintiff at the critical hour he could not find him, as he had removed from the address he gave to the defendant. The defendant proved the latter fact. He said he had been to Mr. Gourlay's house, and he found it had been let to a family; and, on inquiry, he was informed that the plaintiff had not been there for a week, and they knew not his residence. In consequence of this he was compelled to call in another medical man, and pay him his fee. The plaintiff said there must be some mistake about this, for it was not likely that a medical man would leave his residence without leaving some good reference thereat where he was to be found. The Judge said, without entering any further into an answer to defendant's charge, he considered the plaintiff had, by his previous attendances, become entitled to his fee, and gave judgment for the amount.

AT THE MEETING OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY, November 8, the following gentlemen were ballotted for and elected Fellows:—Henry Brown, Windsor, general practice; Patrick Burke, London, general practice; Robert Druitt, London, medicine; George Edwardes, Wolverhampton, surgery; James Ellison, Windsor, general practice; Alfred Baring Garrod, London, medicine; Thomas Hewlett, Harrow, general practice; W. C. Wood, Bethlem Hospital, medicine; Henry Jones, London, general practice; Draper Mackinder, Gainsborough, general practice; George Moseley, Sandgate, Kent, general practice. One gentleman was not elected; it was supposed because he was not a licentiate of the College of Physicians.



## Notices to Correspondents.

**NOTICE.**—In order to facilitate the transaction of the rapidly-increasing business of the "Medical Circular," and to meet the wishes of those gentlemen desirous of a personal interview, the EDITOR has arranged to attend at the OFFICE, 128, STRAND, every WEDNESDAY, between the hours of Twelve and Two, p.m.

The "Medical Circular" may be procured by an order on any Newsvendor or Bookseller; or it will be sent direct by post from the Office, to subscribers for one year, on receipt of Sixteen shillings; half-yearly subscription, 8s.; quarterly, 4s. Cases for containing the numbers, bound in cloth, 1s. 6d., or by post, 2s. Post-office Orders to be drawn in favour of Thomas Rolfe, Post-office, Charing-cross.

THE LINCOLN, RUTLAND, AND STAMFORD MERCURY, AND THE NORTHERN WHIG received.

**A SUBSCRIBER AB INITIO.**—It is a disputed point in law, the decision depending upon circumstances. There is a report in this week's "Medical Circular," in which you will observe that the decision was governed by the fact of attendance upon the patient subsequent to the engagement, although the medical man did not attend the case. One important point necessary to be established is the fact of the engagement, either by written contract or before witnesses. The failure in the completion of the contract being the fault of the party engaging, we conceive that you could justify your claim in a County Court. The case reported is a precedent.

**THE UNDERSTRAPPER OF THE ROYAL FREE HOSPITAL MEDICAL SCHOOL.**—Your complaint of our notice is unjust. You should remember that if a correspondent assail us *anonymously*, he is not entitled to courtesy. The anonym screens him from the effect of our censure by depriving it of personality, and justifies our severity. Had you communicated your name, you would have written with less asperity, and we should have replied in more lenient language. We never intend to bring discredit on individuals. Although you have not even yet favoured us with your name, yet having enabled us to divine the writer, we wish to assure you that we did not, and do not, desire to wound your feelings. This expression, however, must not be regarded as any retraction of our remarks on the Royal Free Hospital. The present number of our journal contains intelligence justifying us in the course we have taken.

**SKEPTICK.**—We cannot perceive the point of your communication. We regard the circumstance stated as meritorious rather than censurable. It is not a matter of much consequence, though it may not look very "genteel."

*To the Editor of the "Medical Circular."*

**SIR,**—Please tell in your next "Circular" is Dr. Duncan Napier a qualified medical practitioner, or is his *Near tonic* Pills a mere puff?—Your obedient servant,  
J. G.  
Nov. 6th, 1853.

(We do not observe Dr. Napier's name in the Directory.)

**MR. C. H. COLLETTE**, Lincoln's-inn-Fields.—Communication received.

**DEVERELL.**—There is a very good account in Dr. Spencer Thompson's recent "Cyclopædia of Domestic Medicine."

**MR. STEVENSON** (Clontarf).—Mr. Pritchard, of Hunmanby, Yorkshire, will be glad to give you information on the subject of "guaco." By referring to some of our past numbers, you will find all the information we possess on the subject.

**M.R.C.S. Eng.**—1st, No. 2nd, No.

**VINDICATOR.**—We admire the kindly sentiments you utter, but there does not appear to be any necessity for publishing your letter, the subject of which would not be sufficiently understood by the readers of the "Medical Circular."

**ZETA.**—The chair you require is made by Chapman and Co., Denmark-street, Soho. The patient propels it himself with the greatest facility. It is a very ingenious invention, and invaluable to invalids deprived of the power of locomotion.

**STOIC.**—In our answer to Paterfamilias a few weeks ago, we said as much as we thought right on the subject of emigration to Melbourne. "Why we think that medical men might succeed better than other classes?" is a pertinent question, which we answer thus:—Firstly, all the married medical men whom we have heard of who have gone to Australia have succeeded, but then there may be many whom we do not know who have not, so we will not rely too much upon personal information. Secondly, we are informed that a custom prevails there in accordance with which medical men get guinea fees during the first two or three visits, paying a third or

fourth visit gratuitously; they are also paid additional guineas for distance. They receive also a guinea for vaccination, and five or ten guineas for midwifery, &c. Now, a moderate practice with guinea fees will soon make two or three thousand pounds per annum. Then, what are the expenses? They chiefly consist in house rent and subsistence. Suppose a man pays £200 per annum for three rooms, he would be obliged to pay half that in London for twelve, and not be comparatively a whit the more respectable. He is only limited in accommodation. Again, if bread be two shillings a quartern loaf, it is only three times as much as it is in London, and few men can eat a quartern loaf a day, and so for the rest. A surgeon, therefore, making two thousand pounds per annum, would be able to save a great part of his earnings. The men who fail and grumble—and those, we grant, are the large majority—are the labourers and artisans who find the means of subsistence and the lodging so excessively dear, that they cannot earn enough, either by gold-digging or other labour, to meet the first expenses necessary to self-preservation. We can only speak of the colony as we believe it will be found in present circumstances: how long this condition of things will last we cannot pretend to say.

**J. C.**—The Richmond Hospital, Dublin, contains 300 beds, St. Vincent's Hospital 100 beds. Both are recognised by the College of Surgeons of London, the latter being placed on the footing of a Provincial Hospital. We may observe *en passant*, that we cannot see what good reason the College can have for refusing their recognition to a Metropolitan Hospital containing only a hundred beds, when they grant it to a Provincial one having the same number. The arrangement tends to maintain a monopoly in the metropolis.

**MEDICUS.**—Dr. Abercrombie, we believe, first brought under the notice of the profession the form of apoplexy termed *serous*. With respect to the treatment of apoplexy, the orthodox plan is still antiphlogistic; but there are many dissentients, who are increasing in number daily, in consequence of recent pathological discoveries.

**A LOOKER ON.**—The wretched dodge has not escaped our eye. In the first circulars sent out by the Editors of the "British Medical Directory," the address on the back was directed to the Editors, at the "Office of the Lancet;" but finding that this direction exposed the source of the application, and failed to bring returns, the address was altered in the second circular by the omission of the words "Office of the Lancet," and by the imitation of the list of contents published on the back of the circulars of the "LONDON AND PROVINCIAL MEDICAL DIRECTORY," to which was also added, at the top of the page in the body of the application, the words, "The last Application," after the manner of the circulars from our office. So closely was this imitation effected, that even the letter-carriers have been deceived.

**OMICRON.**—The numbers shall be sent. We believe the society referred to to be in a prosperous condition.

Mr. Cox's communication on cholera shall be published in our next number.

*To the Editor of the "Medical Circular."*

**SIR,**—I have been much struck lately with your articles on the "Anatomy of Quackery" in the above Journal, and if you would serve the public and yourself still further, you would do an infinite amount of good by publishing a little pamphlet by itself, containing the exposures of those disgusting impostors, who live upon the fears of others. By giving the accurate information you have done of all these villains in a separate form, and advertising it in the same journals they do their filthy works, you would obtain a circulation quite equal to theirs, and perhaps more, while you would have the satisfaction of getting rid of such vermin entirely, and, I fully believe in a very short space of time. Excuse my troubling you with these remarks, and remain, sir, your obedient servant,  
M.

"ONE WHO IS MUCH INTERESTED IN YOUR WORK."

London, Nov. 12.

[It is probable that, at a future time, the articles will be republished. There can be but one opinion as to the utility of those papers, both in a medical and social point of view, and we trust that their vigorous denunciations have been duly felt by the fraternity whose arts have been exposed.]

**ERRATA.**—In the Biography of Dr. Daniell, in last number, page 364, line 4 from the bottom, read Lord "Portman" instead of "Lord Poltimore." Also, page 364, line 8, "severe illness" instead of being "overrun in the street." Also, page 363, line 43, the cure and treatment of "dropsy" instead of "disease."

**DR. S. THOMSON.**—Communication received. Your well-written papers shall appear.



## ADVERTISEMENTS.

### Allen's Illustrated Catalogue, con-

taining Size, Price, and Description of upwards of 100 articles, consisting of Portmanteaus, Travelling Bags, Ladies' Portmanteaus, Despatch Boxes, Writing Desks, Dressing Cases, and other travelling requisites, forwarded on the receipt of two stamps. Messrs. ALLEN'S Registered Despatch Box and Writing Desk, their Travelling Bag (with the opening as large as the bag), and the new Portmanteau, (containing four compartments), are the best Articles of the kind ever produced.—J. W. and T. ALLEN, Manufacturers of Portable Furniture and Military Outfits, 18, & 22, WEST STRAND.

### H. Silverlock's Medical Label Ware-

house, LETTER-PRESSES, COPPER-PLATE, AND LITHOGRAPHIC PRINTING OFFICES, 3, Wardrobe-terrace, Doctor's Commons, London. The Members of the Medical Profession are respectfully informed that at H. SILVERLOCK'S Establishment they will find every kind of Label they can possibly require; and also, that every description of ENGRAVING, LETTER-PRESS, COPPER PLATE, and LITHOGRAPHIC PRINTING is executed by competent workmen, and at the lowest charges.

Catalogues of each sort of Labels are published separately, and will be sent per post on application.

### Scarlett's Portable Invalid Soup.—

SCARLETT and SON respectfully inform the public that the SOUP made by them expressly for invalids, so strongly recommended by Dr. Marshall Hall and other medical gentlemen, will be found very beneficial. 2s. 6d. per quart, or 1s. per lb. 26, King William-street, London-bridge.

### Arrowroot, 8d. per lb., in 14lb. Tins,

warranted genuine, imported direct from the West Indies. Finest Brazilian Isinglass, 8s. 6d. per lb. Samples per post on receipt of two stamps. Delivered free to any part of England.—H. WARREN & CO., 302, Regent-street, London.

### Genuine Wines.—Pale or Brown

Sherry, 33s. per dozen. A very superior Amontillado Sherry 42s. per dozen. Old Crusted Port, 34s., 42s., and 48s. 1100k, 36s. Moselle, 36s. Claret, 30s. Champagne, in splendid condition, 40s. per dozen. THE FINEST BLACK TEA imported, 4s. per lb.

H. WARREN & CO., Importers of Continental and Colonial Produce, 302, Regent-street (nearly opposite the Polytechnic), London.

### The Best Food for Children, Invalids,

and others.—ROBINSON'S PATENT BARLEY, for making superior Barley Water in Fifteen Minutes, has not only obtained the patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light food for infants, children, and invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS form another diet universally esteemed for making a superior Gruel in Fifteen Minutes—light for supper—and alternately with the Patent Barley is an excellent food for children and invalids, being particularly recommended by the Faculty as the purest and best preparations of the kind extant, and far preferable to the Emlden Groats.

Prepared only by the Pateutees, ROBINSON & BELLEVILLE, Purveyors to the Queen, 64, Red Lion-street, Holborn, London.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in packets of 6d. and 1s., and in family canisters at 2s., 5s., and 10s. each.

### To Invalids and those desirous of

PRESERVING HEALTH.—The Sanitary Commission instituted by THE LANCET having pronounced the Cocoa purchased at 15, Rathbone-place, Oxford-street, to be "entirely free from deleterious admixture," the attention of the public is directed to EDMONDS and Co'S HOMÆOPATHIC COCOA, at 1s. 6d. per lb. Edmonds and Co., Tea Dealers, &c., 15, Rathbone-place, Oxford-st.

### THOMAS SALT and Co.

EAST INDIA PALE ALE BREWERS, BURTON-ON-TRENT.

#### STORES.

London.....	21, Hungerford-wharf.
Liverpool.....	52, Henry-street.
Manchester.....	37, Brown-street.
Birmingham.....	26½, Bull-street.
Bristol.....	Back Hall, Baldwin-street.
Nottingham.....	14, Milton-street.
Dublin.....	4, Crown-alley.
Edinburgh.....	17, Downie-place.
Dundee.....	13, New Inn Entry, High-street.

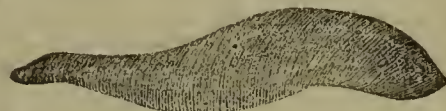
### Soyer's Aromatic Mustard.—"M.

Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration."—LANCET.

Sole Agents: Messrs. CROSSE AND BLACKWELL, 21, Soho-square, London.

### Skeleton and Skull Repository,

45, Museum-street, Bloomsbury, London. JOHN HARNETT begs most respectfully to call the attention of Lecturers, Students, and Gentlemen connected with the Medical Profession, to his large and select Stock of Anatomical Preparations, consisting of Skeletons, loose and articulated Skulls, Hands and Feet, Vertebrae, and Loose Bones, at the lowest possible prices.



### Pure and Healthy Leeches.—

POTTER and HAILEY beg to assure the Profession, Druggists, &c., that the Leeches they offer are such as can be recommended for Purity, Health, and Readiness of Biting.

Importers of Leeches, dealers in Turkey Sponge, and Herbalists, &c., 66, Farringdon-market, London.

Established upwards of Forty Years.

### JOHN HARVEY, NEPHEW AND SUCCESSOR

TO THE LATE

### ANDREW SPRINGWEILER,

No. 2, Duke-street, Smithfield, London,

### Medicine Chest and Dressing Case

MAKER. Ship Medicine Chests according to Act of Parliament. EMIGRANT CHESTS, &c. for all Climates.

Chemical and Plate Chests, Toilette, Jewel, Liqueur, and Sample Cases, Writing Desks, Despatch Boxes, &c., &c.

Wholesale and for Exportation.—Warranted to stand any Climate

It having been reported that the business has been removed, J. H. begs to inform the Medical Profession, that he, as Executor and Successor to the late A. SPRINGWEILER, solicits a continuance of their patronage.

### Spinal Curvature & Deformities.—

#### J. PRATT,

SURGICAL INSTRUMENT MAKER,

OF 420, OXFORD-STREET,

Respectfully offers to the profession his MECHANICAL AID in such cases, he having been eminently successful in many entrusted to his care.

### Horne, Thornthwaite, and Wood,

PHILOSOPHICAL AND CHEMICAL INSTRUMENT MAKERS, 122, and 123, NEWGATE-STREET, LONDON.

Medical Achromatic Microscopes, in Case, for Anatomical Urinary Deposits, &c., £2 2s., £5 5s., and upwards.

Electro-Galvanic Machines, giving a uniform Current of Galvanism of great quantity, in one direction only, and of the only form and construction suitable for medical application, in portable case, £3 3s., £5 5s., and £8 8s.

Urinometers, gilt metal, 14s.; glass, 4s. 6d.; in case for pocket with Thermometer, Acid, &c., 21s. and 35s.

Apparatus and Tests for Analyses of Urine, and Toxicology. In Cases, £3 3s., £5 5s., and £10 10s.

### New Truss for Hernia.—F. Walters

begs to call attention to his NEW TRUSS, with improved water-pad. The advantage of water is, extreme softness and the certainty of the pressure being always in the proper place. This truss has received the approbation of the most eminent surgeons, many of whom pronounce it the most perfect ever yet produced. F. W. can, therefore, confidently recommend it to all those requiring such assistance. Manufactured only by F. Walters, of whom can be had the new double action Cycloidal Enema Syringe; also Walters's celebrated Railway Convenience for Ladies and Gentlemen.—F. Walters, 16, Moorgate, City.



## W. Twinberrow begs to draw the attention of the Medical Profession to his

### EXTRACT OF INDIAN HEMP,

Prepared expressly for him at Calcutta, its peculiarly sedative properties being so beneficial where opiates are inadmissible; also to his

#### MEDICINAL EXTRACTS.

Prepared from the fresh plants (*Hyoscyamus Niger*, *Conium Maculatum*, *Atropo*, *Belladonna*, *Cotyledon Umbilicus*, &c.), also to his *Liq. Taraxaci*, *Liq. Galli Aparinis* (a valuable alterative), *Liq. Parietaræ* (diuretic), and *Liq. Belæ* (prepared from the *Egle Marmelos* or *Indian Bael*), for Dysentery and Diarrhoea.

W. T. has a large supply of INDIAN BAEL, and PURE COD'S LIVER OIL of his own manufacture on hand.

2, Edwards-street, Portman-square.

## Indian Bael.—“As to the Bael Fruit,”

says a professional friend in Calcutta, “I consider it the most certain remedy we possess for Dysentery and Diarrhoea. I have frequently seen it arrest the progress of these diseases in twenty-four hours, after all other medical treatment had failed.—See “Practical Observations,” by J. R. Martin, Esq. F.R.S., “Lancet,” July 16.

The Bael is imported and sold Wholesale, both in the ripe and unripe state, and in the form of Concentrated Decoction, by M. POUND, Chemist, 198, Oxford-street.

## Rymer's Preservative Dentifrice,

and RYMER'S CLEANSING POWDER, for Artificial Teeth, being respectively the most elegant and efficient preparations before the public, are compounded only by Samuel Lee Rymer, Dentist, Croydon, Surrey. Wholesale Agents: Sutton and Co., Bow Church Yard, Dietrichsen and Hannay, 53, and Sanger, 150, Oxford street, London, and sold by most respectable medicine vendors throughout the kingdom. Price 2s. 9d.

## Jozeau's Copahine-mege, or Sac-

charated CAPSULES, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhoea, Gleet, and Leucorrhœal Discharges, on an average of six days (see “Lancet” of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by G. Jozeau, sole French Chemist, 49, Haymarket, London; and Jozeau, Pharmacien, 161, Rue Montmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with the name of Gabriel Jozeau printed thereon.

#### IMPORTANT TO THE MEDICAL PROFESSION.

## Davenport's Syrup of the Iodide of QUININE and IRON.

FROM DR. GOLDING BIRD.—“48, Russell-square.—I have now for some time employed pretty largely the triple Compound of Iodide, Quinine, and Iron, prepared by Mr. John T. Davenport, in the form of Syrup. I do not hesitate to express my opinion of its great value as a therapeutic agent. It has appeared to me, that the Quinine assisted the assimilation of the Iron, and I have found it to be of very great value in cases in which the Iodide of Iron is recognised. This triple Compound possesses many advantages over the simple Iodide, and not the least of them is, the satisfactory manner in which it is tolerated by the stomach, especially if administered (as all preparations of Iron ought to be) immediately after a meal.” GOLDING BIRD, A.M., M.D., F.R.S., Fellow of the Royal College of Physicians, Physician and Professor of Materia Medica at Guy's.

FROM DR. GEO. P. MAY.—“Having for some time past extensively used the ternary compound of Quinine, Iodide, and Iron, prepared by Mr. J. T. Davenport, I can with confidence testify to its marked efficacy in cases of Struma and Anæmia, and, indeed, in all instances in which the exhibition of Iron and its compounds is indicated. This preparation appears to combine all the therapeutic powers of its constituents without their nauseous qualities, which renders it an admirable medicine in the treatment of some of the disorders of childhood.—Geo. P. May, M.D.—Maldon.”

SYRUP OF THE IODIDE OF ZINC, as prepared for Dr. Barlow, of Guy's Hospital.

TARAXACUM (Davenport's) LIQUOR, or FLUID EXTRACT, Prepared by Spontaneous Inspiration, possesses every characteristic of the fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm. 6s. per lb.

CITRATE OF QUININE AND IRON. 25 per Cent. Quinine, 4s. 6d. per oz.

SYRUP OF THE IODIDE OF IRON. P. L. 3s. per lb.

BIMECONATE SOLUTION OF OPIUM. Professional testimonials acknowledge this preparation to be the most efficient sedative extant. The unpleasant effects of ordinary opiates are entirely obviated. Dose, fifteen to thirty drops. 8d. per oz.

COTYLEDON UMBILICUS. The Solid and Fluid Extracts, 1s. 3d. and 1s. per oz.; also, the Preserved Juice, 5s. 4d. per lb., as recommended by Mr. Salter, of Poole, in Epilepsy.

J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 33, Great Russell-street, Bloomsbury. A List of Preparations forwarded on application.

## Teeth.—By Her Majesty's Royal

Letters Patent.—Newly-invented and Patented application of Chemically prepared White India-rubber in the construction of Artificial Teeth, Gums, and Palates.—Mr. EPHRAIM MOSELY, Surgeon-Dentist, 61, Grosvenor-street, Grosvenor-square, sole Inventor and Patentee.—A new original, and invaluable invention, consisting in the adaptation, with the most absolute perfection and success, of CHEMICALLY-PREPARED WHITE INDIA-RUBBER as a lining to the ordinary gold or bone frame. The extraordinary results of this application may be briefly noted in a few of their most prominent features, as the following:—All sharp edges are avoided; no springs, wires, or fastenings are required; a greatly increased freedom of suction is supplied; a natural elasticity, hitherto wholly unattainable, and a fit perfected with the most unerring accuracy, is secured; while, from the softness and flexibility of the agent employed, the greatest support is given to the adjoining teeth when loose, or rendered tender by the absorption of the gums. The acids of the mouth exert no agency on the chemically-prepared white India-rubber, and as it is a non-conductor, fluids of any temperature may with thorough comfort be imbibed and retained in the mouth, all unpleasantness of smell or taste being at the same time wholly provided against by the peculiar nature of its preparation. To be obtained only at 61, Grosvenor-street, London; 22, Gay-street, Bath; 34 Grainger-street, Newcastle-on-Tyne

TO SURGEONS, CHEMISTS, &c.

## Sulphate of Quinine (without

Alcohol). Patented 28th of July, 1853, by EDWARD HERRING, Chemical Works, Trinity-street, Southwark, London.

These Sulphates of Quinine are prepared by extracting the coloring of the bark by means of a caustic solution of Soda or Potash; thus avoiding the necessity of the usual bleaching Agent, impure Animal Charcoal—and dispensing with the use of Alcohol. The Patent has, therefore, the advantage of manufacturing a Sulphate of a Quality very superior to that produced by the ordinary Spirit process.

The WHITE (Bleached) SULPHATE is the usual article of commerce, but being manufactured by the patent Caustic Alkali process, requires the agency only of pure Animal Charcoal, for the perfect bleaching of the Salt, producing a whiteness which is scarcely possible to be attained by the hitherto known processes. Put up in the usual 1oz. bottles; also in 4oz. bottles (free).

THE UNBLEACHED SULPHATE, although of such recent introduction, has not only been chemically attested and approved, but already put into extensive application by the large London and Provincial Hospitals and Dispensaries.

The Crystalline form is the same, and is, in every respect, identical with the usual white article, with the exception of the one being bleached and the other unbleached.

Independently, therefore, of its commercial points, the vast saving of about 20 per cent. in price, is not the least of its recommendations. Put up in bottles (free) of 3 oz. each, also 1 oz. sample bottles.

The PATENTED SULPHATES to be had of the leading Drug gists in London and the United Kingdom, and in quantities of not less than 100 ounces, from the Manufactory, Chemical Works, Trinity-street, Southwark, London.

July 28, 1853.

## Railway Travellers are invited to

inspect W. S. SPARK'S Stock of URINALS, both Male and Female, of the most approved forms, and at reduced prices; also, Water and Air Pillows, Cushions, Mattresses, Bed Pans, Surgical Bottles, Bandages, and every article made in India Rubber or Gutta Percha for Invalids. W. S. also manufactures Waterproof Coats, Capes, and Overalls, in Silk, Alpaca, Cambric, &c., of the lightest and best description, Fishing Boots, Stockings, Driving Aprons, &c., warranted not to crack, and to stand all climates.

List of Prices and Circulars forwarded on application to W. S. SPARKS, India Rubber Manufacturer, 115, New Bond-street.

The Trade and Country Dealers supplied on the best terms.

## Medical Men, Managers of Clubs,

INSURANCE and other OFFICES, and the Public generally are respectfully requested, before furnishing, to inspect the extensive and well-selected Stock at RICHARD A. C. LOADER'S CABINET AND UPHOLSTERY WAREHOUSES, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

The Stock comprises every requisite for furnishing, at as low a price as goods of a guaranteed quality can be supplied. Catalogues gratis.

RICHARD A. C. LOADER, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

## Hats perfectly ventilating, pliant

to the head, many ounces lighter than those in present use, yet equally durable. These Hats, as exhibited by MESSRS. GAIMES, SANDERS, & NICHOLL, at the Great Exhibition, 1851; and which are now so extensively patronised by the nobility and gentry, by the leading members of the legal and medical professions, and by many of the most eminent literary men, can be obtained in London, at 22, BIRCHIN-LANE, CORNHILL, and 111, Strand; or of their agents in most of the principal towns in England, Scotland, and the Colonies. The usual discount allowed to shippers.



## ADVERTISEMENTS.



### NORTHWOODS, NEAR BRISTOL.

AN ESTABLISHMENT FOR THE RECEPTION AND CURE OF A LIMITED NUMBER OF INSANE PATIENTS OF THE HIGHER CLASSES OF SOCIETY.

DR. DAVEY, RESIDENT PROPRIETOR AND SUPERINTENDENT.

*(Formerly of the County of Middlesex Lunatic Asylums at Hanwell and Colney Hatch.)*

The above, as a residence for those mentally afflicted, presents many peculiar advantages. The beauty of the locality, the extensive and highly-cultivated grounds belonging to the mansion, and the wide and diversified prospect, not less than the contiguity of Northwoods to the mouth and valley of the Severn, and its junction with the Bristol Channel, afford, in themselves, a guarantee of its cheerfulness and salubrity. Being built expressly for the purposes of a private Asylum, and adapted, therefore, in every way for the due Classification of the Insane, it affords to its inmates many conveniences and comforts not otherwise attainable; and the importance of these, in a remedial sense, will be directly apparent. Being in the vicinity of Bristol, and within an easy distance of the Yate Station on the Bristol and Gloucester line of railway, it is of course readily accessible. The NON-RESTRAINT PLAN OF TREATMENT is here fully carried out; and all the resources of the humane system, for so many years practised by Dr. DAVEY at the Middlesex County Lunatic Asylums, at Hanwell and Colney Hatch (under Dr. Connolly), are in full operation. The arrangements of the entire household, general and domestic, are made and carried through with but one object, viz., the personal well-being of the invalid inmates of the Establishment. Carriage, and, in some cases, horse exercise, cheerful society, and a variety of amusements, as reading, music, billiards, etc., etc., are provided, and exercise out of doors is much encouraged. Dr. DAVEY resides with his family at Northwoods, and devotes the whole of his time to the care, comfort, and melioration of his patients.

Particulars may be learned on application to Dr. DAVEY, at Northwoods, near Bristol; or (by appointment) at his Chambers, 52, Parks street, Bristol.

### Examine your Tailor's Bills, and if

you are dissatisfied with the charges, try one whose business is conducted exclusively for cash, and at prices in accordance, as illustrated by the world-famed SCOTCH TROUSERS, at 16s., made by MILES, 62, New Bond-street.

### Argyll Baths, 10, Argyll-place,

REGENT-STREET,  
AND AT 5, NEW BROAD-STREET, CITY.

TERMS:

WARM BATHS—ONE SHILLING EACH.

Reserved Rooms, including the Ladies' Department, One-and-Sixpence each; Twenty-one Transferable Tickets, One Guinea.

Vapour, Sulphur, and Harrowgate Baths, 3s. 6d. each—8 for 21s. Hot Air, Mercurial, and other dry Fumigating Baths, 5s. each—6 for 21s.

Portable Warm Baths sent out within ten miles of London. Single Bath (with hot linen, &c.), within one mile of Argyll-place, 5s.; every additional mile, 1s. extra.

An idea may be formed of the capacity of these Establishments when it is stated that upon their erection and completion upwards of £30,000 has been expended, and that at each place one hundred Baths can be given in an hour.

### Apothecaries' Hall, College of

Surgeons.—DR. STEGGALL continues to assist gentlemen in their studies, preparatory to Examination at the Royal College of Physicians, College of Surgeons, Apothecaries' Hall, St. Andrew's, Aberdeen, &c., either in class or separately.—For terms, &c., apply before One, and after Three o'clock, daily, at 2, Southampton-street, Bloomsbury-square, London.

### Royal College of Physicians, Degree

OF M.D., APOTHECARIES' HALL, &c.—DR. COOKE continues to assist (personally or by correspondence) Gentlemen desirous of Graduating in Medicine or Surgery, or of Matriculating at British or Continental Examining Boards.—For terms, &c., apply to Dr. COOKE, East Temple Chambers, 2, Whitefriars-street, Fleet-st.

### Stringfellow's Patent Electro-Gal-

VANIC PORTABLE BATTERY.—These Batteries, being the size of a lady's card-case, easy in their application, and certain in their action, afford the most complete method yet known of applying, for curative purposes, a mild, continuous, Electro-Galvanic Current, and have been most successfully applied. Price One Guinea; by post, 22s. "Its principle is the same as Pulvermacher's Chain; but it is more effective and energetic, &c."—ASSOCIATION MEDICAL JOURNAL. —W. ELLIOTT and SONS, Opticians, 56, Strand, London.



## Medical Agency & Lunatic Asylum

REGISTRATION.—MESSRS. LANE AND LARA, 14, JOHN-STREET, ADELPHI (Established A.D. 1828), have always for disposal, Practices, Partnerships, Asylums and such Businesses as are usually carried on by Professional men, of all kinds, in every locality. Commission is charged only to vendors for successfully conducting a negotiation, payable out of the purchase money. Any description of business transacted for medical gentlemen, at a fixed and moderate cost.

Assistants are provided without expense to principals. Messrs. LANE and LARA have also much pleasure in respectfully inviting the attention of the profession to their LUNATIC ASYLUM REGISTRY, by which the friends of the Insane and of Invalids may obtain, gratuitously, the Terms and Prospectuses of establishments adapted to every class of the community, and the fullest information on every point connected with them. A list is kept of Superintendents, Medical Officers, Matrons, and Male and Female Attendants.—(Vide "The Lancet," May 10, and "Medical Times," May 17, 1851. \*\*\* Office hours from Twelve till Four.

## Medical Practice to be Disposed of

immediately, within sixteen miles from Derby, near a line of railway. The advertiser can give satisfactory reasons for relinquishing the practice. In addition to private patients, there are a few contracts, which, with the stock-in-profession would be disposed of on very liberal terms.—Address A.B., Post-office, Mattock Bath, Derbyshire

BANKS OF DEPOSIT AND SAVINGS BANKS.

INVESTMENT OF CAPITAL.

NATIONAL ASSURANCE & INVESTMENT ASSOCIATION TRUSTEES.

The Right Hon. the Earl of Besborough.  
The Right Hon. Lord George Paget, M.P.  
The Right Hon. Lord Templemore.  
The Hon. Henry Fitzroy, M.P.  
The Rev. Joseph Prendergast, D.D. (Cantab.), Lewisham.  
George Stone, Esq., Lombard-street.  
Matthew Hutton Chaytor, Esq., Reigate.

## Persons desirous of investing Money

are requested to examine the Plan of this Association by which a high rate of Interest may be obtained combined with perfect security.

Prospectuses and full information may be had at the Office, or sent post free, on application. PETER MORRISON,

Managing Director

St. Martin's place, Trafalgar-square, London.

## United Kingdom Life Assurance

COMPANY.—Established by Act of Parliament in 1834, 8, Waterloo-place, Pall-mall, London.

HONORARY PRESIDENTS.

Earl of Courtown. Lord Elphinstone.  
Earl of Leven and Melville. Lord Belhaven and Stenton.  
Earl of Norbury. W. Campbell, Esq. of Tillichewan.  
Viscount Falkland.

LONDON BOARD.

CHAIRMAN.—CHARLES GRAHAM, Esq., F.S.A.  
DEPUTY-CHAIRMAN.—CHARLES DOWNES, Esq.  
H. Blair Ayres, Esq. J. G. Henriques, Esq.  
E. Lennox Boyd, Esq., RESIDENT. R. H. Macdougall, Esq.  
Charles Berwick Curtis, Esq. F. C. Maitland, Esq.  
William Fairlie, Esq. William Railton, Esq.  
D. Q. Henriques, Esq. Thomas Thorby, Esq.

MEDICAL OFFICER.

Arthur H. Hassall, Esq. M.D. 8, Bennett-street, St. James's.  
The Bonus added to Policies from March, 1834, to December 31, 1847, is as follows:—

Sum Assured.	Time Assured.	Sum added to Policy in 1841.	Sum added to Policy in 1848.	Sum payable at Death.
£	Yrs. Mts.	£ s. d.	£ s. d.	£ s. d.
5,000	13 10	683 6 8	787 10 0	6,470 16 8
*1,000	7 0	. . . .	157 10 0	1,157 10 0
500	1 0	. . . .	11 5 0	511 5 0

\* EXAMPLE.—At the commencement of the year 1841 a person aged 30 took out a policy for £1,000, the annual payment for which is £24 1s. 8d.; in 1847 he had paid in premiums £168 11s. 8d.; but the profits being 2½ per cent. per annum on the sum insured (which is £22 10s. per annum for each £1,000), he had £157 10s. added to the policy, almost as much as the premiums paid.

The premiums, nevertheless, are on the most moderate scale, and only one-half need be paid for the first five years, when the Insurance is for Life. Every information will be afforded on application to the Resident Director.

## Medical Agency, 50, Lincoln's-inn-fields, Conducted by

MR. BOWMER, M.R.C.S.L.

All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.

(OFFICE HOURS, 11 TILL 4.)

## The Artificial Tympanum.—Mr.

YEARSLEY'S PAPERS on his 'NEW MODE of TREATING DEAFNESS' are reprinted from the 'Lancet,' in the form of a Pamphlet, which may be obtained of Mr. Churchill, Medical Publisher, 46, Princes-street, Soho, price One Shilling, or sent by post on receipt of Sixteen Postage Stamps.

"We have ourselves seen the remedy applied by Mr. Yearsley in several cases of apparently incurable deafness, and the effect produced appeared to be almost miraculous. This happy discovery establishes for our profession another claim to public gratitude and respect."—Leading Article of the 'Lancet.'

## To all Bad Writers.—Mr. T. H.

CARSTAIRS continues to give LESSONS to Ladies and Gentlemen in his highly improved METHOD OF WRITING, enabling all those who require it to obtain a command and freedom seldom (if ever) equalled. Prospectuses of terms, &c., may be had at the Establishment, 81, Lombard-street, City.

## Dr. Pereira.—This late Eminent

Physician's opinion of HARDS' FARINACEOUS FOOD for Infants and Invalids:—

"I have carefully examined, and repeatedly prescribed 'Hards' Farinaceous Food' (See Pereira's 'Treatise on Food and Diet,' pp. 309 and 473, &c.), which is prepared from the most nutritious of the cereal grains. It combines both nitrogenised and non-nitrogenised alimentary principles, and forms a very valuable food for children and invalids. "JOHN PEREIRA, M.D., F.R.S.,

"Assistant-Physician to the London Hospital.

"47, Finsbury-square, July 1, 1843."

Sold by Chemists and Druggists, Patent Medicine Vendors, Tea Dealers, and Italian Warehousemen, in 1s. and 2s. packets, and tin cases, 7s. 6d. each. Observe—all genuine packets and cases are signed "Jas. Hards," and manufactured at the Royal Victoria Mill Dartford, Kent.

## Mayall's Daguerreotype Portrait

GALLERIES, 224, Regent-street, corner of Argyle-place, and 443, West Strand.—Mr. Mayall invites inspection of his newly patented process for producing crayon effects in daguerreotype miniatures, also his extensive collection of original portraits of parliamentary, scientific, literary, and theatrical celebrities. Portraits taken daily in the highest style of art. "Mr. Mayall's crayon pictures are much distinguished for the beauty of their execution, the tint being harmonious and neutral, the various textures of flesh, hair, drapery, &c., discriminated with a painter's taste, and an entire absence of a certain commonness of aspect which has tended hitherto to disparage this art."—Athenæum.

## To Authors, Publishers, etc.—Wood

ENGRAVINGS.—Illustrations for Books, Periodicals, Newspapers, and every class of Wood Engravings executed in a superior style, at reasonable prices, by GEORGE DORRINGTON, Designer and Engraver on Wood, 4, Ampton-street, Gray's Inn-road.

TESTIMONIALS.—"We are much pleased with your Engraving, and are obliged by your punctuality."—Cambridge Advertiser. "We are quite satisfied with your workmanship."—Edinburgh Evening Post. "The Engraving does you great credit."—Leicester Chronicle. "The Engraving has worked admirably, we are perfectly satisfied with it."—Cambridge Independent Press. "Your acclarity, business-like tact and system are admirable."—Sheffield Times. "We are quite satisfied with the Engravings; they have our entire approval."—Derbyshire Courier. "The workmanship is very creditable to you, and worthy of the patronage of the press."—Nottingham Review. "We can fully bear out the encomiums of other newspapers on your ability and punctuality."—Sherbourne Journal. "We have much pleasure in bearing testimony to your promptitude in the execution of Engravings, and also to the general excellence of the work."—Leicester Mercury.

ESTIMATES AND SPECIMENS POST-FREE.

The Publisher of the "MEDICAL CIRCULAR," in answer to several enquiries from the country, begs to state that the following are the terms for inserting Advertisements:—

Four lines and under	£0 2 6
Every additional line	0 0 6
Whole Column	2 15 0
Whole Page	5 5 0

London: Printed by WILLIAM TROUNCE, at his Office, No. 9, Cursitor-street, Chancery-lane, in the Parish of St. Andrew, Holborn, in the County of Middlesex; and published by CHARLES JAMES HARRIS, at No. 123, Strand in the City of Westminster.—November 16th, 1863.



THE  
**MEDICAL CIRCULAR**  
AND  
General Medical Advertiser.

No. 47, NEW SERIES. }  
No. 73. }

WEDNESDAY, NOVEMBER 23, 1853.

{THREEPENCE.  
STAMPED, 4d.

TABLE OF CONTENTS.

Page	Page
Leading Articles :	Original Communications ... .. 402
The Non-Restraint System in the Treatment of Lunacy ... 391	Correspondence ... .. 403
The Medical Benevolent College ... .. 392	Notes and Queries... .. 403
Militia Surgeons ... .. 393	Medical Societies ... .. 404
Mirror of Periodical Literature ... .. 393	Medical Life in London ... .. 406
Contents of the Medical Journals ... .. 395	The Cholera ... .. 407
Mr. Robert Gardiner Hill and the "Lancet" ... .. 396	Obituary ... .. 408
The Medical Men of the Three Kingdoms, Part VII. ... 399	Medical News ... .. 409
Biographical Notices ... .. 401	Notices to Correspondents ... .. 410
Reviews ... .. 401	

On the First of January next will be published, most carefully revised, and with many new features, which will add greatly to the utility of the Works,

**THE LONDON AND PROVINCIAL MEDICAL DIRECTORY.** Price to Subscribers, 6s.; Non-Subscribers, 7s. 6d.

**THE MEDICAL DIRECTORY FOR IRELAND.** Price to Subscribers, 4s.; Non-Subscribers, 5s.

**THE MEDICAL DIRECTORY FOR SCOTLAND.** Price to Subscribers, 4s.; Non-Subscribers, 5s.

OBSERVE, that the above are the only Medical Directories, published by Mr. John Churchill, Princes-st., Soho, one of which (the London and Provincial) has been the Index to the Profession for the last eight years, and has received the warmest commendations both from the medical and general press. The utmost pains are taken in the compilation of these works, which are found in all Public Offices, Scientific Institutions, &c., and are constantly referred to in the Courts of Law. Office, 128, Strand, where all communications are to be addressed. C. J. Harris, Secretary.

Just published, demy 8vo., pp. 48, price 1s.; by post 1s. 4d.

**The Unconstitutional and Illegal**

Proceedings of the Council of the Pharmaceutical Society. By WILLIAM DICKENSON, Pharmaceutical Chemist, and one of the Editors of the "Annals of Pharmacy." London: Wm. Freeman, 69, Fleet-street, and all Booksellers.

**To Life Assurers.—A List of all the**

Principal Assurance Offices, their Tables, Names of Secretaries, Medical Officers, and every information required by assurers will be found Indexed and Alphabetically arranged in the LONDON AND PROVINCIAL MEDICAL DIRECTORY, and the MEDICAL DIRECTORIES for Ireland and Scotland for 1854. Office, 128, Strand.

Just published, 8vo, in cloth, price 5s. free by post, 5s.

**On True and False Spermatorrhœa :**

With a view to the Correction of wide-spread Errors in relation to the Treatment and Cure of the Impuissant and Sexual Hypochondriacs, in general. Translated from the German of Dr. PICKFORD. Bailliérie, 219, Regent-street, & 290, Broadway, New York

TO GENTLEMEN SEEKING APPOINTMENTS.

**The Civil Service Gazette (Weekly**

Family Journal, Price Sixpence) contains each week a List of all Vacancies and Appointments in the Treasury, Post Office, Admiralty, Audit Office, Royal Dockyards, War Office, Home and Colonial Departments, Foreign Office, Customs, Coast Guard, and all other Departments of the State, both in England and the Colonies. The information is official and authentic. The CIVIL SERVICE GAZETTE is also a complete Newspaper, with the usual Parliamentary, Legal, Home and Foreign News, Literary Notices, and Theatrical Critiques. Its Ecclesiastical Intelligence supplies a List of Clerical Vacancies, with the name of the Patron and Value of each Living. It contains the usual Naval and Military Gazette; and in the General News will be found an account of Vacancies in Railways and Dockyards, and all the great Incorporated Companies. Office—5, Catherine-street, Strand.

Recently published, Third Edition, 8vo, price 6s.,

**On Curvatures of the Spine: Their**

Causes and Treatment. By SAMUEL HARE, F.R.C.S., etc.

"The author has had much success in his plan of treatment, and we are of opinion that the principles upon which he acts in the treatment of these affections are correct."—*Lancet*.

"We unhesitatingly commend his work as a truthful and trustworthy statement of the power of scientific surgery and medicine over some of the most grievous hindrances to human activity and industry."—*London Medical Gazette*.

"Mr. Hare may take credit to himself for having effected much good in the treatment of the cases described."—*Provincial Association Journal*.

By the same Author, 8vo., price 2s.,

On the PHYSICAL EDUCATION of CHILDREN, especially as regards the

PREVENTION of SPINAL and other DEFORMITIES.

London: J. Churchill, 46, Princes-street, and all Booksellers.

**To Patients suffering from Tender**

Legs and Feet.—THE BALBRIGGAN COTTON ELASTIC STOCKINGS AND SOCKS, manufactured by CHARLES GLENNY, of Balbriggan House, 33, Lombard-street, London, will be found the most comfortable article ever invented. They are so exceedingly soft and elastic, that no pressure can be felt by the sufferer. Sold only at Balbriggan House, 33, Lombard-street, London.

**Spirits of Wine for the Faculty**

may always be obtained from us, of extraordinary Strength and Purity, at the lowest remunerative prices, for Cash on delivery, subject to variations in the market.

Our EAU DE VIE is at present 16s. per Imperial Gallon, or, in French bottles, 34s. per Dozen, bottles included.

HENRY BRETT & CO., Old Fumival's Distillery, Holborn.



## American Invention for the Pre-

VENTION of SPINAL CURVATURE, &c.—An apparatus, not intended for the support but prevention of spinal deformity, has recently been invented in America, by means of which the habit of stooping, rounding the shoulders, &c., is immediately corrected, without the wearer feeling the least restraint. It is instantly applied, without any fastenings whatever, can be worn beneath or above the dress; is simple in its form, and in weight only a few ounces. It is especially recommended for young ladies during drawing, music, equestrian exercise, &c., and to adults whilst reading, writing, or following any sedentary pursuit. To be procured only from HENRY BIGG and SON, anatomical machinists, 29, Leicester-square. Price £1 1s. The apparatus is patented in England, France, and America.

## Prize Medal, Great Exhibition,

1851.—The only one granted for CORSETS in the United Kingdom, was awarded by the MEDICAL JURY to MADAME CAPLIN, 58, Berners-street, Oxford-street, for her HYGIENIC CORPORIFORM CORSETS, Elastic Bodice, Belts, &c. For a description of the merits of the above, see Dr. Tilt's great work, "Elements of Female Hygiene."

STAYS SUPERSEDED.

## Great Exhibition Elastic Bodice.

—Stiff Stays destroy natural grace, produce deformity, and implant disease. Curvature of the spine, consumption, and a host of evils arise from their use. MARTIN'S ELASTIC BODICE is without whalebone or lacing, at the same time furnishing a sufficient support, and imparting to the figure that natural elegance, which is quite impossible under the pressure which is the great aim, as mischief is the certain end, of all kinds of stays. The time and patience of the wearer are also spared, by a simple fastening in front, to obviate the trouble of lacing. As there are several imitations of these celebrated Bodices, it is necessary to inform the Public that they can be obtained only of the Inventors and Manufacturers, E. AND E. H. MARTIN, 504, New Oxford-street.

A Prospectus, &c., on receipt of a stamp, can be sent by post.

## Cook and Williams's Respiratory

Organ, and Chest Protector for Fog, Cold, and Night Air.

"A good and inexpensive substitute for Mr. Jeffery's Respirator. It is either stock or searf of most ready and convenient adjustment. The one for Ladies is manufactured in fine stuff, of various colours, and forms a neck-tie of elegant appearance; the elastic band which covers the mouth falls into the fold when not required."—MEDICAL TIMES, January 4, 1851. "Cheap, elegant, and effective."—LANCET, November, 30, 1851. Patentees, 10, Priuces-street, Hanover-square, and of the Principal Chemists in the United Kingdom.

## For Varicose Veins & Weakness.—

SURGICAL ELASTIC STOCKINGS, AND KNEE-CAPS on a New Principle, pervious, light in texture, and *inexpensive*, yielding a permanent, efficient, and unvarying support under any temperature, without the trouble of Lacing and Bandaging: likewise, a Strong, Low-priced Article for Hospitals and the Working Classes: ELASTIC NET CORSETS of the same beautiful fabric, ABDOMINAL SUPPORTING BELTS, for both sexes, those for ladies' use before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instructions for measurement, and prices on application, and the articles sent by post, from the Manufacturers, POPE and PLANTE, 4, WATERLOO-PLACE, PALL-MALL, LONDON.

The Profession, Trade, and Hospitals supplied.

RUPTURES.—BY ROYAL LETTERS PATENT.

## The Moc-Main Lever Truss is allow-

ed by upwards of 200 Medical Gentlemen to be the most effective invention in the curative treatment of HERNIA. The use of a steel spring, so often hurtful in its effects, is here avoided; a soft bandage being worn round the body, while the requisite resisting power is supplied by the MOC-MAIN PAD and PATENT LEVER, fitting with so much ease and closeness that it cannot be detected, and may be worn during sleep. A descriptive circular may be had, and the Truss (which cannot fail to fit) forwarded by post, on the circumference of the body two inches below the hips being sent to the Manufacturer, Mr. WHITE, 228 Piccadilly, London.

## Elastic Stockings for Va-

RICLOSE VEINS, and all cases of Weakness and Swelling of the Legs, Sprains, etc. They are porous, light in texture, and inexpensive, and are drawn on like an ordinary Stocking. Price from 7s. 6d. to 16s.

MANUFACTORY—228 PICCADILLY, LONDON.



## Rumble's Improved Elastic Bodice,

recommended by eminent Physicians.—This superior and much improved Elastic Bodice can with confidence be offered to ladies, as surpassing any yet made; it fastens easily in front, retains its firmness and elasticity, and by a peculiar system, adopted by Mrs. Rumble, a perfect fit is ensured. To be obtained only of the manufacturer, M. Rumble, 2, Welbeck-street, Cavendish-square, opposite the Savings Bank.

## The Respirator.—The extensive

use of Mr. JEFFREYS'S Respirator by sufferers from irritation in the air passages and lungs, renders it desirable that the attention of the profession should be invited to the different forms of the instrument. These are—for the mouth, THE FIXED ORAL RESPIRATOR, and the HAND ORAL—the latter so convenient in form as to supersede in many cases a necessity for the former. The NASAL for the nostrils, and the ORINASAL to cover both orifices, are instruments used chiefly at night, to promote rest by allaying cough and irritation. The earlier and more steadily the Respirator is employed in the forms needed, the sooner does the patient cease to require it. There can be no greater mistake in therapeutics than to defer the employment from a fear of inducing a dependence on it, the very contrary being true in theory and in all experience. A pamphlet, entitled "Answers to Objections, &c.," and procurable at all the Depots, may be worth the attention of medical men, as containing philosophical replies to mistaken views. West-end Depot, 25, Holles-street, Oxford-street.—S. Griffiths. Wholesale Office, City, 25, Bucklersbury. The leading Chemists and Instrument Makers are Agents for Mr. Jeffreys's Respirators.

## New Truss for Hernia.—F. Walters

begs to call attention to his NEW TRUSS, with improved *water-pad*. The advantage of water is, extreme softness and the certainty of the pressure being always in the proper place. This truss has received the approbation of the most eminent surgeons, many of whom pronounce it the most perfect ever yet produced. F. W. can, therefore, confidently recommend it to all those requiring such assistance. Manufactured only by F. Walters, of whom can be had the new double-action Cycloidal Enema Syringe; also Walters's celebrated Railway Convenience for Ladies and Gentlemen.—F. Walters, 16, Moorgate, City.

## Examine your Tailor's Bills, and if

you are dissatisfied with the charges, try one whose business is conducted exclusively for cash, and at prices in accordance, as illustrated by the world-famed SCOTCH TROWERS, at 16s., made by MILES, 62, New Bond-street.

## Hats perfectly ventilating, pliant

to the head, many ounces lighter than those in present use, yet equally durable. These Hats, as exhibited by MESSRS. GAIMES, SANDERS, & NICHOLL, at the Great Exhibition, 1851; and which are now so extensively patronised by the nobility and gentry, by the leading members of the legal and medical professions, and by many of the most eminent literary men, can be obtained in London, at 22, BIRCHIN-LANE, CORNHILL, and 111, Strand; or of their agents in most of the principal towns in England, Scotland, and the Colonies. The usual discount allowed to shippers.

## Railway Travellers are invited to

inspect W. S. SPARK'S Stock of URINALS, both Male and Female, of the most approved forms, and at reduced prices; also, Water and Air Pillows, Cushions, Mattresses, Bed Pans, Surgical Bottles, Bandages, and every article made in India Rubber or Gutta Percha for Invalids. W. S. S. also manufactures Waterproof Coats, Capes, and Overalls, in Silk, Alpaca, Cambric, &c., of the lightest and best description, Fishing Boots, Stockings, Driving Aprons, &c., warranted not to crack, and to stand all climates.

List of Prices and Circulars forwarded on application to W. S. SPARKS, India Rubber Manufacturer, 115, New Bond-street.

The Trade and Country Dealers supplied on the best terms.

## Argyll Baths, 10, Argyll-place,

REGENT-STREET,

AND AT 5, NEW BROAD-STREET, CITY.

TERMS:

WARM BATHS—ONE SHILLING EACH.

Reserved Rooms, including the Ladies' Department, One-and-Six-pence each; Twenty-one Transferable Tickets, One Guinea.

Vapour, Sulphur, and Harrogate Baths, 3s. 6d. each—8 for 21s. Hot Air, Mercurial, and other dry Fumigating Baths, 5s. each—6 for 21s.

Portable Warm Baths sent out within ten miles of London. Single Bath (with hot linen, &c.), within one mile of Argyll-place, 5s. every additional mile, 1s. extra.

An idea may be formed of the capacity of these Establishments when it is stated that upon their erection and completion upwards of £30,000 has been expended, and that at each place one hundred Baths can be given in an hour.



## The Medical Circular.

WEDNESDAY, NOVEMBER 23, 1853.

### THE NON-RESTRAINT SYSTEM IN THE TREATMENT OF LUNACY.

INVARIABLE experience attests that no great discovery in science, nor any important improvement in the methods or appliances of art, has been made in entire independence of the meditations and labours of other men. The most penetrating genius has not been able to see far in advance of others experimenting in the same field; and most commonly the loftiest scientific achievement has been either a sagacious generalisation of the labours of predecessors, or the discovery of the last link wanting to complete the chain of facts connecting, in unbroken series, a variety of physical phenomena to their fundamental and regulating cause. The last proof, fortuitous or contrived, easy or laborious, enables the fortunate discoverer to complete a grand induction, suspected, foreshadowed, and, probably, believed by other men, but never before demonstrated; hence he derives his title to all the honours which the world has been accustomed to award to successful genius. The announcer of a new law, clearly exhibited, becomes the recipient of the smaller fame of his predecessors. He absorbs their labours, and is reputed as the master of the vineyard, whose fruits have become his property by the superior ascendancy of his character, and by the general consent of the world.

The fact that many minds are usually employed in the endeavour to attain the same result, and have generally aided, in a greater or less degree, in its accomplishment, has frequently led to the detracting of the fair fame of the man to whom the credit of the conclusion justly belongs. As soon as the wonder of the new announcement has subsided, numerous candidates for priority gradually assert their pretensions, or are, by envious and carping critics, disinterred from their unhonoured graves to dispute the possession of the bays with the rightful owner.

Newton was not allowed to enjoy his fame in peace, and his quarrel with Leibnitz divided and convulsed the scientific world. Watt's claim to be the author of the steam-engine has been attributed to Newcomen, and, failing his pretensions, to the mad Marquis of Worcester; yet Watt's name will be associated with the steam-engine to the end of time, because he concluded and perfected the labours of all his predecessors. They were no more than slaves carrying bricks and straw for the great master-builder. Attempts have been made to deprive Columbus of the credit of discovering the Western Continent, because some wandering Norsemen, and men greater than they—John and Sebastian Cabot—had discovered Greenland before him; yet, while we allow the

Cabots' claim to glory, we shall not seek to diminish by a single leaf the wreath of laurel with which the head of Columbus has been crowned by the concurrent applause of all nations.

In our own profession the same cavillers have gnawed at the reputation of the illustrious Harvey, and professed to have detected, by their microscopic criticism, a prior claimant to the honour of discovering the circulation of the blood; and, in our own day, the merit that belongs to Marshall Hall has been vehemently disputed, and his brilliant generalisations given to an obscurer name.

We despise the miserable critics who, in the pursuit of their craft, are ever on the watch to despoil a man of his just honour; and who seek to prevent an individual becoming great by dividing the credit due to him among a herd of small pretenders. These snarlers have at all times infected the republic of science, and yelped in concert at the heels of every individual who has done a good or a great thing, and has been fortunate enough to acquire the respect of his fellows; they sicken at the sight of superior ability, and die of envy to think that any man but themselves should achieve a title to the lasting gratitude of mankind.

This is the position in which we now find Mr. Robert Gardiner Hill placed in relation to his critics. Despite the most convincing evidence that he was the first person who thoroughly appreciated and proclaimed the truth and safety of the "non-restraint" system in the treatment of lunacy, these malignant antagonists continue to carp at his pretensions, and endeavour to deter him from defending his honour by loading his name with base insinuations, odious charges, and despicable calumnies. We blushed for the honour of our common profession when we read the language in which the rancorous traducer of the "Lancet" discharged his venom on the name of Mr. Gardiner Hill; yet more when the cowardly scribe deprived that gentleman of the opportunity of cleansing it of the pollution in the pages of the journal in which the perverted statements and malicious accusations had appeared.

By what code of justice can the "Lancet" feel authorised to publish its calumnies against a private individual, and forbid him afterwards the opportunity of repelling the disingenuous and false charges in the presence of the same tribunal before which they were made? The refusal of the "Lancet" to publish the reply of Mr. Gardiner Hill to its elaborate slanders, is one of the most dastardly acts that have ever disgraced our literature. Indignant at the treatment Mr. Hill has received, we are resolved that he shall have a hearing, and we are convinced that it will redound to his great honour, and to the shame and confusion of his enemies.

Let Mr. Hill be assured that the good feeling and the sense of justice of every independent member of the profession are on his side, and will support him against his calumniators. That he is entitled to be considered as the



originator of the system of "non-restraint" is incontestable, as will appear on an honest examination of the evidence; and although his claim is denied by the "Lancet," our indignation is not directed so much against such opposition, as matter of opinion, as against the bad taste and malignancy with which the attack was begun, and the cowardice and injustice with which the defence was disallowed. Why did not the "Lancet" publish Mr. Hill's reply? Clearly because it contained a triumphant refutation of the editor's dishonest allegations, and would have necessitated an apology for his detraction. Mr. Hill is charged by implication in the "Lancet" with "ingratitude and folly, baseness and dishonesty," and yet this editor, who is of course the reverse of all that, is "ungrateful, foolish, base, and dishonest" forbids Mr. Hill's defence from appearing in his pages!

It is quite possible that Dr. Daquin, who preceded Pinel, and Pinel, who worked anterior to Dr. Veitch, and Dr. Veitch who anticipated Dr. Tuke, and Dr. Tuke, who set an example to Dr. Charlesworth, and Dr. Charlesworth himself may all alike, while doing their utmost to mitigate the use of instruments of restraint, have been sceptical of the practicability of the entire abolition of instrumental resources. Pinel himself, the far-seeing, the philanthropic, and the firm, would have regarded a philanthropist as insane who should have come to him and advised the entire disuse of coercive instruments in his asylum. Even when Mr. Robert Gardiner Hill announced the discovery, it was received with disbelief, and encountered scoffs and contempt; but the perseverance and courage of Dr. Conolly, demonstrated on an extensive scale, the practicability of Mr. Hill's great principle; and now it is the wretched aim of the jeerers and calumniators to deprive Mr. Hill of the honour a discovery so grand and startling, has naturally attracted.

They will not succeed. The merit of introducing the system of non-restraint is as unquestionably ascribable to Mr. Hill, as the honour of discovering the north-west passage will belong to Captain M'Clure, should that gallant officer happily succeed in his enterprise. What though the possibility of making the passage has been believed for centuries,—that a Ross, a Parry, a Beechy, a Back, a Franklin, and many more brave officers, have expended their energies and wasted their lives in the attempt; that the most practicable routes have been delineated in the charts, and the difficulties of the adventure have been gradually reduced, still the fact remains to be proved; and should Captain M'Clure be the fortunate man to solve the problem of ages, he will have satisfied the ardent expectations of his countrymen, whose admiration and gratitude will acknowledge him as the discoverer of the passage, and a long posterity will do honour to his sagacity, his intrepidity, and his perseverance. Yet Mr. Hill's claim to honour is even stronger than that of Captain M'Clure; for he discovered what does not appear

to have been [surmised by any of his predecessors: viz., the practicability of an entire abolition of instruments of restraint;—and he proved his proposition.

There are only two persons whose claims can be set up in opposition to those of Mr. Hill; those persons are the predecessor of Mr. Hill in the asylum—Mr. Hadwen; and the visiting physician, the late Dr. Charlesworth. What says Mr. Hadwen on the subject? In a letter addressed to the Editor of the "Lancet" in 1841, he remarks—

"Restraint forms the very basis and principle on which the sound treatment of lunatics is founded. The judicious and appropriate adaptation of the various modifications of this powerful means to the peculiarities of each case of insanity, comprises a large portion of the curative regimen of the scientific and rational practitioner; in his hands it is a remedial agent of the very first importance; and it appears to me that it is about as likely to be dispensed with in the case of mental diseases, as that the various articles of the materia medica will be altogether dispensed with in the case of the bodily."—(Mr. Hadwen's letter to the "Times," Jan. 25th, 1841.)

Here we are favoured with an express declaration in favour of the "*principle*" of "*restraint*;" and in another place Mr. Hadwen charges Mr. Gardiner Hill with "*rashness*" for avowing the "*principle*" of "*non-restraint*." So much for the claims of Mr. Hadwen!

What says Dr. Charlesworth? In the course of his speech at the dinner of the Provincial Medical and Surgical Association, held at Hull, August 16th, 1850, he attested the right of Mr. Hill in these words:—*The real honour of FIRST INTRODUCING the SYSTEM is due to MR. HILL!*

Again, what say the Governors of the Asylum? In the Memorandum Book we find this paragraph, bearing date Oct. 9, 1849: "The entire absence of restraint still continues, *to the high honour of the House Surgeon.*

"EDW. FF. BROMHEAD.

"W. M. PIERCE.

"E. P. CHARLESWORTH,"

And again, in the Report of Lincoln Asylum, 1849, this sentence occurs with reference to the use of instruments of restraint: "At last, under these circumstances, the *idea occurred to Mr. Hill that no case of the kind whatsoever need exist*; and in the practice he was determinedly supported by the Boards, through every species of *opposition, exaggeration, and misrepresentation, WITHIN the Institution and WITHOUT.*"

After this, let the paltry scribblers of the "Lancet" write on if they dare. Mr. Hill's reputation stands upon an immovable foundation, and will survive alike the low stratagems of secret malice, and the more impudent attacks of an unscrupulous and unjust press.

#### THE MEDICAL BENEVOLENT COLLEGE.

This noble institution is steadily advancing to success; and we hope that the time is not far distant when we shall see a magnificent edifice raised to succour the disabled



members of our profession, and to educate their orphans. We understand that the contract for the erection of the building has been signed, and that it will soon be necessary to draw money from the funds to supply the requirements of the builders. Owing to the present depreciation of stock, the committee will be considerable losers by this operation; and it is therefore incumbent on our professional brethren to subscribe anew, and more heartily than ever, in order to repair the deficiency.

The indefatigable exertions of Mr. Propert and the Committee deserve our warmest praise and encouragement. The most unfailing energy has seconded the shrewdest practical wisdom; and the most generous sentiments have been qualified and governed by a sagacious business-like tact and experience, so that it is difficult to determine which most to admire. Without either of these qualities the enterprise would have been a failure. It has happily embraced them all; hence its unprecedented success.

#### MILITIA SURGEONS.

THE cause of the Surgeons of Militia is prospering. A Circular has been issued to all the Militia Surgeons in England and Wales, and already a large number of letters has been received, expressing the adhesion of the writers to the views and objects of the Committee. This is a noble beginning, and by a continuance of the exertions already made, the grievances complained of will, without doubt, be redressed. The thanks of their brother officers will be due to the gentlemen who have embarked in this movement, for their promptitude and energy. We hope soon to be able to publish a form of memorial, as suggested in an excellent letter signed M.D., and published in our present number, which will, of course, receive the signatures of all Surgeons of Militia; and we trust also, that the gentlemen who have undertaken the responsibility of acting in this matter, will, if need should appear, obtain the co-operation of their medical brethren in support of their just demands. A meeting at Birmingham will be necessary to give public authorization, and to rouse general attention to the movement; after which, the circulation of a memorial for signature, will be an indispensable proceeding. We heartily wish success to the enterprise.

### Mirror

OF

### PERIODICAL LITERATURE.

(From the "Monthly Journal of Medical Science." Nov.)

#### FATAL CASE FROM THE INHALATION OF CHLOROFORM.

We quote the more important particulars of this case from the report of Dr. Dunsmure, in whose practice, in the Edinburgh Royal Infirmary, it occurred. The patient was a man aged 43, of intemperate habits; he was suffering

from stricture, and was about to undergo the operation of perineal incision. Dr. Dunsmure says:—

"While the patient was inhaling the drug, he struggled considerably, and became a good deal congested in the face and head. He seemed to take a slight convulsion, like an epileptic fit, and such as I have seen on several occasions in people who have led an intemperate life. During the convulsion, the handkerchief containing the chloroform was removed to some distance from the face. In a short time the inhalation took effect, and he began to snore, and although still violent, the chloroform was removed from the face entirely, and the handkerchief placed under the pillow. As soon as the patient became more quiet, he was pulled down on the table, and placed in the proper position for the operation. I then shaved the perineum, and was just going to make my first incision, when one of the assistants said that his pulse was becoming weak. The posterior tibial, Mr. Spence then remarked, was good, but in a second or two after, both gentlemen exclaimed that the pulse was gone. I rushed from my seat to the patient's head, and found that his breathing had ceased. Those present who had an opportunity of observing the respiration, which I had not, owing to the stool on which I sat being low, positively assert that the breathing did not cease before the pulse. The face was much congested, the jaws were firmly closed, and the pupils were dilated. I immediately forced open the lower jaw by means of the handle of a staff, and with catch forceps pulled out the tongue. Artificial respiration was had recourse to, and in a few moments he made a long inspiration. This was soon followed by a second, by a third at a longer interval, by a fourth at a still longer period, and then by a fifth, when all attempts at natural breathing ceased. No pulsation could be felt in the radial arteries. The chest was noticed to be much contracted, to have apparently lost its elasticity, and not to expand when the ribs were forcibly compressed during the artificial respiration. I had previously sent for a galvanic apparatus, which was in the flat below, and it arrived almost immediately after the patient had made the fifth inspiration. When the tongue was pulled out, and before the first breath was taken, I was on the point of opening the trachea, but this proceeding was then abandoned; it was now, however, had recourse to, in order to carry on artificial respiration more certainly; the external jugular was also opened, and about a couple of ounces of blood flowed. By the time the tracheotomy tube was inserted, the galvanic apparatus was in working condition, and it was applied on each side of the diaphragm. It acted remarkably well; at each application of the sponges, the muscle descended, as if the patient was in life; air passed through the tube in the trachea, and for some time I was in great hopes that the man was to be saved; but the muscle gradually lost its contractility, and although the galvanism was kept up for an hour, it was evident that all our efforts were in vain—that life was extinct. The post-mortem examination was made the following day, at one o'clock, rather more than twenty-four hours after the patient's death."

Nothing of great importance was observed in the autopsy.

Dr. Dunsmure goes on to say:—

"On a view of this most melancholy case, the questions that naturally suggest themselves are these.—1st, Was the chloroform bad? 2d, Was there any peculiarity in the patient's constitution? The first query is easily disposed of. The chloroform was produced from Messrs. Duncan and Flockhart, and is the same that I and my colleagues are constantly in the habit of using, both in hospital and in private practice, without ever having seen any cause for doubting its purity, so that I have not the slightest reason for thinking that the fatal event was owing to the impurity of the drug. 2d, The mode of administration. The chloroform was put upon a handkerchief, which was held at the distance of a few inches from the mouth, to enable the patient, during the inhala-



tion, to inspire air along with the chloroform vapour, and I confess that I know of no better method of administering it. The quantity used was about an ounce, which, considering the man's previous habits, was not, in my opinion, a large dose. I have frequently seen administered, and given myself, a much larger quantity before a patient of like habits could be brought under its influence. I cannot, in fact, attach any blame to the mode of administration.

"3d. Was there any peculiarity in the patient's constitution? There was nothing, so far as I could judge, to contra-indicate the use of chloroform. He had twice before inhaled it by my directions. On each of these occasions, he had a great deal of struggling, with congestion of the face and head; and it required as large a dose to make him insensible as on the day when the fatal event occurred. No bad effects followed the first and second inhalations, and I saw nothing to prevent me having recourse to it a third time. That it was a pure death from chloroform, no one can deny; but I have the consolation of feeling convinced that the ordinary precautions were had recourse to in the administration of the anæsthetic, and that there was nothing in our past experience of chloroform, or in the patient's history, to contra-indicate its employment. As far as I can calculate, several minutes must have elapsed from the time the handkerchief was removed from the face, until the pulse was observed to become weak. He had to be pulled down to the end of the table, his limbs had to be kept, which, from his struggling, and complete relaxation not having occurred, took some time to do; his perineum had to be shaved, all which operations, I am confident, occupied fully four or five minutes. During this time he was observed to be breathing stertorously, and yet the influence of the chloroform was accumulating, as is evident from respiration not having become re-established, although five inspirations were made after the tongue was pulled out of the mouth. In several instances where I have seen chloroform very nearly prove fatal, the respiration became gradually restored after an inspiration had once been made; in this case, however, no such fortunate occurrence took place.

"As mentioned in the account of the post mortem examination, the glottis was found quite patent, thus showing that the opening of the trachea could not have been attended with any benefit. The patient seemed to take an epileptic fit, and the operation was had recourse to in case the larynx was partially obstructed with mucus; but if artificial respiration, by compressing the ribs and blowing into the mouth, when the tongue is held out, does not restore the breathing, I do not think that the chance of recovery is increased by tracheotomy. Great benefit, in cases similar to this, is likely to be derived from galvanism, and I feel almost persuaded that if, in this instance, it could have been had recourse to a few minutes earlier, the patient's life might have been saved. I would suggest that in a public hospital, where there is always a galvanic apparatus, that it should be near at hand when chloroform is being administered.

"I would recommend also, when there is much struggling, and when apparently there is a tendency to convulsion, that the handkerchief be removed for a few seconds from the mouth, or, at all events, held at a greater distance from it than is generally done. The patient no doubt will be longer of coming under the influence of the chloroform, but its vapour will be more thoroughly mixed with atmospheric air before being inhaled. This caution, in my opinion, is particularly necessary in people who have led an intemperate life, as it is in them that the greatest struggling and tendency to convulsion are observed. They do not breathe freely, and if the handkerchief, as is too often the case, is forcibly applied over the mouth, there is great risk of half choking them, or at all events, of preventing a sufficient quantity of air passing into the lungs, and thus producing the poisonous effects of the anæsthetic. That fatal cases, from

some peculiarity of constitution, will occur from time to time, I do not doubt, and I only trust that the knowledge that such cases may happen, will be the means of making those who use chloroform careful to watch for the first alarming symptoms either in the breathing or in the pulse."

(From the "Medical Times and Gazette," Nov. 12, 1853.)

#### ON SO-CALLED CHYLOUS URINE.

An interesting paper on this subject, by Dr. Bence Jones, appears in the "Medical Times and Gazette." We quote as follows:—

"Here is a specimen of the so-called chylous urine, given to me by a patient yesterday, who for twenty-five years has passed this milky fluid, containing even more albumen than is ordinarily met with in Bright's disease, and yet she has long ceased from trying to obtain medical relief. The close examination of such cases clearly proves that, except in the presence of the minutely divided fatty matter, which appears only when the chyle passes into the blood, there is no connection between this disease and chyle, but that it depends on congestion of the kidney, which causes albumen, fibrin, and blood globules to pass out in the urine, and reduces considerably the specific gravity of the secretion, by preventing the elimination of other substances."

"Of the four cases which I have seen of this disease, two have been under the most careful observation. You see here the records of the appearance of the urine each time it was passed day and night for three years, during which all kinds of diet, exercise, and medicine were tried. In the "Philosophical Transactions" for 1850, and in the "Medico-Chirurgical Transactions" for the same year, you will find a detailed account of this case. My object now is to show you, 1st, that congestion takes place and causes albumen to pass off in the urine before any food has been eaten; 2ndly, that the effect of this congestion is also to diminish the specific gravity of the urine; and, thirdly, to dwell on the remedies for the disease."

Certain observations of cases are then reported in proof of these positions. With reference to remedies, Dr. B. Jones says of one patient:—

"The gallic acid was taken for twenty-four days in drachm doses, and decreased during the next twenty-nine days; it was diminished to fifteen grains, after which it was left off. The patient remained perfectly well for six months, with the exception of two days. The congestion then returned for a week, but again yielded to gallic acid; and for eight months the urine was perfectly healthy every time it was passed. A most intractable relapse then occurred, which lasted nearly five months. The gallic and tannic acids were taken; the first to the amount of twenty-five ounces in six months, the latter to the amount of two ounces. Two drachms of gallic acid in the day caused no unpleasant symptoms, while half a drachm of tannic acid caused nausea and headache. Ultimately, the albumen entirely disappeared. The urine remained healthy for six months, when the record ceased, in consequence of the patient's departure to the West Indies."

And again—

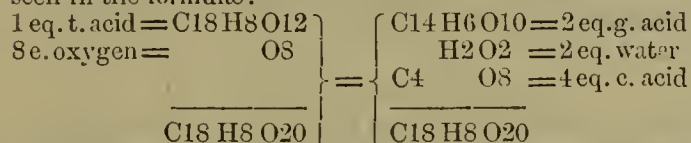
"From these cases it is evident that gallic acid may be given in very large doses, for a considerable time, without any ill effect. The appearance of the acid in the urine may readily be detected; how rapidly I have not determined, but probably in the course of a few minutes, judging from the rate at which other soluble substances can be found. Thus, in some late experiments, even one grain of iodide of potassium, dissolved in an ounce of water, taken on an empty stomach, I have found in twelve minutes, and very distinctly in fourteen minutes. When seven grains of the sulphate of protoxide of iron, in two ounces of water, were taken on an empty stomach, I found a portion in the urine in ten minutes, and very plainly in fifteen minutes.



"Even in hæmoptysis you may give gallic acid in drachm doses with great benefit and without risk. I have never seen any bad symptoms from its use. Certainly the patient who passed the chylous urine now before you, said, that a single dose of ten grains of gallic acid caused giddiness of the head and uneasiness of the stomach, in consequence of which she would take no more: but I do not consider that this is to be weighed in opposition to the cases I have related.

"I may remind you, that this medicine has been recommended in Bright's disease. In the hospital and in private I have tested it most carefully. I have never seen small doses stop the escape of the albumen into the urine, and in larger doses I have seen severe epilepsy follow its employment. Thus a painter, aged 39, had dropsy one month. The urine was highly albuminous; specific gravity 1013. As he did not improve by using vapour-baths and compound jalap-powder, galic acid was given in ten-grain doses four times a day. The day but one following the quantity was increased to twenty grains thrice daily. He took only two doses, when he complained of severe pain in the head, and in half an hour he had a violent epileptic fit, which left him perfectly insensible. In twenty-four hours he had nine similar fits; for two days he was comatose. He remained in the house four months after this, during which time he had no more epilepsy.

The chemical relation of galic acid to tannic acid is seen in the formulæ:—



So that tannic acid, when oxidised, gives rise to gallic acid, carbonic acid, and water. This happens when tannic acid is taken as medicine, for then gallic acid may be found in the urine. The chemical composition does not at all account for the more astringent action of tannic acid on the stomach. Judging by the cases I have mentioned, I consider that tannic acid is at least three times as astringent as gallic acid; and, from the comparative solubilities of the substances, I think that generally, as well as locally, there is no superiority in gallic acid.

The combination of tannate of alumina, and the mixture of tannic acid with alum, used locally for leucorrhœa, I have found very efficacious; and the former substance, Mr. Morson tells me, is much used. From its insolubility in water, it is probably less active than the solution of tannic acid and alum.

"Here is another astringent substance, for which I am indebted to Mr. Morson. These fine crystals are iron alum; that is, alum in which the potassa is replaced by oxide of iron. It is soluble in water, and, in doses of five to ten grains, highly tonic and astringent. In anæmic patients with leucorrhœa, it is most useful.

"I must conclude this lecture by a few remarks on two substances frequently used as astringents in urinary disorders,—uva ursi and matico.

"The leaves of the uva ursi contain 36.4 per cent. of tannic acid, also gallic acid, and a bitter extractive matter. The tannic acid is by far the most important agent which is present. It is this which makes the infusion of uva ursi incompatible with metals and cinchona bark. Forty-five minutes after the infusion has been taken, the tannic acid has been detected in the urine. In menorrhagia, cystorrhœa, diabetes, and in other fluxes, the infusion has been found useful. It has been recommended in consumption. The dose of the leaves powdered is from ten grains to forty grains, in which there are from 3.6 grains to 14.5 grains of tannic acid. The decoction is made by boiling an ounce of leaves in twenty ounces of water, or 48 grains of the leaves to 2 ounces of water; that quantity of liquid should, therefore, contain about 17 grains of tannic acid. For clearness, then, the decoction of uva ursi may be considered as a solution of tannic acid, con-

taining 17 grains in 2 ounces of the liquid. Possibly the other constituents of the uva ursi leaves have some medicinal virtue, but I have no certain knowledge to give you on this point.

"The astringent properties of matico have also been highly spoken of. As a remedy in hæmaturia I have found it useful. The dose of the powder is from 10 to 30 grains. An infusion of the leaves, in the proportion of an ounce to a pint of water, may be used. The matico, in its composition and mode of action, has nothing in common with the remedies I have mentioned in this lecture. It contains no trace of tannic or gallic acid. It belongs to the family of Piperaceæ. It more closely resembles cubebæ than any other substance. Its astringent properties are due to a volatile oil, and hence its action may be classed with that of oil of turpentine; whether it possesses more astringent virtue than this last-mentioned remedy I have not been able as yet to determine.

"The nature, then, of so-called chylous urine is placed beyond all doubt. The action in this disease of gallic acid, tannic acid, tannate of alumina, and tannic acid with alum, conjoined with the remarkable fact, that the urine becomes albuminous after exertion, before any food whatever has been taken, shows that congestion of the kidney is the cause of the symptoms. We have seen to day, that this congestion may last more or less constantly for a quarter of a century, and that the mere loss of albumen in the urine is not of such serious import as, from Bright's disease, you might be led to suppose. We have seen, that the congestion may be kept off by rest, or be much increased by exercise, and be even stopped by perseverance in the use of the most powerful astringents. Lastly, we have seen, that not only does albumen in the urine appear daily, but that the specific gravity of the urine may be reduced by the congestion far below the specific gravity where no congestion existed. It appears from this to be very probable that close examination may detect this disease more frequently than has hitherto been the case.

"Having thus brought before you the effects of congestion of the kidney in some acute and chronic diseases,—and if time had permitted, I might have taken many more, as, for example, acute pneumonia, or chronic disease of the heart,—I purpose, in my next lecture, to take as my subject Bright's disease."

## CONTENTS OF THE MEDICAL JOURNALS.

**Lancet**—(No. XIX. Vol. II. November 19. 1853).—HOSPITAL REPORTS.—Cases of Popliteal and Brachial Aneurisms treated by Compression in the Hospitals of London. St. George's Hospital: Two Cases of Popliteal Aneurism successfully treated by Compression of the main Arterial Trunk. University College Hospital: Popliteal Aneurism; Successful Treatment by Compression of the main Arterial Trunk. Cases illustrating the Effects and Manner of Action of Particular Remedies. By W. R. Basham, M.D. The Cholera Fly. By Robert Knox, M.D. Recovery from Poisoning by Arsenic and Chromate of Lead. By Thomas R. H. Thomson, M.D. Memoranda relative to some Cerebral Affections of Children. By W. Hughes Willshire, M.D. Edin. No. III.—FOREIGN DEPARTMENT.—M. Jobert on the Effects of Ether and Chloroform.—MEDICAL SOCIETIES.—Royal Medical and Chirurgical Society: On certain Pathological States of the Blood, especially Characterizing many Dangerous Diseases, and of the Intentions and the Means by which these States are most Successfully Treated. Medical Society of London: Croup.—On the Pathology and Diagnosis of Cerebral Diseases. Physiological Meeting: On the Weight and Form of the Heart, the Diameter of the Aorta, and the Size of the Blood-Corpuscles in the various Classes of Vertebrate Animals; The Mode of Testing for Iodine in the Urine. Harveian Society of London: Dr. Quain's Introductory Address. North Staffordshire Medical Society: First Anniversary Meeting.—LEADING ARTICLES.—The Neglect of Insanity as a Branch of Medical Education. The Scandalous Proceedings of the Advertising Quacks.



Claims of the Medical Benevolent College on the Public and the Profession.

**Medical Times and Gazette.**—(No. CLXXVII. November 19, 1853).—ORIGINAL LECTURES.—A Course of Lectures on Organic Chemistry. Delivered in the Laboratory of the Royal Institution of Great Britain. By Dr. A. W. Hofmann, F.R.S. Lecture XV. (*With Engravings.*)—ORIGINAL COMMUNICATIONS.—Army Medical Reports. No. X. On the Treatment of Fracture by the Gum Bandage. By Edward James Franklyn, Esq. Cases of Chronic Disease of the Stomach, with Sarcine in the Vomited Matters. By W. H. Ransom, M.D. Lond. (*With an Engraving.*) Contributions to Orthopaedic Surgery. By Bernard E. Brodhurst, Esq.—NEW INVENTIONS.—On a New Instrument for the Removal of Polypi from the Ear. By Joseph Toynbee, F.R.S., F.R.C.S. (*With an Engraving.*)—HOSPITAL REPORTS.—St. George's Hospital: Table of Cases of Amputation performed in the Year 1852; Table of Cases of Compound Fracture of the Thigh, Leg, Arm, and Fore-arm, admitted in the Year 1852; Table of Cases of Strangulated Hernia operated on in the Year 1852; Leeds General Infirmary: Chronic Ulcer of the Leg treated by Incisions in the Neighbouring Parts. (*With an Engraving.*)—EDITORIAL ARTICLES.—Hospital Statistics. More "Coffinism." The Medical Benevolent College. St. Thomas's Hospital. The Cholera: Dr. MacLoughlin to the Registrar-General; Cholera in the Metropolis and the Provinces; Cholera and the Water Supply; Cholera on Board Ship.—REVIEWS.—The Science and Art of Surgery. By John Erichsen. An Expository Lexicon of the Terms, Ancient and Modern, in Medical and General Science. By R. G. Mayne, M.D. On the Prevalent Treatment of Disease. By F. C. Skye, F.R.S. Thirty-third Annual Report of the Directors of the Dundee Royal Asylum for Lunatics. Introductory Lecture to the Medical Session at the Charing-cross Hospital, London, Oct. 7, 1853. By F. W. Headland, B.A., etc.—PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals: Infusoria in Woman's Milk; Upon So-called "Witches' Milk" (Hexenmilch); Luftronic Experiments to Illustrate the Absorbing Power of the Skin.—PROVINCIAL CORRESPONDENCE.—Scotland: Doings in the North.—REPORTS OF SOCIETIES.—Royal Medical and Chirurgical Society. Medical Society of London.

**Association Medical Journal.**—(No. Nov. XLVI. November 18, 1853).—LEADING ARTICLES.—The Investigation of Cholera Militia Surgeons. Cholera Queries of the Epidemiological Society. Advice Gratis to Members of the Provincial Medical and Surgical Association.—ORIGINAL COMMUNICATIONS.—Diagnosis of Uræmic Blindness. By W. H. Walshe, M.D. Report of the Reading Pathological Society. By W. W. Moxhay, Esq. [*Concluded from last Number.*] Two cases of Violent Inflammation of the Penis, caused by Constriction with Steel Rings. By S. T. Chadwick, M.D. Case of Tracheotomy, with Remarks. By Charles Webb, Esq.—BIBLIOGRAPHICAL NOTICES.—Liebig. Handbook of Organic Analysis. Wittstein. Practical Pharmaceutical Chemistry. Gregory. Handbook of Inorganic Chemistry.—PERISCOPIC REVIEW.—Microscopical Discovery: The Cell Theory; the Ovum; Colour of the Hair: The Corpuscula Tactus; Fungoid Parasites of the Skin; Crystallisation of the Blood; Mode of Termination of the Nerves. Surgery: Statistics of Tetanus; Treatment of Varicose Veins by Needles and Ligatures; New Method of Plugging the Nostrils in Epistaxis. Practice of Medicine and Pathology: Non-Recurrence of Dysentery.—REPORTS OF SOCIETIES.—Epidemiological Society: President's Address. Laws of Epidemic and Contagious Diseases. By James Bird, M.D. Harveian Society of London: President's Address. North London Medical Society: President's Address. Vegetable Parasites on the Human Body. By W. Jenner, M.D. Case of Osteoid Cancer. By W. Sedgwick, Esq. Disease of the Ear extending to the Brain. By James Part, Esq. Medical Society of London: Pathology and Treatment of Cholera. By John Rose Cormack, M.D. South Staffordshire Medical Society: First Annual Meeting.—ASSOCIATION INTELLIGENCE.—Medical Benevolent Fund.—METEOROLOGY.—Medico-Meteorological Observations for the Week ending November 12th, 1853, taken at Wakefield, Hawarden, Grantham, Bedford, Uckfield, Exeter, Ryde, and Guernsey.

**Dublin Medical Press.**—(No. DCCLXXVI. Vol. XXX. November 16, 1853).—ORIGINAL COMMUNICATIONS.—Statistics of Vaccination and Small-pox at Gibraltar. By Charles Trenerry, Esq., Surgeon to the Civil Hospital, Gibraltar, and Corresponding Member of the Surgical Society of Ireland.

—PROCEEDINGS OF SOCIETIES.—Medical Society of London: Suppuration of the Joints from Injection of the Blood. Cystorrhœa produced by a Vascular Growth at the External Orifice of the Urethra. Paracentesis in an Infant. Pyroligneous Oil of Juniper. Imperforate Anus.—CONTRIBUTIONS ON CHOLERA.—The London College of Physicians on Cholera. Parochial Medical Officers and the Requirements of the Board of Health. Predisposition to Cholera. The Cholera in London.—SELECTIONS FROM MEDICAL JOURNALS.—Deaths from Chloroform. Popliteal Aneurism cured by Compression in the Nottingham General Hospital. By Mr. T. Wright.—REVIEWS AND NOTICES OF BOOKS.—Asiatic Cholera; its Symptoms, Pathology, and Treatment. By Richard Barwell, F.R.C.S., late House-Surgeon and now Demonstrator of Anatomy at St. Thomas's Hospital.—LEADING ARTICLES.—On the Treatment of Aneurism by Compression. Medical Life in London. A Cholera Commission. Registration of Surgical Students in London.

## MR. ROBERT GARDINER HILL AND THE "LANCET."

*To the Editor of the Medical Circular.*

SIR,—My position as the originator of non-restraint having been impugned in a violent and abusive article in the "Lancet" of the 5th of November, I trust you will not refuse me the insertion of the following reply, which has also been forwarded to the "Lancet."

I have the honour to be, Sir,

Your very faithful and obedient servant,

ROBERT GARDINER HILL.

Eastgate House, Lincoln, Nov. 14, 1853.

*"To the Editor of the 'Lancet.'"*

"SIR,—The acrimonious attack made upon me in the columns of your journal of the 5th inst., has surprised me much. The bitter personal feeling which characterises that attack might well excuse me from the trouble of a reply, especially as your readers can easily refer to the former pages of the "Lancet" in which the justice of my claims has been repeatedly and fully vindicated. Upon calmer reflection, however, I consider it due to those gentlemen who subscribed to my testimonial, and to the public generally, to place before them the evidence of Dr. Charlesworth and others connected with the Lincoln Asylum, upon the abolition of restraint in that Institution. You say that 'Dr. Charlesworth's first labour was to impart his views to a large body of independent gentlemen, impressed with a serious sense of the deep responsibility which rested upon them, as the Official Governors of the Lincoln Asylum, should mischance or failure attend upon any change of system they might sanction,' and you date this in 1819. What Dr. Charlesworth's views were upon the subject of restraint in 1829, ten years after, may be gathered from the only publication (a) he ever wrote on the subject, in which he says, (page 15) 'The modes of coercion are those which excite the least uneasiness, and have been most frequently a leathern belt, or a chain round the waist, with iron manacles for the wrists, attached to the belt or chain by a small chain a few inches long. For patients who tear their clothes, the 'muff' is generally employed. Perhaps leather used in the dress of these patients might occasionally supersede the necessity of restraint. Some cases require the use of the strait-waistcoat; or, to prevent violent kicking, a restraint for the legs, called 'hobbles,' which allow the action of walking; but these and the straight-waistcoat are comparatively little employed. The average number of patients under personal restraint may be stated at from one to three in forty; sometimes not one for several weeks together.' 'The restraints employed have been almost entirely at the discretion of the Director, always under his superintendence, and under the eye of the Physician and Weekly

(a) "Remarks on the Treatment of the Insane," by E. P. Charlesworth, M.D., 1829.



Visitor, whose attendance is frequent and casual. The use of distinct apartments prevent the necessity of placing patients under confinement during the night, except such as may be expected to injure themselves. Sometimes there are two or three; often not one for several months in succession. It would be an improvement that some public and accessible room should be set apart, in which should be hung up every instrument of restraint, without exception, labelled with separate numbers from No. 1 upwards, to correspond with similar labels and numbers on the walls, so as instantly to show how many of such instruments are in use at any time. Such an exposure would tend to diminish both the number and use of such instruments; would occasion them to be kept always clean, and not in the foul, hard, and unsupple state so uneasy to the patient; would cause the instruments to be of the slightest and least harsh form that could be safely used; and by calling the attention of visitors to their shape and object, would no doubt lead to improvements.

"In 1830, the year following the publication of this work, 27,113 hours were passed under restraint by patients in the Lincoln Asylum.

"In 1842 I was attacked by several anonymous correspondents in the 'Lancet,' and by Dr. Finch, of Laverstock House. The following replies, written in the presence of Dr. Charlesworth, and with his own autograph additions, proved that he never claimed to be the originator of a system which he knew and always avowed to belong to myself:

'To the Editor of the 'Lancet.' (b)

"SIR,—If your correspondents 'Exetasticos' and 'Quæstor' will favour myself and the public with their real names, I will be happy to reply to their communications through your journal. The acrimonious attacks to which my prominent position, as the originator of the total abolition of instrumental restraint in Lunacy, have exposed me from its opponents, make it necessary that I should resort to this measure of self-protection from irresponsible antagonists. I am, Sir, your obedient and faithful servant,

'ROBT. GARDINER HILL.'

'Lincoln, July 23, 1842.'

"SIR,—In the number of your journal, to which in your last you have referred me, I find a communication from Dr. Finch, claiming as his own, not a total abolition of instrumental restraint in his establishment at Laverstock House, but a percentage of exemption from such means of coercing his patients. I ground the claim which I have made to the total abolition of instrumental restraint upon the fact of its having been abolished in the Lincoln Asylum, under my superintendence, in January, 1837.

"It is true that in one single case since the above date, viz., in April, 1840, a patient was instrumentally restrained for 18 hours, through circumstances solely imputable to a disorganised state of the staff of attendants, and not to any failure in the system, when carried out in the manner laid down in my lecture, delivered June 21, 1838, and published in April, 1839. I still wait for a preclaimant to the system of total abolition of instrumental restraint in the management of the insane.

"And now, Mr. Editor, allow me to congratulate yourself and the public, and especially the insane, upon the happy turn which the debate upon this subject, occupying so many of your pages, has at length taken. Instead of hearing any longer of the impracticability, the futility, of the absurdity of the system, denominated by its opponents as 'Utopian,' 'speculative,' 'peculative,' &c., &c., you have now in the field combatants for the honour of the invention.'

"The signature of Dr. Charlesworth to the Report of 1838 should seem to be sufficient to settle the question; but I have abundant evidence even without this. In a letter tes-

timonial to myself, dated Nov. 26, 1838, Dr. Charlesworth says—"He' (Mr. Hill) 'has diligently applied all the means of amelioration placed at his disposal, and in so doing has conceived and effected results honourable to himself, and beyond the hopes of the Board. The practice of restraint and coercion has disappeared under his management.'

"Again, 1841, Jan. 23rd, there occurs the following entry by Dr. Charlesworth in the Physician's Journal of the Lincoln Asylum: 'The bold position taken by Mr. Hill in his publication on the non-restraint system, assuming the practicability of a total abolition of instrumental restraint was not less sensible than sound. The present house surgeon has taken a similar position as regards the abolition of solitary confinement, and I trust he will succeed in his object, as Mr. Hill has done in his own.'

(Signed) 'E. P. CHARLESWORTH.'

"Here Dr. Charlesworth bears witness to the soundness of my views, and to my success in carrying them out. 'What a rare stroke of strategy, if he (Mr. Hill) can cite the testimony of Dr. Charlesworth in support of his own pretension, against Dr. Charlesworth! Fortunately, when Dr. Charlesworth could not thus divest himself of his title to renown, nor make an 'originator' out of Mr. Hill! So runs the late attack upon me in the "Lancet!" let us hear, however, what Dr. Charlesworth does actually make of me. If we refer to Dr. Granville's "Spas of England," Midland Division, page 87, there occurs the following passage:—

"In speaking of a full and true execution of the plan of not coercing patients, applied to a large lunatic asylum in all cases of mental disturbance, no matter of what nature and degree, one is bound to defer the palm of originality and perseverance to Mr. Hill, whose work on the subject has probably led the way to a totally new era in the management of insane persons.' \* \* \* 'After a first introduction to the senior physician (Dr. Charlesworth) of the (Lincoln) Asylum,' continues Dr. Granville, 'he soon put me at my ease by conversing freely and unreservedly upon the subject which engrossed my attention at the time, and by frankly avowing himself the staunchest advocate of the plan, as well as of the originator of it.' It is plain that Dr. Charlesworth could not make an 'originator' out of Mr. Hill!

"Once more, in 1850, at the dinner of the Provincial Medical and Surgical Association, at Hull, Dr. Charlesworth declared publicly, that 'the real honour of first introducing the system was due to Mr. Hill.' Thus far the testimony of Dr. Charlesworth. 'Who will dare to desecrate his memory,' by asserting the above testimony is false?

"But 'to whom does Dr. Conolly award the praise of having led the way in that path which he himself has so honourably trodden?' asks the 'Lancet,' and quotes the following passage from a letter of Dr. Conolly's to Dr. Charlesworth in reply:—"For I never can forget that it is to you that I and all of us are indebted for being roused to useful and benevolent exertion in behalf of the insane." This does not state, however, that Dr. Charlesworth roused him to the abolition of all restraint, but simply that he roused him and others to useful and benevolent exertion. May I also be permitted to quote a letter containing the sentiments of Dr. Conolly on the abolition of restraint:—

'12, Old Burlington-street, Jan. 6, 1851.

"SIR,—Please put my name down as a subscriber of one guinea to Mr. Hill's testimonial. In advocating the claims of Dr. Conolly, I have never overlooked those of Mr. Hill as the originator of the non-restraint system in our asylums. In proof that Dr. Conolly himself does justice to Mr. Hill's merits, Dr. Conolly suggested to me, long ago, whether some portion of his subscription might not appropriately be devoted to the recognition of Mr. Hill's claims. This, of course, could not be done.

'Your's faithfully,

'Rev. J. Daniel.'

'JOHN FORBES.'

(b) The words underlined in these letters are in Dr. Charlesworth's own handwriting.



"And this will be the testimony of every one who shall honestly trace the history of the subject.' Dr. Charlesworth mitigated, I abolished restraint: there is abundant honour due to Dr. Charlesworth, but not the honour of the total abolition of all restraint. Why attempt to thrust that upon him after his death which he always disclaimed during his life? And why represent me as robbing the dead of his due, when all that I have written or spoken upon the subject was written and spoken *previously to his decease*; nor have I ever uttered a single syllable in disparagement of his efforts throughout a long series of years to mitigate the severity of restraint by every possible means. 'Suum cuique:' 'fiat justitia, ruat cælum.'

"The governors of the Lincoln Asylum,' says Sir Ed. Ff. Bromhead, 'never expressed a wish for the extinction of restraint; they never expected it; not one of them deemed it possible; *they did what they could in a proper direction—they mitigated evil.*'

"But the testimonial given to me as the originator of non-restraint, 'records the good-natured weakness of many, the personal feelings of some, the ignorance of others!' Strange, indeed! Let the author of this curious paragraph endeavour to prevail on 'the good-natured weakness of many, the personal feelings of some, and the ignorance of others,' to present *him* with a testimonial, on the ground of his being the originator of some great and novel improvement. Will he succeed? But who are the weak and ignorant subscribers to my testimonial? Can these terms indicate Mr. Serjeant Adams, Sir J. Forbes, M.D.; Mr. Gaskell, Commissioner in Lunacy; Dr. Wingett, Dr. Mackintosh, Dr. Diamond, the Right Hon. R. A. Christopher, M.P.; Sir E. Bulwer Lytton, M.P.; Sir Henry Outram, M.D.; Rev. C. J. B. Smith, D.D.; Colonel Sibthorp, M.P.; Dr. Neshitt, and a whole host of similar names? What personal feelings can influence these eminent men towards a comparative stranger to many of them? True, the testimonial records the evidence of Dr. Charlesworth and Sir Ed. Ff. Bromhead. Were they 'weak and ignorant men?' But I leave the writer of this article, which is couched in such bitter and piercing terms against me, to his own reflections, convinced that he must see, if he have not the candour to own, the injustice of the attack which he has so unprovokedly made upon me in your columns.

"But I *failed* in carrying out my system. Did Dr. Charlesworth say so? No; he dictated in part the following reply:—'It is true that in one single case since the above date, viz., in April, 1840, a patient was instrumentally restrained for eighteen hours; the circumstances solely imputable to a disorganised state of the staff of the attendants, and not to any failure in the system, when carried out in the manner laid down in my lecture delivered June 21, 1838, and published in April 1839. I still wait for a pre-claimant to the system of totally abolishing instrumental restraint in the management of the insane.' The terms in which I announced the possibility of their abolition are as follows:—'In a properly constructed building, with a sufficient number of suitable attendants, restraint is never necessary, never justifiable, and always injurious in all cases of lunacy whatever.' If the attendants be in a state of disorganisation the system cannot be carried out. My own entry in the house-surgeon's journal, 1840, March 29, explains the 'failure'—'For want of proper attendants I have been obliged to sanction the personal restraint of a female patient who had previously passed more than two years without any such application.' . . . 'This is the only instance of restraint which has occurred in the house for more than three successive years, and need not have happened now if the non-restraint system could have had fair play. It is to be hoped that a system which is now triumphantly progressing in other similar institutions will not be allowed to perish in its birthplace, strangled by withdrawing the means which I have always declared to be indispensable for its maintenance.' To quote this instance, then, as a 'failure,' is a manifest and wilful perversion of

the fact, and a 'desecration of the memory of Dr. Charlesworth,' who assisted me in defending myself against that imputation. Moreover, this reputed 'failure,' occurred in April, 1840, and in January, 1841, Dr. Charlesworth expressed a hope that the house-surgeon of that date would *succeed* in his object, as *Mr. Hill had done in his own*. But, says the writer in the 'Lancet,' 'the world will interpret it otherwise.' I leave the matter with all confidence to the world, to my contemporaries, and to posterity, and I feel no doubt that I shall receive ample justice. By all means let a memorial be raised 'in commemoration of the services' of Dr. Charlesworth; let it be raised, not by local subscriptions alone, but by national and cosmopolitan efforts; let his great and important services 'have a commensurate recognition,' but let not that memorial record that *he* was the originator of the non-restraint system, lest the very stone of which it is composed should cry out, 'Is there not a lie in my right hand?'

"I have the honour to be your faithful and obdt. servant,

"ROBT. GARDINER HILL, F.S.A.

"One of the Visitors of the Lincolnshire  
"County Lunatic Asylum.

"Eastgate House, Lincoln, Nov. 12, 1853."

#### MR. HILL AND THE "LANCET."

Dundee Royal Asylum, 8th Nov., 1853.

DEAR SIR,—The unwarrantable attack made upon your professional character by the Editor of the "Lancet," in his leading article of the 5th instant, and the audacious insinuations which he has thrown out regarding the motives actuating the contributors to your late testimonial, have caused me some astonishment, but much more regret, that so much special pleading and detraction, with a view to underestimate the amount and originality of your labours on behalf of the insane, should have emanated from so influential a quarter. My present object in writing you is simply to express that regret. I do not, as yet, know how the criticism of the "Lancet" is regarded by that section of the Profession engaged in treating insanity as their speciality, and who may be supposed to be well informed upon the facts of the case, but I feel it to be due to you to lose no time in assuring you that, as *one* member of that body, I regard the criticism in question as being lamentably unjust and partial, and as being a laboured attempt wilfully to hide, misinterpret, and ignore the more important facts of the matter at issue.

The points of difference in the claims and merits of Dr. Charlesworth and yourself, are clear and decided; and I cannot conceive how an impartial on-looker can form any other judgment than that arrived at by the contributors to your testimonial. If the system of treatment by the *total abolition* of restraint were really a boon, blessing, and discovery, then the question *was* and *is*—Who was its author? The answer *was* and *is*—The man who first advanced the proposition that the use of mechanical restraints is injurious and ought to be dispensed with in the treatment of all cases of insanity whatever. Now *you* were undoubtedly that man: and immediately upon your announcement of that fact, there existed *two* systems or methods of treatment where *one* existed before. Non-restraint, as a fact of universal application in the treatment of insanity was, up to this time, unheard of. Thus, the impartial history of these two systems will record that the *one* was inaugurated by Pinel, in 1792, the *other* by yourself, in 1837. The merit of Dr. Charlesworth consisted in reiterating the teaching, and imitating the practice of Pinel, which was to dispense with restraint *as much as possible*. In pursuing this laudable course he had many worthy and successful contemporaries who were working in the same field of benevolence, and who advocated the claims of the lunatic in numerous interesting and powerful appeals to the public. Esquirol, Conolly, and Browne were among the more distinguished of his fellow-labourers. But the *total abolition of restraint* was not yet advo-



eated. It was your undoubted merit to have been the first to affirm its practicability and necessity. Upon this point hinges the whole question. Dr. Charlesworth clearly limited himself to the propriety of the *modified use* of restraint. You, on the other hand, inculcated its uncompromising and *entire disuse*. Dr. Charlesworth's own unambiguous words confirm this view of the matter. With these facts before us, when I and others took in hand to present the author of the non-restraint method with a testimonial, we had no doubt whatever in regard to the identity of the man who was entitled to our approbation; nor can I understand how any man can find difficulty or doubt in forming the same judgment, provided he simply brings to the inquiry an honest and sincere desire to give a just and true award. In attaining our object, we certainly could not so far stultify ourselves as to give our offering to the man who, previously to your own announcement, had uniformly taught and practised the system to which your own was opposed. Nevertheless, the editor of the "Lancet" would seem to argue that this was our proper course, when he grounds the claims of Dr. Charlesworth upon the fact that his labours were preparatory and introductory to your own, and proceeds to force the inference that Dr. Charlesworth had already conceived and was influenced by the idea which you were the first to utter. There is no evidence whatever to justify such a decision. It is clearly a gratuitous assumption, and cannot bear the gaze of an impartial inquirer. No doubt every man who favours the world with a new idea is indebted to others for preparing the way for its development, but our thanks are not on that account confined to the authors of these precursory or preparatory achievements. We never hesitate to applaud the man who gives to the labours of his predecessors a new and more extended application. James Watt is regarded as the author of the steam-engine, and as such our praise and gratitude are lavished upon him; nevertheless, he was preceded in his labours, and, in the sense of the editor of the "Lancet," anticipated or forestalled by Brancas, of Rome; the Marquis of Worcester; Salomon de Caus, the mad inmate of the Bicêtre; Captain Savary; and Thomas Newcomen. All these labourers paved the way for James Watt, but his own crowning idea gave a new aspect to the whole machine, and the world has allowed him to claim it as his own.

In this matter of non-restraint, I and others who contributed to your testimonial desired to congratulate and applaud the man who had carried progress and improvement to a limit which it had never before attained, and who had made that progress the basis of a system designed to take the place of the one then practised. There could be no mistake that you were the author of the novelty in question; nevertheless, the editor of the "Lancet," in his recent criticism, characterizes the conduct of those who recognized the value of your services, as indicative either of "good-natured weakness" or "ignorance." Our conduct admits, however, of another interpretation; and you may rest assured that whoever desires to arrive at a deliberate and dispassionate judgment upon the nature of your merits and right, will condemn this critique of the "Lancet" as being defective, exaggerated, partial, and disingenuous; in fact, as being an unworthy attempt to injure a reputation laudably acquired and widely recognized.

I am, dear Sir, faithfully yours,  
J. J. WINGETT, M.D.

R. Gardiner Hill, Esq., Lincoln.

— A woman, named Hayes, at Kilbrittain, near Bandon, has been committed for trial charged with manslaughter, she having inoculated four children with small-pox matter, two of which subsequently died from the disease thus conveyed into their systems. It was reported, that numerous other deaths had previously resulted in her practice.

## THE MEDICAL MEN OF THE THREE KINGDOMS.

BY S. THOMSON, M.D.

PART VII.

(Continued from page 246.)

The "Spectator"—or rather the chief writer in it—than whom, I will even say than which, the world has never yet produced a more wise and facetious book or author, affirms that any writing of a man is rendered more intelligible to his readers by their having some knowledge of his stature, complexion, temperament, and other personal peculiarities, "which," we are assured by this profound authority, "conduce very much to the right understanding of an author." Now as I do not presume to judge concerning any of the opinions of so great wisdom, I do no harm in bringing the above piece of philosophy into a place, where it will be sure to remain undisturbed, especially if I have anything to advance under cover of it. A fire of thundering ordnance, or charge of not less thundering cavalry, often, on the field of military action, are wisely sent before, where smaller arms are about to be put in. So with equal prudence, on the literary arena, may we prepare the way for lesser propositions by the display of great ones, and here, having played off that astounding quotation, we will bring forward the humbler postulate, which is adequate to the wants of the present occasion. For these poor scribblings we will be contented without any fuller description of their author than has already been frequently given, and may seem not likely to be too seldom repeated, being assiduously blown about with each several part of a piece meal performance, which promises to occupy as many fugitive leaves as the unstitched literature of the Cumæan cave. Yet, to march on in the footsteps of the "Spectator's" sally, I must maintain that the said description of myself was necessary to the reader, seeing that to flinch from this, would be to betray vanity as the cause of my want of clemency for paper doomed to perish by the unsparing pen. Because, take away the whole of the essayist's maxim, and all regard to persons groping through our pages, what impulse does there remain but vanity or some such selfish motive, why, whatever writing we issue to the world, we will take heed to publish what man wrote it. And as *what man* is a less gloss or elucidation than *what kind of man*, and is thus much short of our philosopher's doctrine, so do all such discoveries of authors in a title-page or preface, savour the more strongly of an ambitious admixture, the less they are seasoned with the particularity the "Spectator" would infuse. How needful is it, then, that I should wedge in a plea to break up such appearances against me, who have so largely afforded suspicion of self-conceit, as only to have made known who is the author of this admirable history, and what hamlet claims him for a villager! Indeed, when a work of this nature came to make its entry into the world, many things required that the name, profession, and residence of its author should be proclaimed before it; but I will confine myself to three plain considerations how the reader will find emolument in observing who, what, and where I have the honour to be. If they were not assured that the hand which conducts a history so inquisitive, seemingly, and so incapable of keeping a secret, is both medical and rural, our men of the provinces could not look on with ease, nor ever be free from anxiety, while it so often runs recklessly on, every moment threatening to say no one knows what, about no one knows whom. Again, it is certain that this task, since no man before has stooped to take it up, must either be contemptibly light or formidably heavy. It is therefore right, in order to ward off ridicule from innocent authors, the world should be informed who condescended to such a trifle; and right also, if the labour was huge, the world should not be left ignorant what strong back bore the burden aloft in triumph, or what weak, presumptuous shoulders sunk beneath it to the ground. And thirdly, if



this treatise, in handling such delicate matters as it is concerned with, should ever, however undesignedly, show any one the least discourtesy, he will know on what head to shower his forgiveness or hurl his revenge.

To say the truth, I am at this very time in no small risk among 7670, or rather 7669 persons, all of whom—no, not half, I tremble to think of it—I cannot hope to please, nor even, by the nicest turns of the helm, to steer clear of offending. These apprehensions are chiefly suggested on the part of those 5420, whom we have lately set in such light, as if they were not sufficiently worthy to be met with on this high road to immortal remembrance. But to afford them one more chance of keeping up the best appearances of the extra-urban profession, I will here, of the select 600 whom we are now come to analyse, first bring forth a small body, whose numbers, it must be allowed, many of this 5420 might, within a near chance, have contributed to swell. For when we speak of scholar-like attainments, arrived at out of the circle of obligation, and therefore not indicated by the source of the medical licence, we should deal hardly to exclude the possibility of the like acquisitions in any except the seventy-eight men, whom we are plainly directed to gather into such a class by their degrees of masters and bachelors in arts, and doctors in philosophy and civil law. But indeed as these few are not the whole who exhibit such badges of learning among the 600, some having been transferred to another section of that number, so might we further have increased the little band with many medical graduates of universities and licentiates of various schools, which demand some acquirement in arts and philosophy; but that the approval of it depends on too uncertain a criterion to have weight where pretension is made to the unwavering truthfulness and indubity of history. We will not venture to confess such doubts of sixty examined Fellows of the Royal College of Surgeons, or to question that they may stand upon an equally good footing with the above seventy-eight, or even with the eighty-four men of Oxford and other kindred universities, whom, not placing elsewhere, we here employ to complete a sum of 222 ascertained men of liberal erudition.

The class into which we have carried several who could have gone to augment the above sum, is that of the members of learned corporations, as of the Royal Society, the Linnæan, Geological, and many others, foreign as well as native, which need not now be enumerated, as they are identical or analogous with those we have formerly instanced within the easy recollection of the reader. This branch of our lustrous nebula, which we will generally define as a compartment numbering 270, without eliciting the "bright particular stars," contains most of those, who, as did their exact compeers in the capital, shine forth as the glory of medicine in the provinces. But if the 270 were followed into every institution with which they are connected, they would extend to near 350 memberships in societies devoted to literary and scientific occupation. Of the individual men, there are 58 who promote these kinds of improvement in their own neighbourhoods by co-operating, some with one, and some with another local association, as the Literary and Philosophical Societies of Halifax, Manchester, Liverpool, Gloucester, Hull, North Walsham, Newcastle, and Aberystwith; the Norfolk Archæological Society, the Bedford Literary Institution, the Cornwall Royal Institution, the Plymouth Athenæum, the Bristol Microscopical Society, the Philosophical Societies of Derby and Huddersfield, the Devon Geological and Mineralogical Society, the Birmingham Botanical and Horticultural Society, and the Natural History Societies of York and Worcester, all which deserved to be mentioned in honour not only of the medical profession, but of the industrious means through which the refreshing springs of science and learning irrigate the broad provinces of England.

After those separate bodies of 222 and 270, we have remaining 108 of the 600 discoverable examples of learned and scientific worth. These are persons who are kept

apart from the two other divisions, not as the only authors in literature and philosophy, but as being supplemental to such as are to be found among the discernable scholars, and members of learned fraternities. To sum up all the literary labourers, whom the Directory enables us to collect, we find them amounting to 141—a small band, indeed, but which has made achievements in almost every scene of man's intellectual enterprise. But whom, O Genius of Renown, wilt thou choose to celebrate? What poet, what philosopher, for both sorts here await thy pleasure, dost thou recommend to the resonant echo? First, let me recount Appollo's favours—bountiful patron of gentle arts, who, where he has bestowed Physic, refuses not to bestow Poetry also; so that, while rural medicine fags, the rural ditties—

O laborum  
Dulce lenimen!

The rural ditties are not mute,  
Tempered to the oaten flute.

But whether the "Helleniad" should have priority of fame, or the "Achillead," so fierce a hero having not yet been fully sung; whether "Belisarius and other Poems," or "The Philanthropist, a Drama," or "Adam, a Mystery"—antagonist pipe to his who wildly sung "Cain, a Mystery;" which of all these were worthiest to remember with the muse of Akenside or Goldsmith, if it is beyond the province of our history to determine, so, neither is it becoming thus to inquire in light and playful ode—

Non hæc jocosæ conveniunt lyra.

Next to an original muse, comes that kind of genius which delights to hover around the fancy of others, and to carry their sweets abroad where they cannot be tasted but by importation. Here version and criticism go hand in hand, or at least agree in the office and character of wings, to widen the circulation of pleasures with which labour has laden them. Thus we may commemorate, along with an essayist on Milton, a translator of the Odes of Horace, and another of the Clio of Herodotus. By the side of these, our convenience leads us to set down other translators—even if they are of medical works—from the French, German, and other living tongues of Europe, a medical essayist in the Greek, and a Professor of Chinese Literature. From these again we pass to writers in biography, travels, antiquities, metaphysics, natural history, and physical science. And finally, to ascend to the highest employment of the human intellect, the provincial pen not unmindful of that fountain of all Genius and Wisdom, and author of that creation from which the medical eye can never be withdrawn, has risen to such themes as the "Kindness of the Deity," the "Power and Wisdom of God in the Animal Creation," the "Defence of Revealed Religion," the "Connection of Revealed Religion with the Medical Sciences," and "Notes and Illustrations of Paley's Natural Theology;" thus evincing the desire of the profession to spread through their native land, what we will express in Johnson's memorable phrase—both "the light of knowledge, and the blessings of religion." Nor can such exertions appear unaccountable or out of good order, unless to those, if there be any such, who can conceive it possible for a benevolent man, having in himself the happiness of empowering knowledge, to view with unconcern the misery of disabling ignorance, possible in a generous man not to feel pleasure in gratifying other minds with the impressions or discoveries of his own, or not to delight in sociable schemes towards the success of intellectual adventure, and the rise of understanding and genius to their height, as long as there remains a height, to which they may still aspire. possible in a wise man, who feels the sweet influences of religion in his own heart, and sees what wicked devices are now everywhere busy against the benignant truth, to rest satisfied unless he raise, for its protection, whatever bulwarks, in his professional researches, he meets with materials to construct.

Radcliffe, Lancashire.



## Biographical Notices.

### JAMES BORRETT, M.D.

With a view of varying our Biographical Sketches, we this week present a memoir of an able provincial physician, Dr. Borrett, of Yarmouth.

Dr. Borrett was born at Great Yarmouth, August 13, 1804, where his father held for nearly half a century a very extensive practice. Having been left a minor with a sole guardian, his father was placed with Mr. James, a surgeon, and had to begin the world without those advantages which the possession, for upwards of three centuries, by his family of estates in Stradbroke, Willy, Laxfield, and Brockdish, in Suffolk, entitled him to expect. On his mother's side Dr. Borrett is closely connected with the family of Dr. Turner, D.D., late Dean of Norwich, Mrs. Dawson Turner, and the present Lord Justice Turner.

On quitting Mr. Valpy's school at Norwich, Dr. Borrett was placed with Mr. Dalrymple, and, at the expiration of three years, was entered at St. Bartholemew's, Abernethy, Dr. Gooch—a late pupil of his father—Lawrence, and Stanley, being at that time lecturers.

The following winter was passed in Edinburgh. In addition to the lectures of the university, he attended Dr. Cullen's course upon the stethoscope. Dr. C. was among the first of British lecturers upon the use of that instrument. He was a lucid and talented teacher, and his early decease was deeply lamented. Dr. Borrett attended also Dr. Edward Turner's course of practical chemistry, and the lectures of Dr. John Thomason, to whom he carried an introduction from his father's friend, Dr. Farre.

The summer months were spent in Dublin, at the anatomical school of Mr. Adams and Dr. McDowel. The next winter he resumed his studies at St. Bartholemew's, and, at the close of the session, passed the College of Surgeons. In 1827 Dr. B. went to Italy, with the intention of remaining a year at Pavia, but on learning from Dr. Mojon, at Genoa, the state of the medical school, he journeyed back to Paris.

There he pursued his studies during a year; attending on the Cliniques of Dupuytren and Lisfranc, and Lisfranc's course of operative surgery; Majendie's and Capuron's lectures, and Chomel's and Bieth's clinics. The following session was passed at Edinburgh, and in 1830 Dr. B. graduated. At the close of that year he commenced practice in Norwich. The surgical practice being in the hands of Dr. Lubbock, Dr. B.'s attention was chiefly given to midwifery.

In Norwich, observation and experience taught Dr. Rigby those principles of treatment in cases of uterine hæmorrhage, which, following Paré and Puzos, he afterwards published.

The result of Dr. Borrett's exertions appeared in papers published in the "Medical Gazette," on "The Use of the Vectis in difficult Labours," "On Hæmorrhage after the Birth of a Child," "Cases of difficult and complicated Midwifery," "On the Education of Midwives," &c.

He published about this time two rare cases of gall, with *post-mortem* examinations, and a sketch of medical reform. At this time he took a principal part in establishing the Lying-in-Charity in the city of Norwich. One of the rules he was most anxious to frame was that "for the instruction and examination by the accoucheurs of all midwives admitted to act for the charity." On the commencement of the institution he took upon himself this charge.

About this time Dr. Borrett was elected physician to the Norwich Dispensary. Not long after he was called to a case which excited much public interest at the time:

A young woman, of the name of Furnival (at the birth of whose child he had been summoned by the midwife in attendance), driven to despair by ill-treatment, attempted to drown herself and child. The life of the mother was saved—the child was drowned. After the mother was sufficiently recovered, it was with the most painful feelings that he saw the unhappy woman imprisoned to take

her trial for the murder of her child. She was condemned to death by Judge Maule, and left for execution. Several of the leading journals, and chiefly the "Times," ever found in defence of the weak and oppressed, eloquently denounced the injustice of the sentence.

In any other country, where "the madness of despair," "madness from the bitterest anguish," compelled an unhappy mother to attempt "a two-fold crime," a plea of *moral* insanity would have been raised by the advocate, and admitted by the judge. But not so in our English courts of law.

Having been present at the coroner's inquest, Dr. Borrett was induced to address a letter to Sir James Graham, then Home-Secretary, on the subject, and had the satisfaction of receiving a reply, stating that "Sir J. Graham felt warranted in advising a commutation of the prisoner's sentence to 7 years' transportation." An acquittal would have been a more just sentence after many months' imprisonment.

On the occurrence of a vacancy among the Physicians to the Norfolk and Norwich Hospital, by the resignation of Dr. Jelloly, Dr. Borrett was a candidate, when a most unforeseen circumstance occurred—one of the surgeons practising in Harwich, nearly ten years his senior, started up as his opponent. Having only, on the occasion of the vacancy, been admitted an *extra-Licentiate* of the College of Physicians, the rules of the Hospital requiring candidates to be Physicians, not Graduates of a University, this gentleman afterwards obtained the diploma of M.D. from the Archbishop of Canterbury. The result of the contest was unfavourable to Dr. Borrett; and, so completely were all his plans thwarted, that he shortly left Norwich, in great vexation and disappointment, with a view to reside in London, where he fixed himself in Queen Ann-street. After a short residence in London, he was summoned to Yarmouth, to attend upon his father in his last illness; and there, at the solicitation of Wm. Dawson Turner, he was induced to remain. Dr. Borrett was very soon elected Physician to the Yarmouth Hospital. This appointment he resigned after two or three years, together with the whole surgical staff, on account of the extraordinary and uncourteous conduct of the Committee towards the Surgeons, sanctioned at a General Meeting of the subscribers, some notice of which was published in Vol. 18, p. 477, and Vol. 19, p. 29, of the "Medical Times."

In 1850, Dr. Borrett married the eldest daughter of the late Rev. T. S. Hughes, vicar of Edgware and Canon of Peterborough.

Whilst resident in Yarmouth Dr. B. has contributed various papers anonymously to the "Medical Times," On the Present State and Prospects of the Profession; A Reply to the Circular of the Association of General Practitioners in Medicine, Midwifery, and Surgery; The Duty of Coroners, and The Necessity of Establishing a Court of Honour; Scotch Diplomas; Assurance Office Fees; Warburg's Specific; The Testimonial System.

## Reviews.

*On the Management and Disorders of Infancy and Childhood,* &c. By Thomas J. Graham, M.D.

Of the works intended for the public on the Management and Disorders of Infancy and Childhood, this is one of the most unexceptionable. It is written in a clear and interesting manner, and the author exhibits, as in his previous works, much judgment and caution in his recommendations.

*The Diseases of the Chest and Air Passages of the Horse.* By Wm. Percivall, M.R.C.S.

Many country surgeons have a fancy for doctoring their own horses, and like to be conversant with the mysteries of ball, mash, and drench. It is a useful knowledge, as we can aver, who have on an emergency bled a horse with



a common lancet, and given balls when required. We recommend this work to such of our brethren as have like tastes, or must submit now and then to the same necessity. The book is well got up, and we need not add that Mr. Percivall is a high authority on the subject of which he treats.

*Essays on Mental Derangement.* By James Veitch, M.D.

Dr. Veitch in publishing this pamphlet, originally written in the form of essays, and published in the "Literary Gazette" in 1819, has added new and valuable testimony to the importance of the moral and soothing system in the treatment of lunacy. He does not, indeed, appear to sanction the use of the term "non-restraint," which he considers to be a solecism, but he is an urgent advocate of calming and humane treatment. Dr. Veitch lays claim to be the first who adopted an amelioration of the old method of treating insanity, and it certainly appears that his improvements in this respect, carried out while he was chief of the Royal Naval Lunatic Asylum in 1815, preceded any attempts made by others in the same direction in this country. Living power is the only restraint permitted by Dr. Veitch under his system. Let the credit be given to whom it is due.

Dr. Veitch's favourite plan is "cottage treatment," and is thus expounded:—

"The treatment of mental derangement presents three distinct characters of establishments:—that of public hospitals; that of private hospitals, as those supported by the pecuniary resources of the maniacs or their friends may be called; and lastly, conducting the cure privately, through the medium of a detached cottage.

"These three varieties of arrangements have each their recommendations; and we may observe, that the advantages of the former two principally arise from the facilities which they give to the prosecution of the cure of those who are deranged in mind, on less expensive principles than the cottage system will admit of. But assuredly, when otherwise considered, these establishments are attended with many circumstances which must be in the highest degree revolting to the feelings of maniacs in conducting the restoration of their minds, and which will be severely felt by all, but particularly by females, during their lucid intervals and the periods of their convalescence; and besides the distracting scenes that inevitably must be encountered at such institutions, the very idea of having been confined in a mad-house, and exposed to vulgar observation, is not only harassing to the individuals afflicted and so treated, but must also be painful to their relatives who possess a proper sense of character, and who are endowed with just feelings and affections; and we consequently think, that where it can be done, these painful circumstances ought to be obviated.

"The experiment of private treatment in a detached cottage, with a suitable garden for exercise, is therefore certainly due, on every principle of justice and humanity, to those afflicted with mental disease whose circumstances are affluent, and therefore competent to this mode of cure; as by this means the mind of the maniac, which is generally stamped with a high degree of sensibility, will avoid scenes of such a nature as must, in many instances, have laid the foundation of an incurable malady. The distinction between wholesome restraint, which becomes at times necessary under all modes of accommodating and treating the deranged in mind, and that springing from the want of living force in the character of respectable attendants, is indeed vast."

And again:—

"By conducting the cure in a detached cottage, the patient comes distinctly before the eyes of his physician, and his disorder will appear in its true form, without an aggravating alloy from the mind of the deranged being tormented by the saturation of miseries, the invariable attendant of a mad-house.

"The number of patients the object of the physician's

care, must on the cottage system be limited; and this constitutes another advantage, by giving ample leisure for an attentive consideration of their respective cases. The evils flowing from general principles, without a careful review of the particulars accompanying each case, must always be great, and offer serious obstacles to a cure.

"These evils were felt even where talents of the highest order conducted and presided over the medical department, and are sufficiently illustrated by the examinations before the Inquiry into the State of Mad-houses by a Committee of the House of Commons. The requisite attention to diet, to cleanliness, to ventilation, and dress, is in a great measure impossible where so many are assembled. We are certain that, where inclination and the means co-exist on the side of the patient, or of his friends, for following the third plan, the minds of many may be saved that will otherwise be lost by putting them into a mad-house, where the general occurrences are calculated to distract the strongest mind."

Our author has much confidence in mercury in the treatment of these cases, and recommends great attention to diet. He believes insanity more amenable to treatment than most other diseases; and declares that he cured four out of five of recent cases, besides many others that were chronic. We are glad to give Dr. Veitch the credit that appears to be his due, and think that his "cottage treatment" might be advantageously carried out in the treatment of lunatics.

## Original Communications.

### TREATMENT OF CHOLERA AND CHOLERAIC DIARRHŒA.

BY W. J. COX, M.R.C.S., &c.

The awful subject of cholera is again deservedly attracting the earnest attention of the profession, and the communications thereon which weekly crowd the pages of the medical press, ought not to pass unnoticed by those who have heretofore directed their energies to the treatment of that dread malady.

The cases which appear in the public journals are generally interesting in a scientific point of view, and graphically detailed. But in a *therapeutic* aspect, they only prove the lamentable fact, that practitioners yet continue harping on old and useless strings, and prefer relying on agents, which experience has shown to be utterly futile, to the employment of those means which alone offer a good chance of success.

What has been the treatment adopted in our large metropolitan hospitals (even within the last few days) in cholera cases? Chalk mixture, laudanum, brandy, citrate of potash, chlorate of potash, occasional doses of calomel and opium, &c. &c., remedies which have already proved inefficacious, and *will ever*, when prescribed in such cases.

What are the remedial measures recommended to the public by the Board of Health? Compound chalk powder, aromatic mixtures, &c. Sir, I protest against such remedies and such advice emanating from the Board of Health.

I have long and deeply studied the rational treatment of cholera and serous diarrhœa, and the firm conviction gains strength in my mind that we have at command but two really serviceable remedies for this type of disease. These (as I have over and over again repeated in the pages of various medical journals) are *calomel* on Dr. Ayre's plan, and *sulphuric acid*. To these may indeed be added a third, which, if not meriting the appellation of a decided remedial agent, is at all events a valuable adjunct, viz., ice, or ice-cold water.

During the visitation of the Asiatic cholera in 1849, and subsequently in sporadic cases, I have had *personal* experience of 110 cases. Of these, the details of 90 have already been published in the "Lancet," (January 1850) and also embodied in my pamphlet on the same subject.



I shall, therefore, to avoid encroaching on your valuable space, content myself with the following brief summary:—

	Cases.	Deaths.
Cases treated by stimulants combined with opium . . . . .	17	10
Do. do. stimulants uncombined . . . . .	5	3
Do. do. by Salines . . . . .	4	4
Do. do. by Calomel, Sulphuric, Acid and Ice . . . . .	84	16

Total . . . . . 110 33

Analysis—Ratio of mortality resulting from Dr. Ayre's treatment, slightly modified as above 19.05 per cent.

From all other systems of treatment, ranging from 55 to 80 per cent.

The grand secret of the success of Dr. Ayre's mode of treatment, and in which, according to my humble opinion, consists the inestimable boon that gentleman has conferred on the profession (and, indeed, the world at large) is the frequency of the dose. Scores of practitioners have (as they thought) tried the calomel treatment, have been disappointed, and given it up in disgust, simply because they have not been impressed with this important fact. They gave the remedy in doses at one and even two hours' interval, and a lamentable failure was the necessary consequence.

Three years ago, I ventured to suggest to Dr. Ayre (through the medium of the "Lancet") a simple, but, as I think, highly important modification of his mode of treatment, viz:—the omission of the opium. And I would now earnestly and respectfully call his attention to the following propositions. 1. That opium invariably intensifies the collapse. 2. That it absolutely increases the vomiting; therefore if it be combined with the calomel solely with the view of securing the retention of the latter by the stomach, it utterly defeats this object. Let me assure Dr. Ayre, and your readers generally, that ample experience has testified, at least to my mind, that *these statements are facts*.

The treatment of cholera and diarrhoea by *sulphuric acid* remains for consideration, which I postpone for your next number.

Kensall town, November, 1853.

(To be continued.)

## Correspondence.

### HYDROCYANIC ACID.

To the Editor of the "Medical Circular."

SIR,—Having read an article in your valuable paper on Hydrocyanic Acid, allow me, through the medium of your columns, to say a word to the Medical Profession at large on that important medicine.

It is very general for medical men, when ordering Hydrocyanic Acid, to prefix the word Scheele; are they aware, when so doing, that the quantity of real acid is not to be depended upon. Scheele's Acid is supposed to contain 5 per cent. of *real acid*; which in nine cases out of ten it does not; and the London Pharmacopœia 2 per cent. of *real acid*, which may be depended upon if obtained from a good house, wholesale.

Should any of your readers doubt this statement, let them obtain samples of Scheele's Acid from six different chymists, and on analysis I will venture to say that there shall not be *two* of the samples containing the same amount of acid.

When some of your readers have proved this very important fact, perhaps the medical men of the present day will *always* order the Dilute Acid of the Pharmacopœia, as the strength of that can be relied upon, and is more convenient for dispensing.

I remain, Sir,

Your obedient servant,

R. W. G.

Lisson Grove North.

## MILITIA SURGEONS.

To the Editor of the "Medical Circular."

SIR,—I was much pleased with the able letter written in your last in behalf of the ill-paid Militia Surgeons of England and Wales. The movement is evidently taking a proper turn, and those who some twelve months ago looked upon the subject with indifference are beginning to throw off their apathy since "*their training*;" they begin now to find that the office is not one of those honorary and easy berths generally attached to county appointments; returns are to be filled up, and this in a large regiment, it must be an onerous task. How is the position of the militia surgeon to be improved? I should suggest a meeting, of course; an able memorial drawn up, signed by the chairman on behalf of his brother officers; a circular sent to each medical officer, with a request to sign it and forward it to the colonel of his regiment, who will then transmit it to the Lord Lieutenant of the county, and thence to the proper authorities. The militia regulations plainly points this out: "all matters connected with an appointment to the permanent staff must be made through the Lord Lieutenant of the county to the Secretary of State for the Home Department." The wants and grievances of the profession will be made more generally known, for the colonels of the militia regiments are gentlemen of high standing and influence in the county, and I dare say many are perfectly ignorant of the pay and position of the medical officers of their regiments. If this will not meet with success, then petition Parliament on the subject at the ensuing session.

I am, Sir, your obedient servant,

M.D.

Nov. 21, 1853.

## MILITIA SURGEONS.

To the Editor of the "Medical Circular."

SIR,—The Medical Journals are following your example by taking up the undue position of Militia Surgeons in England and Wales, since your leading article of the 26th ult. A circular has been issued to all the Medical Officers connected with the Militia, and it is much to be hoped that those gentlemen who have taken upon themselves the responsibility and trouble to form a Committee upon this question will be cordially supported. A meeting is indispensable, and the most central position ought to be selected. Birmingham is available by rail from any part of the kingdom, and I for one shall only be too happy to co-operate in this important question. I will not trouble you with my views upon the subject, as it is too clear to every one thus connected with Government, that redress is due to a

MILITIA SURGEON.

Nov. 23, 1853.

## Medical Notes and Queries.

### NOTE.

MOTHERS' MARKS.—SIR,—Will you permit me to trouble you with one more remarkable coincidence relative to Mothers' Marks? A patient of mine, in the sixth month of pregnancy, saw and noticed a little boy whose eyes were of different colours. She did not look long at him, but felt "different to herself" at the time. Her baby, now five months old, is possessed of two different coloured Irides, the left iris a light grey, the right a very dark brown. Your obdt. Servant, JOHN S. BEALE.

87, Harrow-road, Nov. 12, 1853.

### REPLIES.

CHOLERA IN THE ISLE OF MAN AND CHANNEL ISLANDS.—SIR,—If ever the necessity of such a journal as the "Medical Circular" be questioned in my presence, I shall refer to your last number, p. 387. Formerly the statistics of comparatively remote districts had little chance of circulation, and from this circumstance Mr. Stevenson is



not aware that both the Isle of Man and the Channel Islands have suffered from cholera. To say nothing of my own attendance on several cholera cases at Port Le Mary, about four years since, a monument in the churchyard of St. George's, at Douglas, to commemorate a former visitation, will bear me out in my statement. Unfortunately, both Alderney and Guernsey must be taken out of the list of your correspondent's exceptions.—I remain, Sir, yours faithfully,

GEO. KEMP, M.D., Cantab.

Guernsey, Nov. 17, 1853.

**SWALLOWING FALSE TEETH.**—SIR,—I had such a case as that described by "M.D." in your journal of the 16th. Four or five drops of castor oil were given by the medical gentleman in attendance before I saw the case, who, in consequence of very violent pain occurring in the cæcal region, requested me to meet him; and from the situation of the pain it occurred to me that distending the intestines with warm water, by means of O'Bern's long tube, would be best adapted for disentangling the tooth; and on the fourth injection of a quart of water it was brought away. Should "M.D." try the warm-water injection, the long tube of a stomach pump will answer. He might perhaps communicate the result.—Yours, truly,

OMNIBUS.

Finea, Ireland, Nov. 18, 1853.

## Medical Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

DR. COPLAND, President, in the Chair.

Tuesday, November 4, 1853.

A PAPER was read

*On Certain Pathological States of the Blood, especially Characterising many Dangerous Diseases, and of the Intentions and the Means by which these States are most Successfully Treated.*

By JAMES COPLAND, M.D., F.R.S., President.

In this communication the President gave a description of many pathological changes of the blood, leaving the consideration of the treatment of the diseases caused by them until the next meeting. He stated, that the fact of the alteration of the circulating fluid in various severe and malignant forms of disease had greatly engaged his attention, and referred the Society to many articles in his work upon practical medicine, entitled, "Abscess, Absorption, Erysipelas," etc., etc., and remarked that his views had been long before the Profession. He hoped, by bringing them in a clear and connected form before the Society, that important information might be obtained relative to the source of disease of blood, and of the avenues and channels by which this disease was diffused. Particular attention was directed to that morbid state of the blood termed "contaminated" or "vitiated." He divided the origin of these morbid changes into six classes. First, from causes acting upon the digestive system, and, consequently, upon the vessels connected therewith; secondly, from agents taken in by respiratory action; thirdly, from causes acting upon any external surface or tissue of the frame: fourthly, from the arrest, or even from the impeded action of any eliminatory function; fifthly, from the absorption of any morbid product into the circulating system; sixthly, from the abnormal condition of the vital force, or of the nervous centres acting upon the heart and blood-vessels, having a reciprocating influence upon the hæmato-globuline circulating in the blood. Copious illustrations were given on each of these heads. The effects of food, emanations from various sources of pollution, absorption of "sanies," and of any puriform secretion into the circulating channels, were fully discussed. Attention was directed to the evils caused by defects of the various excretory functions, the due performance of which was necessary to the healthy state of the blood; and lastly, to

the agents, extrinsic or intrinsic, which either excite or lower the nervous system, and thus influence the vascular system. The author remarked upon the operation of these agents upon the blood, manifested by a degeneration or waste of the red blood corpuscles. The changes they caused were said to be the following:—1st. A complete metamorphosis or change of the hæmato-globuline. 2nd. A portion of the red blood corpuscles being transmuted into bile. 3rd. The change of epithelial cells from the kidneys and mucous follicles into red blood corpuscles. 4th. Their gradual expenditure in the elaboration of the genital secretions in both sexes. Reference was made to Mr. Simon's nomenclature of blood diseases, and a review passed upon some of the most striking malignant diseases arising from an altered state of the blood. In conclusion, some illustrative cases were given.

Mr. Lloyd hoped that the President would lay before the Society his ideas concerning the treatment of this blood disease, expressing his opinion that, owing to the inquiry and experience of the author, they would be of value to the Profession generally.

The President said that he had only been prevented from touching upon the treatment by the shortness of time allowed to him to prepare the paper, and promised to furnish the Society with the required information at its next meeting.

Mr. Statham, after paying a high tribute to the vast information and extent of research exhibited in the President's paper, wished to obtain a clear definition of the word "sanies." He alluded to the large collection of pus that occurred in psoas, and in other chronic abscesses, where the patient might suffer for a length of time without any symptoms of poisoning of the system occurring. He remarked that, although these collections of pus were often present in the most vascular parts of the body, absorption did not seem to take place in the manner described.

The President defined "sanies" to be altered or diseased pus, secreted from an ulcerated or putrified surface, which, when it became absorbed, caused typhoid symptoms. He remarked how cuts received by cooks while dressing "high" game, or by students while dissecting, caused distressing ailments, while inoculation from a recent subject caused no evil effects. It was also to be remarked how much more serious such accidents were when the vital force was deficient, and the absorbents consequently active, than when the body was in a vigorous state of health.

Mr. Holmes Coote wished, with every deference for the President's great learning, to remark, that no *positive* proof existed of such diseases of the blood as those here described. It was impossible to detect purulent infection, inasmuch as white blood corpuscles could not be distinguished from pus globules. The absorption of matter into the veins did not always poison the blood. Virchow had traced portions of decomposed lung in the superior mesenteric artery, but the composition of the circulating fluid remained normal.

The President remarked, that the discharge of this sanies from an internal ulcerated surface was continually accompanied by febrile symptoms, especially when the animal powers were low. Arguing thus from analogy, that the absorption took place more rapidly, he must lay the cause upon the discharge from the ulcerated part, leaving the microscopical test to younger Fellows of the Society.

After a vote of thanks to the President, proposed by Dr. Parker, the meeting adjourned.

### MEDICAL SOCIETY OF LONDON.

November 14, 1853.

Dr. FORBES WINSLOW, President, in the Chair.

Dr. Hawkesley presented to the Society a piece of solidified lung, into which, as he conceived, air had never been admitted; as also some fibrinous and bloody clots



found in the heart and venæ cavæ of a child, aged two years, which had died asphyxiated in croup. The whole of the mucous membrane of the trachea was filled with pus, and a fibrous cast occupied the upper part of the larynx. A discussion followed, in which Drs. Snow, Willshire, and Routh, and Messrs. Dendy and Richardson, took part, as to whether the solidity of the lung was incompatible with the more probable supposition that it had breathed; and whether the clots were formed antecedent to death, and were due to the super-oxygenation of the blood.

Dr. Semple read a paper on

*The Pathology and Diagnosis of Cerebral Diseases.*

After alluding to the difficulties of the subject, he stated that he intended to bring forward only such cases as had fallen under his own notice, and not to follow the opinions given by the numerous authors who had written on cerebral pathology. He first adverted to certain intra-cranial osseous growths as connected with, and even causing cerebral derangement; and illustrated his views by the detail of some cases, in one of which the patient had died of epilepsy, and the bony prominences in contact with the brain were found remarkably enlarged; in another case he had been led to suppose that some well-marked cerebral symptoms were due to the same cause, in consequence of his finding some thickening of the root of the nasal bones, and in this case the patient recovered under the long-continued administration of iodide of potassium. The pathology of the cerebral membranes was next adverted to, and he considered that this part of the subject was involved in great obscurity, inasmuch as the most severe symptoms often existed during life, and left very slight morbid traces after death; and, on the other hand, appearances usually described as morbid, existing in the membranes of the brain, were frequently not preceded by any cerebral symptoms at all, and indeed could not be regarded as truly morbid. The arachnoid membrane, although sometimes exhibiting the marks of inflammatory disease, such as plastic exudations, was not so frequently the seat of disease as the pia mater, at least such was the result of the author's experience; and the appearances after death were usually limited to an increased vascularity of the latter membrane, with the effusion of serous fluid beneath the arachnoid, not between its layers. In accounting for the absence of well-defined morbid appearances after death in cases of inflammation of the pia mater, it was urged by the author that, however intense might have been the inflammatory action during life, its traces might be very slight after death, just as we find that an inflammation of the conjunctiva will disappear when the patient faints. It was an undoubted fact that, although extensive disease might exist in the substance of the brain without producing severe or fatal symptoms, yet that inflammation of the thin membrane immediately in contact with the convolutions would give rise to the most serious mental derangements, and would speedily terminate in death. In treating of the diagnosis of cerebral diseases, Dr. Semple strongly urged the necessity of carefully considering the different causes which might give rise to these affections, because coma, convulsions, squinting, and other symptoms, which often attended organic disease within the head, were not necessarily connected with such serious lesions, but might be produced by eccentric irritation, as of the digestive, the uterine, or the renal system. Hence it was of the utmost importance for the practitioner to distinguish, on the one hand, those symptoms which clearly indicated inflammatory disease of the brain, and which would be benefited by the abstraction of blood, and by antiphlogistic and derivative treatment; and, on the other hand, those which were induced by irritation or derangement of remote organs, and which would require a very different or even opposite method of treatment.

The chief point in the discussion was the degree of difficulty attending the diagnosis of the cerebral diseases.

Dr. Fuller was of opinion, that in true meningitis there

is always great congestion, with effusion of lymph, pus, or serum, and that in the absence of these products, we could not infer the existence of the disease from the symptoms. In poisoned blood from disease of the kidney, or from the presence of a narcotic poison, as belladonna, as also in certain rheumatic affections, he had observed great cerebral excitement, with injection of the conjunctiva,—that is all the mere symptoms of meningitis,—but these were not cases of true inflammation. Moreover, the opacity of the arachnoid which arises from an effusion underneath the membrane, is not an evidence of inflammation. He then referred to the probable cause of the greater violence of the cerebral irritation in meningitis than in cerebritis, and believed it to be the rapidity with which the various disturbances take place in the meningitis. He had observed cases in which very great injury had been done to the substance of the brain without any violent symptoms having been induced, and this he attributed to the slowness with which the injury had proceeded. Thus in the case of a medical friend, who for many years had suffered only from symptoms resembling tic, and from slight epileptic attacks, he had found a pint of serum effused within the skull, with the circulation through the right vertebral artery impeded by the pressure of a scrofulous tumour, and the left vertebral artery nearly obliterated. He agreed with the author in his remarks upon disease of the calvarium, and instanced the case of a young lady who had suffered for many years from intense headache and epileptic fits, and who could not bear any jolting exercise, in whom a spiculum of bone, two inches in length, was found projecting into the brain.

Dr. Theophilus Thompson considered that thickening of the calvarium was not a likely cause of meningitis, for he had observed that thick-skulled people were dull, and not prone to inflammation; but if it were a cause, he did not think that iodide of potassium would remove it. He thought that Mr. Rainey's statement as to the ganglionic character of the arachnoid, would clearly account for the great violence of the symptoms met with in arachnitis, and that it is the locality affected, and not the slowness of the progress, which renders the symptoms of cerebritis less prominent.

Dr. Druitt inquired if the author had been accustomed to connect rheumatism with disease of the skull.

Dr. Sibson believed it to be impossible to arrange the diagnostic symptoms of each cerebral disease in clearly-defined categories, for he had learnt from practice, and an analysis of almost all the recorded cases, that every kind of symptom has been found in every variety of cerebral disease. A few cases of epilepsy have thickening of the calvarium, but it is only a small minority; and, in general, he believed it to be impossible to guess even at the existence of such an obscure morbid condition. He also considered that inflammations of the arachnoid, and of the pia mater, could not be separated, just as it is impossible to state that the sub-pleural cellular tissue is not involved in a case of pleuritis. Further, in such cases, the surface of the brain is always implicated, and it is from this cause alone that the symptoms become more energetic. He regarded the effusion of lymph in a fatal case of meningitis, as essential to the disease, and had seen cases in which this effusion had extended greatly, and yet only a slight stupor had indicated the presence of inflammation.

Mr. Richardson, Dr. Hawkesley, and Mr. Milton, made some observations, after which

The President expressed his objection to the statement that we have no clear knowledge of the distinguishing symptoms of cerebral disease, and affirmed, that although certain diseases of the brain are obscure, we yet have very extended and correct information as to the symptoms, and causes of the symptoms of inflammation of the various parts of the brain. The Profession, and especially that part of it which had had experience in mental pathology, could state with great certainty whether the grey or white matter was affected, and the precise position of the disease



as in the optic thalamus and corpus striatum, and could also make a correct diagnosis between inflammation of the arachnoid and that of the dura mater.

#### PHYSIOLOGICAL MEETING.—NOVEMBER 14, 1853.

Dr. FORBES WINSLOW, President, in the Chair.

##### *Tests for Iodide of Potass.*

Dr. Cogswell, Hon. Secretary, exhibited a number of chemical tests for iodide of potass in the urine, and stated that a single dose of that salt would manifest its presence in the excretions. He used starch with pure, and then with impure sulphuric acid, to show that the blue reaction was owing to the presence of nitrous acid in the impure sulphuric acid of commerce; then chromate of potass and sulphuric acid; and, lastly, starch with the fuming nitric acid, which he proved to be the best test.

##### *Dog without a Spleen.*

Dr. Crisp exhibited a dog, the spleen of which was removed two years and a half since by Dr. Leared, of Finsbury-circus. The animal was in good condition, and did not appear in any way to have suffered from the loss of the organ. The blood, which was exhibited under the microscope, presented no abnormal appearance.

Dr. Crisp then read a paper on

##### *The Weight and Form of the Heart, the Diameter of the Aorta, and the Size of the Blood-corpuscles in the Vertebrata.*

The paper was illustrated by numerous drawings and preparations, and the deductions drawn from a table before the Society, of the weight of the heart and of the body of more than 400 animals. The blood-corpuscles of 100 of the vertebrata (taken with the steel disc) were depicted. Among these was the blood of the giraffe, capybara, tree-kangaroo, Tasmanian wolf, weka-rail, condor, sacred ibis, alligator, chameleon, rattle-snake, puff-adder, cobra, viper, walrus, seal, shark, and protens. The comparative thickness of the left auricle and ventricle, the diameter of the aorta, and the breadth of its coats, were given in various animals, and a comparative estimate made of the length and weight of the body and of the heart in different species. The heart of a skate, removed twelve hours before the meeting, was still pulsating. A heart of a large rock-snake (*Python Molurus*) was exhibited for the purpose of showing the two ventricles, which were perfectly distinct: a strong valve, like that between the right auriculo-ventricular orifice in birds, guarding the opening. Some of the conclusions of the author were the following:—

1. That the size of the heart bears no important relation to the size of the blood-corpuscles, nor to the rate of pulsation.
2. That birds have the largest hearts, and fish the smallest, in proportion to the size of the body.
3. That in birds and mammals (excepting some of the cetacea) the consistence of the muscular parietes of the heart is firm and dense, while in reptiles it is generally cellular and spongy.
4. That the form of the heart varies more in fishes than in any other class of animals.
5. That the hearts of the chimpanzee and ouran bear the greatest resemblance to that of the human species.
6. That animals with a lax ventricle and with a large and thin auricle (as the Batrachians) have the largest blood-globules.
7. That it is more than probable that the size of the blood-globule depends much more upon the comparative size of the cardiac cavities, the consistence of their muscular walls, and upon the form and mechanism of the breathing apparatus.

METROPOLITAN DISPENSARY.—Dr. Winn was unanimously elected Physician to this Institution on the 15th inst.

#### MEDICAL LIFE IN LONDON.

We quote the following paragraphs from the "Dublin Medical Press," because they contain some sensible observations on the unity of medical science. In order that our readers may understand the quotation, we must premise that the writer reports the incidents of a fictitious dinner party, and that "Erinensis" is replying to a toast. The writer's harmless quizzing of ourselves meets with a ready forgiveness. We should indeed be captious to feel affronted at the pea-shooting of such a gossiping correspondent. As he seems to be in some dread of our resentment, we will set him at ease at once by assuring him that we do not mean to shoot him, either actually or figuratively, for the "false reports" he has so abundantly published in the "Dublin Medical Press."—[ED. "MED. CIRCULAR."]

*Erinensis*.—Beg to thank you in the name of our various friends over the water in the least studied, but I assure you in the most warm and sincere manner, &c., as to our absent friend —

*Omnes*.—Bravo! hear, hear.

*Erinensis*.—One of our friends whose absence we all regret, whose journal is not the least serviceable of our light artillery, whose health we —

*Omnes*.—Hear, hear.

*Erinensis*.—Puts me in mind of a young lady I met lately at an evening party; talking to her of Mrs. Caudle's Curtain Lectures, she said, "and do you really believe, doctor, they're all true, and regularly happened?" Such charming simplicity—one could have married her on the instant. "True as Don Quixote, a medical authority of mine," I said, "or as true, but not half so good, as our medical dinners, and, and—ahem! 'Introductory.' " Again, allow me to thank you, in the name of the Emerald Isle, &c. We have in reality but *one school*. The true men are alike everywhere; and at that point where our self-made disasters and private bickerings terminate, the broad sunlight of Truth will be found streaming down upon us. Napoleon, you will read in that splendid book, the "Consulate and the Empire," once shot a bookseller for false scientific reports, perhaps the very immediate friend of our friend the biographer—I mean the "Lancet," (*no you don't!*) like another phoenix, he may come back to us chastened and refined, with all those nameless graces Tyler Smith at the Royal Free Hospital, and the "Medical Circular," *passim*, assures us, he, as the leader of medical periodical literature, possesses and *requires*. This has little obvious connexion, some say, with the Irish School; but it has everything. We should all be as happy as Arcadian shepherds but for medical squabbles. An encyclopædia of medical jealousies might be written, and the man who studied it most would get on best. I don't say a Napoleon now among our book shops might not be servicable, but I might say so.

*Omnes*.—Hear, hear.

*Erinensis*.—One of the curious effects of the gold "dig-gins" for the last few months, I'm told, has been, to the great delight of the cotton printers, to take away all the "old stock" patterns of chintzes and cottons of Oliver Cromwell's wife (my friend Henry IX will correct me if he hadnt one), muslins and ribbons of Dame Quickley's time. Now if that very exemplary class, the trunk-makers at Geelong would only send for our medical —

[*The rest drowned in laughter.*]

(At a later period of the evening, after sundry other toasts of no professional importance, a rubber of whist is suggested, before which we hear our friend Erinensis pre-facing the toast of the English School.)

*Erinensis*.—Some one will say, what have men in Ireland to do with schools in England? I would say everything; the two countries are one, or only three hours' distance from each other, not at all as far as men living at opposite sides of the Thames make different parts of London. I should certainly prefer any day going to Dublin to see a



patient, to going twenty miles across the Thames, below the bridges; one to me is out of the world amongst extraordinary strange medical folk, the other is only home in another shape. The intercourse and traffic between the two countries is so great, that crowds of Englishmen go to Ireland, and numbers of Hibernians to England to understand one another; there is a point of no mean importance. On my own private hook, I would advise no man to come to London; the Armageddon he will have to fight against is not brilliant talent or gigantic abilities, but gigantic humbug; not genius of any magnificent shape or character, but quackery. Tyler Smith says, honestly, every man in London is a soldier fighting. I would say, every man ought not be anything of the kind; if we had proper colleges, there would be no necessity for every man coming to London turning a rogue, for by fighting he wrongs somebody. "Truth conquers everything," says the "Medical Circular;" if he said truth in London *ought* to conquer everything, but conquers nothing, he would be nearer the mark. The English and Irish Schools are so tied together, that what serves the one serves the other, and what benefits one is reflected in some beneficial shape on the other. We have to blame ourselves if we are not respected; if we had proper colleges, and any, the simplest system of registration, each man should drop into his place, and be known; but the College lives out of town, and the quacks in town; the legitimate men nowhere. A great friend of mine, Hans Christian Andersen, says of meetings like present, "if we meet together in friendliness and truth, a seed of blessedness is ever sown." Many I have the pleasure to see around me, would wish, I am certain, for a blending of the two schools. I fight with abstractions, not persons. With the College system reacting against the Apothecaries' Hall system, the student falling between the two stools. I believe some of the schools in London perfect in their way, though Mr. Guthrie hints the opposite; the mere fact of the Board of Health sending a tribe of homœopaths to Newcastle, amply corroborating all I have ever ventured to affirm.

### THE CHOLERA.

LIVERPOOL.—Since the 24th of October there have occurred in Liverpool 21 cases of cholera and 14 deaths. In five cases the patients were German emigrants. The mortality of the town is below the average, and diarrhoea not prevalent.

DUNDEE.—Nov. 13, 9 deaths; Nov. 14, 6 deaths. Since the 3rd of November, when the visitation system commenced, there have been discovered, of diarrhoea, 1348 cases; approaching cholera, 8; cholera, 5; corpses, 3; total deaths since commencement of disease, 100.

DARLINGTON.—Nov. 14, 1 death.

BARNSELY.—Nov. 14, 1 death.

METROPOLIS.—The returns from the K, M, P, and R divisions of the metropolitan police give seven new cases and five deaths. The rate of mortality from cholera has been nearly stationary during the last three weeks; the number of fatal cases last week was 98. Of these 16 occurred in the West Districts, 15 in the north, 22 in the east, and 45 on the south side of the river. None occurred in the central districts.

### REPORT OF THE REGISTRAR-GENERAL FOR THE QUARTER ENDING SEPTEMBER, 1853.

The appearance of the Asiatic cholera in London, and the terrific mortality which it has occasioned within a few weeks in the north of England, are of such importance as to demand the whole of our attention.

As a means of guidance and a basis of reasoning it may be useful to present here a brief summary of some of the facts which regulated the course of the epidemic that broke out five years ago.

Cases were registered in London and in Sunderland during the first week of October, 1848. Deaths in all

England, 1105 in last three months of the year. The epidemic declined, and in April, 1849, the deaths were only 107; in May, 327. The great epidemic eruption began; and in June, 2046 persons died of it; July, 7570; August, 15,872; September, 20,379; October, 4654; November, 844; December, 163. The thirty-sixth and thirty-seven weeks of the year 1849 were the most fatal; the deaths from cholera in those weeks were 12,592. On the most fatal day, September 6th, the deaths by the disease were 1121. The total deaths in 1849, were 53,293. 12,152 were persons under 10 years. Rate of mortality, 30 in 10,000 of the inhabitants. Diarrhoea of severe form was fatal to 18,887 persons, chiefly children; or to 11 in 10,000 inhabitants.

The danger of dying greatest at advanced ages; the rate of mortality, 13 in 10,000 at the age of 12; 64 in 10,000 at 70.

The duration of the attacks of cholera in 39,468 cases was found to be 50 hours on an average. 20,684 cases terminated within 24 hours.

In 85 of the 623 districts of England no death from cholera was recorded.

The centres of the attacks of the great epidemic were London, Portsmouth, Plymouth, Bristol, Merthyr Tydfil, Wolverhampton, Liverpool, Hull, and Tynemouth.

*Rate of Mortality.*—Hull, 241 in 10,000 inhabitants; Merthyr Tydfil, 234; Stoke Damerel, 193; Salisbury, 185; Neath, 169; Liverpool, 167; Plymouth, 167; Sculcoates, 152; East Stonehouse, 148; Leeds, 145; St. Germans, 143; Wolverhampton, 137; Tynemouth, 129; Gravesend, 119; Newcastle-under-Lynne, 117; Hunslet (near Leeds), 102. The districts which in London were most fatal were Rotherhithe, 205; St. Olave, 181; St. George, Southwark, 164; Bermondsey, 161; St. Saviour, 153; Newington, 144; Lambeth, 120; Wandsworth, 100. The mortality was at the rate of 50 in 10,000 on the coasts; 17 in 10,000 over the inland districts. It was at the rate of 125 in 10,000 in the districts including the large ports; 47 in the districts of the secondary ports; 15 in the other coast districts. Of the inhabitants of low, river, and seaside districts, 85 in 10,000 died by cholera; in London, the loss was 62; in inland towns, 38; in small towns and the country around the river sources, only 12 in 10,000 perished. Of the inland towns, Wolverhampton, Merthyr Tydfil, Manchester, and Leeds, experienced the greater part of the mortality; in the 35 other large inland towns the mortality was at the low rate of 11 in 10,000. In London, the water supply had considerable influence on the mortality. The density of population and the poverty of the inhabitants were not without effect, but the effect of elevation of the soil transcended all other influences. On an average, the mortality by cholera was, in the several London districts at elevations of less than 20 feet above Trinity high-water mark, 102 in 10,000; in the districts at an elevations of 20—40 feet, 65 in 10,000; of 40—60 feet 34; of 60—80 feet 27; of 80—100 feet, 22; of 100 feet, 17; of 350 feet, 8 in 10,000 inhabitants.

The present epidemic has appeared first, like all that have preceded it, in the seaports. The first well-defined cases in London were registered in August, and the epidemic may be dated from August 20th; up to October 1st, the registered deaths, including some by English cholera, have amounted to 133. The origin of the last epidemic may be dated from October 1, 1848; and that of 1831-32 also began in the month of October, 1831. The present epidemic has attacked usearlier in the year, but it has not yet in the aggregate been more fatal in London than it was during the same number of weeks in 1848.

In Newcastle-upon-Tyne, with a population of 89,156 in 1851, the mortality from cholera has raised the deaths by all causes from 638 to 2085; in Gateshead from 374 to 771 in three months. The epidemic poison was no sooner introduced into the region than it, as it were, exploded, and destroyed nearly 2000 lives. In neither of the previous epidemics was any such sudden destruction of life observed. Is the present epidemic—so quickly follow-



ing the epidemic of 1848-9—of a different and more fatal character? or are there local circumstances, independently of the nature of the epidemic, that account for the desolation that now surrounds Newcastle-upon-Tyne? These important questions can, it is evident, only be definitively answered by careful inquiry into all the circumstances; but enough has been elicited to justify us in refusing to admit at present that the epidemic is in its nature more destructive than its predecessors; while it yields an awful sanction to the hygienic law which prohibits the use of impure water.

The Superintendent-Registrars of Newcastle and Gateshead, in reply to inquiries which the Registrar-General has made, state, and have forwarded documents showing, that, from the 5th of July last, the town, which had been supplied before with salubrious water, was supplied largely "from the impure source of the Tyne, in the vicinity of the sewerage of the town." (a)

The fact cannot be questioned, that the water with which Newcastle-upon-Tyne was supplied in 1848-9 was comparatively pure; and that in 1853, when the calamitous loss of life was recorded on the registers, the city was supplied with water containing a strong solution of the contents of the sewers. The same effect was the result of the same cause in Hull in 1849. And other examples may be cited in which the converse happened, as at Exeter, where the inhabitants, after having suffered severely from Cholera in 1832, obtained pure water, and escaped its ravages, in 1848-9.

Dr. Snow says:—"Water into which sewers flow, or which is navigated by persons living in boats, or which is in any other way contaminated by the contents of drains or cesspools, should be entirely disused." No person, to test the value of such a rule, would ever have proposed that a large town, which was supplied with good water, and escaped with no considerable loss in a previous epidemic, should, on the eve of another epidemic, do all that is here forbidden. What no sceptical philosopher would have dared to propose as an experiment, what no haughty conqueror ever condemned the inhabitants of a subjugated city to endure,—this fine English town on the Tyne,—the centre of the coal trade,—of intelligence of every kind,—and of engineering knowledge, has done and suffered. All the excreta, which are thrown into the streets or water-closets, are washed down the acclivities of the streets into the river; the fermenting mass is driven up and down by the tides, and has then since July been pumped by the engine at Elswick all over the town through the water pipes for domestic uses; it has been used for ablution, it has been over the floors, it has been drunk as a beverage by many of the children and the wives, as well as large numbers of the higher and middle as well as the working men of the town.

No water was drawn from the Tyne after September 15; the cholera then raged with less intensity, and the epidemic speedily subsided.

(a) The Newcastle water, taken from the River Tyne, has been analysed by Dr. Robert Dundas Thomson. He found it to contain a quantity of organised matter mechanically diffused through it (loaded with living vibrios) to the amount of 4.502 grains per gallon. Of this 0.545 grains was destructible matter; the remaining 3.957 grains consisted of siliceous forms resembling the shields of infusorial animals or diatomaceous plants. Dissolved, or finely diffused in the water, he further found 2.68 grains per gallon of organic matter. The water likewise contained 1.18 grains per gallon of chalk, and 7.3 grains of muriate and sulphate of soda and sulphate of magnesia. The total solid contents were 15.662 grains per gallon. This water, was, it is said, filtered, but the process is not described by the Water Company.

**MEDICAL APPOINTMENTS.**—Mr Charles Hawkins, of Savile-row, has been appointed Surgeon of the Solicitors and General Assurance Company, vacant by the death of the late Bransby B. Cooper, Esq.

## Obituary

Oct. 28.—JAMES AINSWORTH, Esq., F.R.C.S. (hon.) 1843; at his residence, Higher Broughton, Manchester, aged 70. Mr. Ainsworth held the appointment of Consulting Surgeon to the Manchester Royal Infirmary; was the late Consulting Surgeon to the Manchester Workhouse; and was a member of the Literary and Philosophical Institution, and of the Natural Historical Society.

Nov. 7.—THOMAS CHARLES WOODWARD, Esq., M.R.C.S. Eng. and L.S.A. 1816, of Penton, near Andover, Hants, at Alton, where he was passing a few days with his brother-in-law, William Curtis, Esq. For many years Mr. Woodward was engaged in practice at Alton, where he earned for himself great celebrity as an accomplished surgeon and successful practitioner. Subsequently, from ill-health, he was compelled to leave Alton, and for twenty years had been a resident either in or near Andover, where latterly he had principally carried on a consulting practice. We are rarely called on to record the demise of one who more universally enjoyed the confidence of his professional and lay brethren, and whose loss will be more deeply deplored by all who knew him. Mr. Woodward, at the time of his decease, was 60 years of age.

S.—WILLIAM J. LAMBERT, M.D. of Thirsk, York, at Brightstone, Isle of Wight, aged 36.

## Medical News.

In our last Number we challenged the "Lancet" to repeat its contradiction of our statement relative to the refusal of the Royal College of Surgeons to recognise the Free Hospital and Medical School. A number of that journal has since been issued, but no contradiction of our assertion has appeared! Who has been guilty of uttering "*a wilful falsehood*?"

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen, having undergone the necessary examinations, were admitted Fellows of the College at the last meeting of the Council:—Peter Yeames Gowlland, Finsbury-square; diploma of membership, dated January 28th, 1848. William Martyn, Brompton-road; May 6, 1839. H. Thompson, Wimpole-street, Cavendish-square; Oct. 4, 1850.—The following members of the College, having undergone the necessary examinations, were admitted licentiates in midwifery:—Samuel Argent, Hinchley; diploma dated July 1, 1853. Henry Thomas Cornelius, Northampton. July 9, 1850. Thomas Duncan, Chelsea; October 28, 1853. Charles Duun, Scarborough; July 4, 1853. John Hudson, Newport, Yorkshire; April 15, 1853. James Lovell, Canterbury; June 17, 1853. Thomas Joseph Cookson Powell, Bristol; October 28, 1853. Frank Powell, Chichester; October 14, 1853. John Rains, Bonsall, Derbyshire; May 20, 1853. John West Walker, Spilsby; October 11, 1850.

**APOTHECARIES' HALL.**—List of the names of gentlemen who passed their examination in classics and mathematics, on Tuesday and Wednesday, the 15th and 16th November, 1853:—William A. Brown, Kineton, Warwick; F. E. Carey, Nottingham-place; Frederick M. Chalk, Kennington; S. M. D. Cumming, King William's College, Isle of Man; Peter Downs, Stockport; T. M. Edwards, Llansaintffraid, North Wales; Joseph T. Fowler, Winterton, Lincolnshire; Robert C. Garner, Stoke-upon-Trent; William W. Harkness, Hampstead; Thomas W. Haslehurst, Claverley; Henry N. Hett, Brigg, Lincolnshire; Thomas M. Hill, Bristol; William James Jones, Portugal-street, Lincoln's-inn-fields; Edward Joseph, Great Marylebone-street; Lima Abraham La Mert, Bedford-square; Henry Lewis, Lowndes-square; Charles E. Ludlow, Kennington; Alfred Meadows, Newman's-row, Lincoln's-



inn; Edward E. Meeres, Whitechapel; Henry Palk, Manchester-street; Stephen H. Pearce, Lewes; Thomas Pickess, Brydges-street, Strand; John Powell, Wandsworth; John C. Quennell, Brentwood; Robert J. Rogers, Brighton; George S. Rutherford, Portland-place; William Henry Smith, Holland-place, Clapham-road; Robert R. Symon, Canonbury; John Watts, Haverfordwest; Anthony, Whitford, New North-street.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, Nov. 10, 1853:—William Boyd Moss; William Armstrong Smith, Bedford; Augustus Charles Chard; William Stillman; William Williams Thomas, Fishguard, Pembrokeshire.

**ASSISTANT-SURGEONS OF THE ROYAL NAVY.**—The naval assistant-surgeons have now ample opportunity for converting their hour of discontent into one of retribution, unless their just and long-promised rights are conceded. In the last number of the *United Service Gazette* appears the following paragraph:—

**NAVAL MEDICAL CIRCULAR.**—A circular has just been issued by the Director-General of the Medical Department of the Navy, calling upon all surgeons and assistant-surgeons on half-pay to signify, without loss of time, whether they are ready for active service. Sir William Burnett alleges as the cause of this circular a probable immediate and urgent requisition for the services of medical officers. We suggest to our medical friends the propriety of returning an answer in the affirmative wherever possible, as the contrary will be equivalent to accepting a place on the Retired List.—Before returning an answer in the affirmative, the assistant-surgeons should hold a meeting, and there adopt measures for ascertaining whether the Admiralty intends fulfilling its promise, to place them on board in a position suited to their rank and merits.

**ROYAL ACADEMY.**—Mr. Partridge, the new Professor of Anatomy at this Institution, who was prevented by illness from delivering his inaugural course of lectures last year, has now recovered, and commenced his course last Monday.

## Notices to Correspondents.

**NOTICE.**—In order to facilitate the transaction of the rapidly-increasing business of the "Medical Circular," and to meet the wishes of those gentlemen desirous of a personal interview, the EDITOR has arranged to attend at the OFFICE, 128, STRAND, every WEDNESDAY, between the hours of Twelve and Two, p.m.

The "Medical Circular" may be procured by an order on any Newsvendor or Bookseller; or it will be sent direct by post from the Office, to subscribers for one year, on receipt of Sixteen shillings; half-yearly subscription, 8s.; quarterly, 4s. Cases for containing the numbers, bound in cloth, 1s. 6d., or by post, 2s. Post-office Orders to be drawn in favour of Thomas Rolfe, Post-office, Charing-cross.

**M.D.**—1st, Virchow. 2nd, Boussingault.

**MR. BURROWS.**—Your statement is not sufficiently explicit to enable us to give a reliable opinion. As we understand it, you attended, at the request of one of the members, a meeting of the club, when the treasurer, secretary, and one or two members were present, and you were then appointed surgeon, but you do not state that any resolution to the effect was entered on the books of the club, or that you received a letter from the secretary announcing your appointment. Nevertheless, you attended several members—facts which could, of course, be proved in Court. The club subsequently broke up in a state of bankruptcy, and you wish to know if you can make the treasurer of the club, or the individual members, responsible for the bills as if they were private accounts. We consider that if you have proof of your appointment, you could make any of the managing committee who engaged your services responsible for your account; the treasurer was, probably, one of the committee. As respects the individual members, the case does not seem to us so clear, as they did not engage you, although they received the benefit of your attend-

ance. We think a Judge in County Court would regard your claim favourably, but we do not know a precedent.

**J. L.**—It is probable that an effort will be made to bring in a Medical Bill, but we apprehend that the House of Commons will be too much engrossed with more important public business to entertain the question. The certificate referred to is merely a private testimonial, and is not a qualification to practise midwifery.

**SQUILLS.**—You are not eligible for the appointment if another gentleman with the double qualification offer.

**UNUS QUORUM.**—It will be necessary for a few militia surgeons to meet together to give a public character to their acts. Two or three gentlemen might thus be empowered to act for the whole body, and, through their agency, petitions and memorials might be got up and forwarded to the authorities. Despair is a bad general: go to work.

**NO PHILOSOPHER.**—If Dr. Knox has got the "Cholera Fly," we hope he will enlighten the world on its peculiar action. There is nothing like personal experience. He gravely tells us in the "Lancet," that when the epidemic prevailed at Fisherow, a lady pointed out to him two dead flies with yellow bellies, and a mysterious pile of dust at the end of their tails. "Eheu! quoth the doctor, here is the Cholera Fly!" The wonderful little heap the doctor deliberately pulverised, and, we presume, swallowed, on Dr. Snow's principle, to try its effect, but with what result deponent saith not. After thirty years our philosopher indites a letter to the "Lancet" to announce his discovery. Had the doctor given us his autopsy of the fly, or favoured us with his analysis of the pile of dust, his paper might have had some interest.

**MEDICUS (Winchester).**—Australia or Canada.

**E. J. B. (Windsor).**—1st, A gentleman holding a Union appointment cannot guarantee a successor. 2nd, A gentleman with a double qualification has a prior claim. 3rd, By being a candidate when a vacancy occurs.

**DR. E. B.**—Communication received.

**TYRO.**—The Society of Apothecaries would decline to register you under the circumstances stated.

**M.R.C.S.**—The Committee of the Medical Benevolent Fund sit at Mr. Churchill's, Princes-street, Soho.

**CELSUS.**—No systematic treatise has been published on the Sarcina Ventriculi, but there are numerous interesting papers on the subject scattered through the Journals.

**MR. WESTON.**—1st, No. 2nd, No.

**A PROVINCIAL PRACTITIONER.**—Such cases are not uncommon. They are supposed to depend either upon inflammation of the urethra, or upon a small growth at its orifice; in the latter case an examination will detect it, and excision is the only remedy.

**MR. KING.**—1st, Walshe. 2nd, The individual referred to has no legitimate pretensions to professional confidence.

**A GENERAL PRACTITIONER.**—A private practitioner cannot claim a fee for vaccinating a child from the Board of Guardians; he can be compelled to send a certificate to the office in Somerset House, but we very much doubt that the authorities will indite him in ease of neglect. It is a most iniquitous law, and ought to be erased from the statute book. The men who undertook the opposition to it were mere amateurs, and such men are always beaten in politics.

**LONDINENSIS.**—We shall reserve your letter for a future occasion. The Reports of the Metropolitan Medical Societies furnished by the "Lancet," are the most stupid and incorrect of any that appear in the Journals. But what else can be expected from such a miserably ill-conducted paper?

**MR. BURNS.**—1st, Churchill. 2nd, Bailliere.

**OS CALCIS.**—The arrangement would be in accordance with the requirements of the College.

**A CONSTANT READER (Glasgow).**—For services performed as Mayor of Hereford.

**MR. W. PRICE EVANS.**—Communication received, and shall have early attention.

**A SUBSCRIBER.**—Your query shall be inserted next week.

**KAPPA-LAMBDA.**—The address of the office of the Asiatic Society is in New Burlington-street. Perhaps some correspondent can answer the following:—"Can you tell me if the prizes for the best Essays on the Physiology of Temperance, as given out by Sir Horace St. Paul, High Sheriff of Northumberland, two years ago, are decided yet?"

**DR. J. B.**—Next week.

\*—A correspondent, whose signature we cannot decipher, is informed that the Workhouse Surgeons will not be omitted from our "Statistical Return" of Union Medical Practice.

**R. DAVIES (Eastbourne).**—Communication received.



## Prize Medal—The only one granted

at the Exhibition of all Nations, 1851, for Spinal Instruments and Gymnastic Apparatus. DR. CAPLIN begs to inform the Profession and the public that, in order to answer the calls he has received for his various Inventions, he has arranged to supply such demands with a variety of Portable Gymnastic Apparatus, Resting and Spinal Chairs, Rocking and Treadle Couches, Arm-Chairs, &c., to be seen and had at Madame Caplin's Establishment, 58, Berners-street, Oxford-street, London; or at Dr. Caplin's Royal Hygienic Gymnasium, Orthopedic and Electro Kinesitherapeutic Institution, Strawberry Hill, Pendleton, Manchester.

BY HER MAJESTY'S ROYAL LETTERS PATENT.

## Dr. Caplin's Ortho-Cervico Spinalis,

or NECK MONITOR, and SPINAL ERECTOR, for the Prevention and Cure of the Poking of the Head and Stooping of the Body. Dr. Caplin's Newly Invented Ortho-Rachidic Couch for the Cure of Lateral Curvature, now exhibited at the Society of Arts, John-street, Adelphi, London. Prospectuses may be had at Madame Caplin's Establishment, 58, Berners street, Oxford-street, London.

ON DEFORMITIES.

## Dr. Caplin's Lectures, delivered at

the Athenæum and Mechanics' Institution, Manchester, in 1849 and 1850.

Lecture 1st.—Demonstrating the Human Body to be a Living Machine, acted upon by Physical Laws.

Lecture 2nd.—Causes and Different Characters of Deformities.

Lecture 3rd.—A Glance at the Various Kinds of Treatment, and their Irrationality.

Lecture 4th.—Alleviating System: the Author's Mode of Treatment explained.

This Pamphlet will offer the public the means of forming their judgment on a subject generally foreign to the unprofessional, whilst it may prove useful to the Practitioner who has not had the opportunity of devoting time to the study of this branch of the healing art.

May be obtained, Price 1s. 6d., at Madame Caplin's Establishment, 58, Berners street, Oxford street, London.

## PREVENTION AND CURE OF DEFORMITIES.

ROYAL HYGIENIC GYMNASIUM, ORTHOPEDIC, ELECTRO KINESITHERAPIC INSTITUTION, STRAWBERRY HILL, PENDLETON, MANCHESTER.

## Dr. Caplin, Inventor of the Alle-

VIATING TREATMENT FOR DEFORMITIES OF THE SPINE, Proprietor and Director.

Deformities are one of those classes of affection which cannot be treated with success at home; the want of proper means the inaptitude of parents, the neglect and indulgence of patients, destroy on one side what is gained on the other; in which case medical skill is baffled, the patient disappointed, the expense lost, and the public confidence destroyed, whilst the unfortunate sufferer remains, during life, an object of misery and pity.

Dr. Caplin's Establishment offers to the public at large all the advantages resulting from a combination of all means available to promote and effect the cure. To a spacious gymnasium, containing above one hundred different exercises, situated on the most eligible spot, are added the resource of the various means for applying electricity, medical baths, mechanical means, and the practice of Ling's movements. This institution recommends itself to the medical profession and the public at large.

Prospectuses obtained at the Institution, or by letter; also at Madame Caplin's Establishment, 58, Berners-street, Oxford-street, London.

## Stringfellow's Patent Electro-Gal-

VANIC PORTABLE BATTERY.—These Batteries, being the size of a lady's card-case, easy in their application, and certain in their action, afford the most complete method yet known of applying, for curative purposes, a mild, continuous, Electro-Galvanic Current, and have been most successfully applied. Price One Guinea; by post, 22s. "Its principle is the same as Pulvermacher's Chain; but it is more effective and energetic, &c."—ASSOCIATION MEDICAL JOURNAL.—W. ELLIOTT and SONS, Opticians, 56, Strand, London.

## Horne, Thornthwaite, and Wood,

PHILOSOPHICAL and CHEMICAL INSTRUMENT MAKERS, 122, and 123, NEWGATE-STREET, LONDON.

Medical Achromatic Microscopes, in Case, for Anatomical Urinary Deposits, &c., £2 2s., £5 5s., and upwards.

Electro-Galvanic Machines, giving a uniform Current of Galvanism of great quantity, in one direction only, and of the only form and construction suitable for medical application, in portable case, £3 3s., £5 5s., and £8 8s.

Urinometers, gilt metal, 14s.; glass, 4s. 6d.; in case for pocket with Thermometer, Acid, &c., 21s. and 35s.

Apparatus and Tests for Analyses of Urine, and Toxicology. In Cases, £3 3s., £5 5s., and £10 10s.

## Blackwell, Surgeon's Instrument

and Truss Maker, and Cutler, 3, Bedford court, Covent-garden, and at the Royal Panopticon of Science and Art, Leicester-square, London, Inventor and Maker of the Registered Guard Razor, the Boston Razor.—Ellis's Belts and Splints for Fractured Clavicle, Improved Ear Speculum, Belts for Lunatics, Invalid Removing Seat, Cylinder Bandage Roller, Revolving Head-Spring extending Crutch, Patent Elastic Stockings, 7s. each; Knee-caps, 4s.; Anklets, 4s.; Calf-pieces, 5s. Urgently recommended by the Faculty, for the prevention of Varicose, and to all using violent exercise.

## Spinal Curvature & Deformities.—

J. PRATT,

SURGICAL INSTRUMENT MAKER,

OF 420, OXFORD-STREET,

Respectfully offers to the profession his MECHANICAL AID in such cases, he having been eminently successful in many entrusted to his care.

## Scarlett's Portable Invalid Soup.—

SCARLETT and SON respectfully inform the public that the SOUP made by them expressly for invalids, so strongly recommended by Dr. Marshall Hall and other medical gentlemen, will be found very beneficial. 2s. 6d. per quart, or 1s. per lb.

26, King William-street, London-bridge.

## Arrowroot, 8d. per lb., in 14lb. Tins,

warranted genuine, imported direct from the West Indies. Finest Brazilian Isinglass, 8s. 6d. per lb. Samples per post on receipt of two stamps. Delivered free to any part of England.—H. WARREN & CO., 302, Regent-street, London.

## Genuine Wines.—Pale or Brown

Sherry, 33s. per dozen. A very superior Amontillado Sherry 42s. per dozen. Old Crusted Port, 34s., 42s., and 48s. Hock, 36s. Moselle, 36s. Claret, 30s. Champagne, in splendid condition, 40s. per dozen. THE FINEST BLACK TEA imported, 4s. per lb.

H. WARREN & CO., Importers of Continental and Colonial Produce, 302, Regent-street (nearly opposite the Polytechnic), London.

## To Invalids and those desirous of

PRESERVING HEALTH.—The Sanitary Commission instituted by THE LANCET having pronounced the Cocoa purchased at 15, Rathbone-place, Oxford-street, to be "entirely free from deleterious admixture," the attention of the public is directed to EDMONDS and Co's HOMOEOPATHIC COCOA, at 1s. 6d. per lb. Edmonds and Co., Tea Dealers, &c., 15, Rathbone place, Oxford-st.

## Soyer's Aromatic Mustard.—"M.

Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration."—LANCET.

Sole Agents: Messrs. CROSSE AND BLACKWELL, 21, Soho-square, London.

## THOMAS SALT and Co.

EAST INDIA PALE ALE BREWERS, BURTON-ON-TRENT.

STORES.

London.....	21, Hungerford-wharf.
Liverpool.....	52, Henry-street.
Manchester.....	37, Brown-street.
Birmingham.....	26½, Bull-street.
Bristol.....	Back Hall, Baldwin-street.
Nottingham.....	14, Milton-street.
Dublin.....	4, Crown-alley.
Edinburgh.....	17, Downie-place.
Dundee.....	13, New Inn Entry, High-street.

## H. Silverlock's Medical Label Ware-

HOUSE, LETTER-PRESSES, COPPER-PLATE, AND LITHOGRAPHIC PRINTING OFFICES, 3, Wardrobe-terrace, Doctor's Commons, London.

The Members of the Medical Profession are respectfully informed that at H. SILVERLOCK'S Establishment they will find every kind of Label they can possibly require; and also, that every description of ENGRAVING, LETTER-PRESS, COPPER PLATE, and LITHOGRAPHIC PRINTING is executed by competent workmen, and at the lowest charges.

Catalogues of each sort of Labels are published separately, and will be sent per post on application.

## To all Bad Writers.—Mr. T. H.

CARSTAIRS continues to give LESSONS TO Ladies and Gentlemen in his highly-improved METHOD OF WRITING, enabling all those who require it to obtain a command and freedom seldom (if ever) equalled. Prospectuses of terms, &c., may be had at the Establishment, 81, Lombard street, City.



## Mayall's Daguerreotype Portrait

GALLERIES, 224, Regent-street, corner of Argyle-place, and 443, West Strand.—Mr. Mayall invites inspection of his newly patented process for producing crayon effects in daguerreotype miniatures, also his extensive collection of original portraits of parliamentary, scientific, literary, and theatrical celebrities. Portraits taken daily in the highest style of art. "Mr. Mayall's crayon pictures are much distinguished for the beauty of their execution, the tint being harmonious and neutral, the various textures of flesh, hair, drapery, &c., discriminated with a painter's taste, and an entire absence of a certain commonness of aspect which has tended hitherto to disparage this art."—*Athenæum*.

## Cod Liver Oil.—His Excellency the

Governor, and her Majesty's Council of Newfoundland having authorised letters patent to CHARLES FOX and CO., granting to them the exclusive right of manufacturing Cod Liver Oil by the process described in the said letters patent, they respectfully intimate to the medical profession and to the pharmaceutical chemists, that several importations of the produce of this season have been already received from Newfoundland, and have passed into the hands of the principal wholesale druggists in the kingdom. CHARLES FOX and CO. have also the satisfaction to state, that the oil of this season is pronounced by the trade to be of the finest quality ever introduced into this country.

Scarborough, 27th Sept., 1853.

## The Most Certain Prevention of

Cholera yet Discovered.—Further Great Reduction in Price.—CREW'S DISINFECTING FLUID is the Best and Cheapest. The improved Chloride of Zinc for the purification of Dwelling Houses, Stables, Dog Kennels, Ships' Holds, Cess-pools, Drains, Water Closets, &c., the Disinfection of Sick Rooms, Clothing, Linen, and for the Prevention of Contagion and Bad Smells.

The extraordinary power of this Disinfecting and purifying Agent is now acknowledged, and its use recommended by the College of Physicians. Unlike the action of many other disinfectants, it destroys all noxious smells, and is itself scentless. The manufacturer, having destroyed a monopoly fostered by the false assumption of the title of a patent, has to warn the public against all spurious imitations. Each Bottle of Crew's Disinfecting Fluid contains a densely concentrated solution of Chloride of Zinc, which may be diluted for use with 200 times its bulk of water. Vide instructions accompanying each bottle. Sold by all Chemists and Shipping Agents in the United Kingdom. Imperial quarts at 2s.; pints at 1s.; half pints, 6d.; larger vessels at 5s. per gallon. Manufactured at H. G. GRAY'S, Commercial Wharf, Mile End, London.

## Drug Price Currents forwarded, free

of Postage, on application, by Messrs. HEWLETT and GODDARD, Wholesale Druggists, 6, Arthur-street West, Upper Thames-street, near London-bridge, containing the ready-cash prices for Drugs and Pharmaceutical Preparations of the purest quality. Messrs. H. and G. solicit the attention of the Medical Profession resident in the Provinces, Infirmary Committees, Dispensaries, &c., &c., to the advantages attendant upon the above Price Current.

## Taraxacum (Davenport's) Liquor,

or FLUID EXTRACT, Prepared by Spontaneous Insipissation, possesses every characteristic of the fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm. 6s. per lb.

COTYLEDON UMBILICUS.—The Solid and Fluid Extracts, 1s. 3d. and 1s. per oz.; also, the Preserved Juice, 5s. 4d. per lb., as recommended by Mr. Salter, of Poole, in Epilepsy.—J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 33 Great Russell-street, Bloomsbury.—A List of Preparations forwarded on application.

## Jozeau's Copahine-mege, or Sac-

charated CAPSULES, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhœa, Gleet, and Leucorrhœal Discharges, on an average of six days (see "*Lancet*" of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by G. Jozeau, sole French Chemist, 49, Haymarket, London; and Jozeau, Pharmacien, 161, Rue Montmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with the name of Gabriel Jozeau printed thereon.

## Indian Bael.—"As to the Bael Fruit,"

says a professional friend in Calcutta, "I consider it the most certain remedy we possess for Dysentery and Diarrhœa. I have frequently seen it arrest the progress of these diseases in twenty-four hours, after all other medical treatment had failed.—See "Practical Observations," by J. R. Martin, Esq. F.R.S., "*Lancet*," July 16.

The Bael is imported and sold Wholesale, both in the ripe and unripe state, and in the form of Concentrated Decoction, by M. POUND, Chemist, 198, Oxford-street.

## W. Twinberrow begs to draw the

attention of the Medical Profession to his

### EXTRACT OF INDIAN HEMP,

Prepared expressly for him at Calcutta, its peculiarly sedative properties being so beneficial where opiates are inadmissible; also to his

### MEDICINAL EXTRACTS.

Prepared from the fresh plants (*Hyoscyamus Niger*, *Conium Maculatum*, *Atropa*, *Belladonna*, *Cotyledon Umbilicus*, &c.), also to his *Liq. Taraxaci*, *Liq. Galli Aparinis* (a valuable alterative), *Liq. Parietaræ* (diuretic), and *Liq. Belæ* (prepared from the *Egle Marmelos* or Indian Bael), for Dysentery and Diarrhœa.

W. T. has a large supply of INDIAN BÆL, and PURE COD'S LIVER OIL of his own manufacture on hand.

2, Edwards-street, Portman-square.

TO SURGEONS, CHEMISTS, &c.

## Sulphate of Quinine (without

Alcohol). Patented 28th of July, 1853, by EDWARD HERRING, Chemical Works, Trinity-street, Southwark, London.

These Sulphates of Quinine are prepared by extracting the coloring of the bark by means of a caustic solution of Soda or Potash; thus avoiding the necessity of the usual bleaching Agent, impure Animal Charcoal—and dispensing with the use of Alcohol. The Patent has, therefore, the advantage of manufacturing a Sulphate of a Quality very superior to that produced by the ordinary Spirit process.

The WHITE (Bleached) SULPHATE is the usual article of commerce, but being manufactured by the patent Caustic Alkali process, requires the agency only of pure Animal Charcoal, for the perfect bleaching of the Salt, producing a whiteness which is scarcely possible to be attained by the hitherto known processes. Put up in the usual 1oz. bottles; also in 4oz. bottles (free).

THE UNBLEACHED SULPHATE, although of such recent introduction, has not only been chemically attested and approved, but already put into extensive application by the large London and Provincial Hospitals and Dispensaries.

The Crystalline form is the same, and is, in every respect, identical with the usual white article, with the exception of the one being bleached and the other unbleached.

Independently, therefore, of its commercial points, the vast saving of about 20 per cent. in price, is not the least of its recommendations. Put up in bottles (free) of 3 oz. each, also 1 oz. sample bottles.

The PATENTED SULPHATES to be had of the leading Drug gists in London and the United Kingdom, and in quantities of not less than 100 ounces, from the Manufactory, Chemical Works, Trinity-street, Southwark, London.

July 28, 1853.

## BROWN'S CANTHARIDINE BLISTERING TISSUE,

Prepared from pure Cantharidine.

## An Elegant Preparation, Vesicating

in much less time than the Emp. Lyttæ. P.L., easily applied and removed, and will not produce stranguary or troublesome sores. It has received the sanction and commendation of the most eminent practitioners in the kingdom.—In Tin Cases, containing twelve square feet, 6s. 6d.; and small Cases of six feet, 3s. 6d. each.

### BROWN'S TISSUE DRESSING,

An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the "*New York Journal of Medicine*," March 1st, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharidis are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the medical profession.

"Accompanying this article is a very simple and neat dressing."

From the "*Medical Examiner and Record of Medical Science*," for May, 1850, published in Philadelphia.

"We have received from Mr. George D. Phelps of New York, specimens of Brown's Cantharidine Blistering Plaster and Dressing, with which our readers are doubtless familiar as a new and exceedingly neat preparation, easy of application and certain in their effects. We have given them a fair trial, and find they fully answer our expectations."

"Army Medical Department, January 16th, 1847.

"The Principal Medical Officer of the General Hospital, Port Pitt, Chatham, reports that Mr. Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of stranguary.

ANDREW SMITH, M.D.

"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist."

Prepared by THOMAS B. BROWN, PHARMACEUTICAL CHEMIST, 42, ADMIRAL-TERRACE, VAUXHALL-BRIDGE-ROAD, LONDON and sold by the Sole Consignee, Mr. William Bailey, Wolverhampton, and all Wholesale and Retail Druggists and Medicine Agents throughout the British Empire.



## Medical Agency & Lunatic Asylum

REGISTRATION.—MESSRS. LANE AND LARA, 14, JOHN-STREET, ADELPHI (Established A.D. 1828), have always for disposal, Practices, Partnerships, Asylums and such Businesses as are usually carried on by Professional men, of all kinds, in every locality. Commission is charged only to vendors for successfully conducting a negotiation, payable out of the purchase money. Any description of business transacted for medical gentlemen at a fixed and moderate cost. Assistants are provided without expense to principals.

Messrs. LANE and LARA have also much pleasure in respectfully inviting the attention of the profession to their LUNATIC ASYLUM REGISTRY, by which the friends of the Insane and of Invalids may obtain, gratuitously, the Terms and Prospectuses of establishments adapted to every class of the community, and the fullest information on every point connected with them. A list is kept of Superintendents, Medical Officers, Matrons, and Male and Female Attendants.—(Vide "The Lancet," May 10, and "Medical Times," May 17, 1851.

\* \* Office hours from Twelve till Four.

## Royal College of Physicians, Degree

OF M.D., APOTHECARIES' HALL, &c.—DR. COOKE continues to assist (personally or by correspondence) Gentlemen desirous of Graduating in Medicine or Surgery, or of Matriculating at British or Continental Examining Boards.—For terms, &c., apply to Dr. COOKE, East Temple Chambers, 2, Whitefriars-street, Fleet-st.

## Eastgate House, Lincoln, a Private

Establishment for the Residence of a limited number of Ladies of the Upper and Middle Classes. Conducted by MR. GARDINER HILL, M.R.C.S., Eng., originator of the system of Non-restraint in Lunacy, and Mrs. HILL.—Physician, R. ELMHIRST, Esq., M.D., Cantab.

## Medical Men, Managers of Clubs,

INSURANCE and other OFFICES, and the Public generally are respectfully requested, before furnishing, to inspect the extensive and well-selected Stock at RICHARD A. C. LOADER'S CABINET AND UPHOLSTERY WAREHOUSES, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

The Stock comprises every requisite for furnishing, at as low a price as goods of a guaranteed quality can be supplied. Catalogues gratis. RICHARD A. C. LOADER, 23 and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

## Allen's Illustrated Catalogue, con-

taining Size, Price, and Description of upwards of 100 articles, consisting of Portmanteaus, Travelling Bags, Ladies' Portmanteaus, Despatch Boxes, Writing Desks, Dressing Cases, and other travelling requisites, forwarded on the receipt of two stamps. Messrs. ALLEN'S Registered Despatch Box and Writing Desk, their Travelling Bag (with the opening as large as the bag), and the new Portmanteau, (containing four compartments), are the best Articles of the kind ever produced.—J. W. and T. ALLEN, Manufacturers of Portable Furniture and Military Outfits, 18, & 22, WEST STRAND.

## The London Assurance.—Incorpor-

ated by Royal Charter in the Reign of King George the First, A.D., 1720. Offices—7, Royal Exchange, and 7, Pall Mall.

Governor—Edward Burmester, Esq.

Sub-Governor—John Alves Arbutnot, Esq.

Deputy Governor—Samuel Gregson, Esq., M.P.

Actuary—Peter Hardy, Esq., F.R.S.

This Corporation has effected Assurances for a period exceeding ONE HUNDRED AND THIRTY YEARS, on the MOST FAVOURABLE TERMS.

ALL POLICY STAMPS and the FEES OF THE MEDICAL REFEREES are PAID by the Corporation.

JOHN LAURENCE, Secretary.

## United Kingdom Life Assurance

COMPANY. Established by Act of Parliament in 1834.

No. 8, Waterloo-place, Pall-mall, London.

The distinctive features of the Company embrace, amongst others—Tables of Premiums formed on the lowest scale compatible with security, and constructed to meet the various wants of Assurers, and every risk to which protection by Assurance can be extended.

One-half the Life Premium for the first Five Years may remain on credit.

Loans granted on approved Personal Security.

Assured not restricted in their limits of travel, as in most other Companies, but may proceed from one part of Europe to another in decked vessels, without License, and to British North America, and many parts of the United States, without extra premium, by merely giving the ordinary notice to the Office in London of the intended visit.

Whole-world Policies granted at slightly increased rates of Premium, thus rendering a Policy in money transactions a real security.

Prospectuses, and every information, may be obtained on application to the Resident Director

## Medical Agency, 50, Lincoln's-inn-

fields, Conducted by

MR. BOWMER, M.R.C.S.E.

All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.

(OFFICE HOURS, 11 TILL 4.)

ALL POLICIES INDISPUTABLE.

## Sovereign Life Assurance Company.

49, St. James's-street, London.

No Charge for policy stamps.

Sums may be assured payable on attaining the age of 50, 55, or 60, or at death, should that event occur previously.

H. D. DAVENPORT, Secretary.

NEMO SIBI VIVAT.

## Medical, Legal, and General Mutual

LIFE ASSURANCE SOCIETY.

126, Strand, London.

FOR HEALTHY AND DISEASED LIVES.

Established A.D. 1846.

TRUSTEES.

JAMES COPLAND, M.D., F.R.S., 5, Old Burlington-street.

VERE FANE, Esq., 189, Fleet-street.

JOHN B. PARRY, Esq., Q.C., Lincoln's-inn.

THE RIGHT HON. THE MASTER OF THE ROLLS, Hyde-park-terrace.

JAMES RUSSELL, Esq., Q.C., Lincoln's-inn.

DIRECTORS.

John B. Parry, Esq., Q.C., Chairman.

\*George H. Barlow, M.D., Guy's Hospital.

Daniel Cornthwaite, Esq., 14, Old Jewry Chambers.

\*F. J. Farre, M.D., St. Bartholomew's Hospital.

T. W. Greene, Esq., 2, New-square, Lincoln's-inn.

Richard Jebb, Esq., Greek-street, Soho.

\*J. C. W. Lever, M.D., Guy's Hospital.

\*William J. Little, M.D., London Hospital.

John Parrott, Esq., Clapham-common.

\*R. Partridge, Esq., F.R.S., King's College Hospital.

\*R. Quain, Esq., F.R.S., University College Hospital.

R. Smith, Esq., Endsleigh-street, Tavistock-square.

F. T. White, Esq., Stone-buildings, Lincoln's-inn.

J. H. Whiteway, Esq., Lincoln's-inn-fields.

Policies never disputed in the absence of wilful fraud; they are a sure and safe provision for settlements, renewal of leases, security of debts, &c.

The Medical Attendant consulted as the Medical Adviser and Examiner of the Society, and awarded a fee of £2 2s. when the sum assured amounts to £250, and £1 1s. when under that sum. The Medical Practitioner also receives for business introduced by him, the usual commission of ten per cent. on the first payment, and five per cent. on the payments of subsequent years.

The Society also claims the support of the Medical Profession on the following grounds:—

1. For several years the "Medical Legal and General" was the only MUTUAL Life Assurance Society connected with the Medical Profession.

2. The Rates are lower than those of any other Medical Life Office.

3. This is the only MUTUAL Life Assurance Society now actually declaring its bonuses once every year.

4. Persons desirous of assuring Diseased or Rejected Lives will find that from the experience acquired by this Society it is enabled to accept such lives at rates both equitable and safe.

5. From the outset the expenses of management have been kept within the narrowest limit consistent with the efficient working of the establishment.

Annuities, endowments, and every form of assurance contingent upon Life transacted at moderate rates.

Annual Premium for assuring £100 at death, with profits.

Age.	Premium.	Age.	Premium.	Age.	Premium.	Age.	Premium.
15	£1 10 0	30	£2 6 2	45	£3 12 3	60	£6 19 0
20	1 15 0	35	2 13 0	50	4 7 8	65	8 17 6
25	2 0 1	40	3 1 2	55	5 9 11	70	11 10 6

Prospectuses, forms, and any further information may be obtained of FREDERICK JAMES BIGG, Actuary and Secretary.

\* The Directors marked with an asterisk are the Medical Examiners of the Society, one of whom is always in attendance on Mondays at 3 o'clock, and on Fridays at 4 o'clock.

The Publisher of the "MEDICAL CIRCULAR," in answer to several enquiries from the country, begs to state that the following are the terms for inserting Advertisements:—

Four lines and under	£0 2 6
Every additional line	0 0 6
Whole Column	2 15 0
Whole Page	5 5 0

London: Printed by WILLIAM TROUNCER, at his Office, No. 9, Currier-street, Canvey-lane, in the Parish of St. Andrew, Holborn, in the County of Middlesex; and published by CHARLES JAMES HARRIS, at No. 123, Strand in the City of Westminster.—November 23rd, 1853.



THE  
**MEDICAL CIRCULAR**  
AND  
*General Medical Advertiser.*

No. 48, NEW SERIES. }  
No. 74. }

WEDNESDAY, NOVEMBER 30, 1853.

{ **THREEPENCE.**  
{ STAMPED, 4d.

**TABLE OF CONTENTS.**

	Page		Page
Leading Articles :		Biographical Notices ... ..	421
The "Association Journal," the "Medical Circular,"		Medical Ethics ... ..	422
and the "Medical Times and Gazette" ... ..	412	Notes and Queries... ..	423
Dr. Ransom and the Royal Medical and Chirurgical		Original Communications ... ..	423
Society ... ..	412	Correspondence ... ..	424
Mirror of Periodical Literature ... ..	413	Medical Societies ... ..	424
Contents of the Medical Journals ... ..	416	The Cholera ... ..	426
Bibliography ... ..	417	Obituary... ..	427
Hospital Reports ... ..	417	Medical News ... ..	427
The Anatomy of Quackery (No. XXXV.) ... ..	419	Notices to Correspondents ... ..	428
An Epitome of Toxicology ... ..	420		

On the First of January next will be published, most carefully revised, and with many new features, which will add greatly to the utility of the Works,

**THE LONDON AND PROVINCIAL MEDICAL DIRECTORY.** Price to Subscribers, 6s.; Non-Subscribers, 7s. 6d.

**THE MEDICAL DIRECTORY FOR IRELAND.** Price to Subscribers, 4s.; Non-Subscribers, 5s.

**THE MEDICAL DIRECTORY FOR SCOTLAND.** Price to Subscribers, 4s.; Non-Subscribers, 5s.

OBSERVE, that the above are the only Medical Directories, published by Mr. John Churchill, Princes-st., Soho, one of which (the London and Provincial) has been the Index to the Profession for the last eight years, and has received the warmest commendations both from the medical and general press. The utmost pains are taken in the compilation of these works, which are found in all Public Offices, Scientific Institutions, &c., and are constantly referred to in the Courts of Law. Office, 128, Strand, where all communications are to be addressed. C. J. Harris, Secretary.

**To Life Assurers.—A List of all the**

Principal Assurance Offices, their Tables, Names of Secretaries, Medical Officers, and every information required by assurers will be found Indexed and Alphabetically arranged in the LONDON AND PROVINCIAL MEDICAL DIRECTORY, and the MEDICAL DIRECTORIES for Ireland and Scotland for 1854. Office, 128, Strand.

**Just Published, price 5s., Demy 8vo.,**

Third Edition, greatly enlarged, **PRACTICAL OBSERVATIONS ON THE TREATMENT OF STRICTURE OF THE URETHRA AND FISTULA IN PERINEO.** Illustrated with Cases and Drawings of these Affections: with a Copious Appendix, containing the Opinions of the most eminent London Surgeons, and others, on the Perineal Section, showing that the operation has proved fatal in Edinburgh and London. This Edition is illustrated with additional cases, showing, by the return of Stricture, that the external incision does not effect a permanent cure; and with new Drawings, illustrating some of the bad effects resulting from cutting into the Urethra, and of the morbid changes of structure in the different tissues affected with Stricture. By JOHN LIZARS, late Professor of Surgery to the Royal College of Surgeons, and Senior Operating Surgeon to the Royal Infirmary of Edinburgh.

W. H. Lizars, Edinburgh. S. Highley, London.

Extract from "Medical Times" of 12th April, 1853.

"Professor Lizars repeats an opinion formerly expressed, that a series of silver catheters constitutes the best surgical means for the treatment of Permanent Stricture. Posterity will have to thank him for arresting in its bud the Perineal Section, a practice painful of execution, of uncertain result, irreparable when once performed, and fraught with peril to the patient. We say to all who profess themselves surgeons, read the report of cases operated upon by Mr. Syme, published in the Appendix to the work here reviewed."

Recently published, Third Edition, 8vo, price 6s.,

**On Curvatures of the Spine: Their**

Causes and Treatment. By SAMUEL HARE, F.R.C.S., etc.

"The author has had much success in his plan of treatment, and we are of opinion that the principles upon which he acts in the treatment of these affections are correct."—*Lancet*.

"We unhesitatingly commend his work as a truthful and trust-worthy statement of the power of scientific surgery and medicine over some of the most grievous hindrances to human activity and industry."—*London Medical Gazette*.

"Mr. Hare may take credit to himself for having effected much good in the treatment of the cases described."—*Provincial Association Journal*.

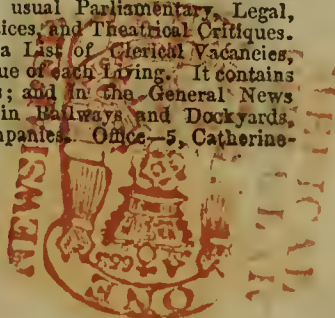
By the same Author, 8vo., price 2s.,

On the **PHYSICAL EDUCATION OF CHILDREN**, especially] ]  
as regards the  
**PREVENTION OF SPINAL and other DEFORMITIES**  
London: J. Churchill, 46, Princes-street, and all Booksellers.]

TO GENTLEMEN SEEKING APPOINTMENTS.

**The Civil Service Gazette (Weekly**

Family Journal, Price Sixpence) contains each week a List of all Vacancies and Appointments in the Treasury, Post Office, Admiralty, Audit Office, Royal Dockyards, War Office, Home and Colonial Departments, Foreign Office, Customs, Coast Guard, and all other Departments of the State, both in England and the Colonies. The information is official and authentic. The **CIVIL SERVICE GAZETTE** is also a complete Newspaper, with the usual Parliamentary, Legal, Home and Foreign News, Literary Notices, and Theatrical Critiques. Its Ecclesiastical Intelligence supplies a List of Clerical Vacancies, with the name of the Patron and Value of each Living. It contains the usual Naval and Military Gazettes; and in the General News will be found an account of Vacancies in Railways and Dockyards, and all the great Incorporated Companies. Office—5, Catherine-street, Strand.





**The Best Fit Wears Best.—So say**  
HEMMENT and Co., Practical Tailors, 73 Cornhill.

**Hemment's Guinea Trowsers,**  
FIT WELL,  
WEAR WELL,  
LOOK WELL,  
In any Colour. Better value impossible.  
Hemment and Co., Trowser Makers, 73, Cornhill.

**Hemment's Winter Over-Coat, that**  
BRUSHES ITSELF,  
is only made by  
HEMMENT and Co., Tailors, 73, Cornhill.

**“When the Well is dry we know**  
the value of Water.”—Solid truth this good old saying.  
Equally so the maxim, that, in Dress, the Best Fit Wears Best;  
while, in Cloth, the Best Quality Gives Most Wear. Every well-  
dressed man is a true Economist. He wears the best fit and the best  
cloth, which really are the best value. Both are supplied by  
HEMMENT and Co., Practical Tailors, 73, Cornhill.

**Hemment & Co., Tailors, 73, Cornhill,**  
study the peculiarities of Every Gentleman's Figure, and, by  
satisfying its requirements, invariably produce a garment—whether  
a Lady's Riding Habit, Double Cloak, &c., or a Gentleman's Coat,  
Trowsers, Waistcoat, &c.—that is specially suited for the purpose it  
is intended to serve, Economy and Quality being duly regarded.

**The Warm Coat that Brushes Itself,**  
is made of  
PURE WOOL,  
and is the  
VERY BEST COAT  
for  
WINTER WEAR,  
Only Manufactured by  
HEMMENT AND COMPANY,  
PRACTICAL TAILORS,  
73, CORNHILL, LONDON.  
Prices—35s., 45s., 55s., 70s.  
N.B.—Freedom from Cold is secured by wearing this Warm  
Woolly Over-Coat

**Glenfield Patent Starch.—Now**  
used in the Royal Laundry.—The Ladies are respectfully re-  
quested to make a trial of the Glenfield Patent Double-Refined  
Powder Starch, which, for Domestic Use, now stands unrivalled.  
Sold by nearly all the Oil and Colourmen and Chandlers in London  
and throughout the Kingdom.—Agents wanted; apply to Mr. R.  
WOTHERSPOON, 40, Dunlop-street, Glasgow. London Depot.—  
Wotherspoon, Mackay, and Co.

**Hats perfectly ventilating, pliant**  
to the head, many ounces lighter than those in present use,  
yet equally durable. These Hats, as exhibited by MESSRS. GAIMES,  
SANDERS, & NICHOLL, at the Great Exhibition, 1851; and  
which are now so extensively patronised by the nobility and gentry,  
by the leading members of the legal and medical professions, and  
by many of the most eminent literary men, can be obtained in  
London, at 22, BIRCHIN-LANE, CORNHILL, and 111, Strand; or of  
their agents in most of the principal towns in England, Scotland,  
and the Colonies. The usual discount allowed to shippers.

**Railway Travellers are invited to**  
inspect W. S. SPARK'S Stock of URINALS, both Male  
and Female, of the most approved forms, and at reduced prices; also,  
Water and Air Pillows, Cushions, Mattresses, Bed Pans, Surgical  
Bottles, Bandages, and every article made in India Rubber or Gutta  
Percha for Invalids. W. S. S. also manufactures Waterproof Coats,  
Capes, and Overalls, in Silk, Alpaca, Cambric, &c., of the lightest  
and best description, Fishing Boots, Stockings, Driving Aprons, &c.,  
warranted not to crack, and to stand all climates.  
List of Prices and Circulars forwarded on application to W. S.  
SPARKS, India Rubber Manufacturer, 115, New Bond-street.  
The Trade and Country Dealers supplied on the best terms.

**Examine your Tailor's Bills, and if**  
you are dissatisfied with the charges, try one whose business is  
conducted exclusively for cash, and at prices in accordance, as illus-  
trated by the world-famed SCOTCH TROWERS, at 16s., made by  
MILES, 62, New Bond-street.

**Medical Men, Managers of Clubs,**  
INSURANCE and other OFFICES, and the Public generally  
are respectfully requested, before furnishing, to inspect the extensive  
and well-selected Stock at RICHARD A. C. LOADER'S CABINET  
AND UPHOLSTERY WAREHOUSES, 23, and 24, Pavement,  
Finsbury, and 6 and 7, Little Moorfields.  
The Stock comprises every requisite for furnishing, at as low a price  
as goods of a guaranteed quality can be supplied. Catalogues gratis.  
RICHARD A. C. LOADER, 23 and 24, Pavement, Finsbury, and  
6 and 7, Little Moorfields.

**Allen's Illustrated Catalogue, con-**  
taining Size, Price, and Description of upwards of 100 articles,  
consisting of Portmanteaus, Travelling Bags, Ladies' Portmanteaus,  
Despatch Boxes, Writing Desks, Dressing Cases, and other travelling  
requisites, forwarded on the receipt of two stamps. Messrs. ALLEN'S  
Registered Despatch Box and Writing Desk, their Travelling Bag  
(with the opening as large as the bag), and the new Portmanteau,  
containing four compartments), are the best Articles of the kind ever  
produced.—J. W. and T. ALLEN, Manufacturers of Portable  
Furniture and Military Outfits, 18, & 22, WEST STRAND.

**Skeleton and Skull Repository,**  
45, Museum-street, Bloomsbury, London. JOHN HARNETT  
begs most respectfully to call the attention of Lecturers, Students, and  
Gentlemen connected with the Medical Profession, to his large and  
select Stock of Anatomical Preparations, consisting of Skeletons, loose  
and articulated Skulls, Hands and Feet, Vertebrae, and Loose Bones,  
at the lowest possible prices.

**Dissecting and all other Surgical**  
Instruments, best quality, and lowest price. ELASTIC STOCK  
INGS from 5s.; URINALS, for Railway or Night use, from 12s.  
ENEMAS at all prices, at  
**PRATT & CO'S**  
420, OXFORD-STREET, LONDON.

**Stringfellow's Patent Electro-Gal-**  
VANIC PORTABLE BATTERY.—These Batteries, being  
the size of a lady's card-case, easy in their application, and certain in  
their action, afford the most complete method yet known of applying,  
for curative purposes, a mild, continuous, Electro-Galvanic Current,  
and have been most successfully applied. Price One Guinea; by post  
22s. “Its principle is the same as Pulvermacher's Chain; but it is  
more effective and energetic, &c.”—ASSOCIATION MEDICAL JOURNAL.  
—W. ELLIOTT and SONS, Opticians, 56, Strand, London.

**Horne, Thornthwaite, and Wood,**  
PHILOSOPHICAL and CHEMICAL INSTRUMENT  
MAKERS, 122, and 123, NEWGATE-STREET, LONDON.  
Medical Achromatic Microscopes, in Case, for Anatomical Urinary  
Deposits, &c., £2 2s., £5 5s., and upwards.  
Electro-Galvanic Machines, giving a uniform Current of Gal-  
vanism of great quantity, in one direction only, and of the only  
form and construction suitable for medical application, in portable  
case, £3 3s., £5 5s., and £8 8s.  
Urinometers, gilt metal, 14s.; glass, 4s. 6d.; in case for pocket  
with Thermometer, Acid, &c., 21s. and 35s.  
Apparatus and Tests for Analyses of Urine, and Toxicology. In  
Cases, £3 3s., £5 5s., and £10 10s.

**Blackwell, Surgeon's Instrument**  
and Truss Maker, and Cutler, 3, Bedford-court, Covent-  
garden, and at the Royal Panopticon of Science and Art, Leicester-  
square, London, Inventor and Maker of the Registered Guard Razor,  
the Boston Razor.—Ellis's Belts and Splints for Fractured Clavicle,  
Improved Ear Speculum, Belts for Lunatics, Invalid Removing Seat,  
Cylinder Bandage Roller, Revolving Head-Spring extending Crutch.  
Patent Elastic Stockings, 7s. each; Knee-caps, 4s.; Anklets, 4s.;  
Calf-pieces, 5s. Urgently recommended by the Faculty, for the  
prevention of Varicose, and to all using violent exercise.



**Pure and Healthy Leeches.—**  
POTTER and HAILEY beg to assure the Profession, Druggists,  
&c., that the Leeches they offer are such as can be recommended  
for Purity, Health, and Readiness of Biting.  
Importers of Leeches, dealers in Turkey Sponge, and Herbalists,  
&c., 66, Farringdon-market, London.  
*Established upwards of Forty Years.*



## The Medical Circular.

WEDNESDAY, NOVEMBER 30, 1853.

THE "ASSOCIATION JOURNAL," THE "MEDICAL CIRCULAR," AND THE "MEDICAL TIMES AND GAZETTE."

ALACK a-day! we have caught a Tartar at last—we, who have smiled benignantly on the puny assaults of the "Lanet," "Dublin Medical Press," and others of the fraternity, have at last met our match. Such is the usual order of sublunary affairs: every champion in the ring must at last yield the belt to his betters, and now our day is over—gone for ever—and the fancy will hereafter delight to talk of the straight-hitting and beautiful play of the "Medical Circular" as a reminiscence. The Editor of the "Association Medical Journal" is too much for us; and, although we cannot admit his superiority of style, we are compelled to confess that he has great power of endurance, and will bear a deal of flogging.

Some time since we wrote a biographical sketch, much too favourable, as many persons thought, of this Editor; but, of course, he was disappointed, and we were privately threatened with his vengeance, on a suitable occasion. We were unwilling to believe that a gentleman so sleek and smooth could possibly harbour ill-will, and lie in wait for his victim, but we counted on exceptional circumstances; and, egad! the storm has burst, and we have been bespattered with a considerable sprinkling of wormwood and gall. The Editor has been bottling up his resentment for three months, and, lo! the cork has flown, and our innocent head is besmeared with the ascense and nasty compound. Our heart bleeds to think that our favours should have been so ungenerously requited.

The Editor of the "Association Journal" professes to be deeply offended that many of the most eminent members of our profession should have permitted the publication of their memoirs in the "Medical Circular," and he informs his readers that these gentlemen excused themselves to him, (*high, moral Censor!*) "by the paltry plea of fear of injury from the jibes and slanders of unscrupulous writers."

We are obliged to the genteel Editor for the courtesy of his language, and, as far as the implied accusation requires an answer, we refer him and our readers to our own pages. Lest, however, some of our readers should not take that trouble, and may suppose that we have menaced gentlemen after this fashion, we will give our answer in five words—the charge is a FALSEHOOD.

If this truth-speaking Editor wishes to defend himself from this counter-accusation, he must do that which would be to him, under the circumstances, an easy transition—turn *traitor to private confidence*, and reveal the names of those gentlemen who have put forth the false plea.

This upright Editor says, "it would be shallow hypocrisy" in him to take a course different from that which he has adopted in the present instance. Perhaps it would not; but, as he is better versed in the arts of hypocrisy than ourselves, we will allow his own judgment in the matter. We do not think, however, that he can escape the charge he conceives and repudiates quite so easily. After calling the gentlemen he abuses "demoralising" and "flagrant" "culprits," he smoothly says, "we have no wish to hurt the feelings of anyone." Kind, amiable traducer! his apology was needless, for we doubt if any man of honour in the profession will be hurt in his feelings by any calumnies published in the leading articles of the "Association Journal." As this Editor is a notorious plagiarist, our readers will not be surprised if we detect the original of this generous apology in the speech put by the clever Sheridan into the mouth of *Sir Benjamin Backbite*, who in the spirit of all such hypocritical slanderers says "Mr. Surface, I did not mean to hurt you; but, depend on't, your brother is utterly undone;" being about the most savage thing at the crisis of the play that he could find to utter.

We have no desire to maintain a guerilla war with this Editor, and we will endeavour to oblige him, by revising his biography, and inserting therein a few more facts connected with his doings which have recently come to our knowledge, and which he will doubtless think honourable to his character. When we wrote his life, we submitted the proof for correction to a friend, who put his pen through the whole of those sentences giving the Editor credit for ability and scientific acquirements, and intimated to us, at the same time, that we were not sufficiently acquainted with the subject of the sketch, or we should not have been guilty of so groundless an estimate of his qualifications. Like most people asking advice, we did not choose to accept it, and allowed the sentences to remain; we have since, however, had reason to know that our friend was right, and in a future edition of our work we shall take care to amend the errors. We desire only to do entire justice to the claims of a brother Editor.

We are not the only parties the immaculate Editor of the "Association Medical Journal" has thought fit to asperse. The Editor of the "Medical Times" having advised, for reasons good and wise, the Provincial Association to discontinue their Journal, the Editor of this trashy concern forthwith charged Mr. Churchill, the publisher, with the authorship of the suggestion. We need not say that, among gentlemen, an unwarranted personal attack of this nature is generally held to exclude the perpetrator of it from society, and, among Editors, the attempt to fix the responsibility of an Editor's acts upon either the proprietor or the publisher of a paper, is considered irregular, shabby, and impertinent.

In answer to the accusations thus discourteously published, Mr. Churchill has replied, in a letter which, to-



gether with the observations of the Editor of the "Medical Times and Gazette, we subjoin:—

"SIR,—I think you must agree with me, that the manner in which you introduced my name into a leading article in the last number of the "Association Journal," demands some notice from me.

"The character of a publisher is public property, and it is right that his 'doings,' if wrong, should be subject to censure. On the same principle, his name and reputation must not be allowed to be unjustly trifled with.

"I regret, Sir, that in reply to observations which the Editor of the "Medical Times and Gazette" made in his editorial character, you have introduced my name, and in a manner which leads to the formation of a very low estimate of the dignity of an editor's position; for that gentleman, you imply, would allow me to write or dictate a leading article, simply because I am the publisher of the Journal. My character is not of yesterday; for more than twenty years I have been before the profession as a medical publisher; and I hope I may be permitted honestly to add, that by my enterprise I have contributed to the advancement and improvement of its literature.

"I have, as publisher of several periodicals, been happily and most agreeably associated with many gentlemen occupying influential positions in their profession, and I appeal to them thus publicly, if I ever in any one instance attempted to interfere with or influence their opinions? I may take this opportunity of adding, that I have never asked for a favourable or biased review of any book I have published; and I appeal to you, Sir, as your publisher while you were Editor of the "Monthly Journal," to confirm the truth of this statement.

"The fact is, I know nearly as little of what each current number of the "Medical Times and Gazette" will contain as you, Sir; and I can affirm that the article in question was not mentioned to me, nor did I know of its purport until after the number was published,

"I am, &c.

"JOHN CHURCHILL.

"Princes-street, Leicester square, Nov. 23, 1853."

"We have little to add to this. We cannot refrain, however, from expressing our astonishment at the low opinion the Editor of the "Association Journal" appears to have of the editorial position. We do not hesitate to say that no *high-minded, independent man* would ever suspect another of degrading himself to be the organ of any publisher, and that any one who would accuse a brother Editor of allowing a proprietor to act in the manner imputed to Mr. Churchill, must have very different ideas of the duties of the editorial office from those entertained by us. Had any such imputation been insinuated in other publications, we should have passed it over without notice or contradiction; but it is gravely published by one who affixes his name to a journal that is regarded as the organ of an Association which *was* powerful and respected. Now that it has sunk to the position of a Society for the production of a weekly journal, which it is only enabled to support by soliciting for advertisements from Mr. Churchill and other medical publishers; from the proprietors of the Iodine Spa, Stringfellow's battery, the resilient bodice; for M. Bourjeaud's Cautions against his shameless imitators; for notices of the cantharidine tissue, patent trusses, elastic stockings, old port, pale sherry, malt whiskey, pale ale, and various other matters which lead to the entry "Bad Debts," in the annual financial statement of the Council, it is not for us to say how much of its power and respectability have been lost; but as it still numbers among its members men of the highest character and noble reputation—many of the oldest and most influential of whom are active in their exertions to restore the body to its former high position, we say to them that the imputation cast upon us in their journal is absolutely without foundation."

The question naturally arises—What is the cause of

these rabid attacks, so unusual in this paper, upon rival journalists? Manifestly the utter failure of the attempt to establish the "Provincial Journal" as a metropolitan paper. Although the low tricks of agents have been abundantly employed; although the names of the members of the Society have been published in the Journal, and a copy sent to life assurance offices and other large advertising establishments for the purpose of catching advertisements; although some patent mechanical appliances have been perseveringly depreciated, and others, rivalling them for public favour, liberally eulogised and advertised, yet none of these unworthy artifices have answered the end. The advertising sheet decreases; and the members are becoming more and more disgusted with the bad taste, twaddling style, worthless contributions, and self-seeking management of the paper.

#### DR. RANSOM AND THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

ANOTHER of those painful incidents which have brought reproach upon the managing Fellows of the Royal Medical and Chirurgical Society, has recently occurred. Dr. Ransom, of Nottingham, was proposed for election at this Society by several of the Professors of the University of London, of which institution he is a graduate. The eminent names of Drs. Sharpey, Quain, Walshe, Jenner, and Sibson, testified to the professional competency and moral rectitude of the gentleman who was ambitious of the honour of fellowship with his metropolitan compeers. His name having been submitted to the Council, a question arose as to the legality of his status as a physician, and Dr. Ransom was requested to state whether he had any other qualification than the doctorate of the London University. He had none: the question was again debated by the Council, and, without coming to a decision, his name was allowed to be submitted to the Fellows for election. However, in the meantime some active members of the Society, who are Fellows of the Royal College of Physicians, canvassed for votes to exclude him from the Society; and the result was that he was black-balled.

These are the simple facts; but they disclose other facts more important and deserving of consideration than the mere exclusion of any individual from a scientific society. Dr. Ransom was rejected, not so much from personal ineligibility as on account of the jealousy and dislike that exist between the Royal College of Physicians and the London University. The graduates of the University are illegal practitioners, and are striving to justify their illegality on various assumed grounds of superior professional attainments—the moral rights which these confer—corporate independence, &c.—to all of which the College of Physicians demurs. The University beards the College, and the College, on all safe and suitable opportunities, en-



forces its legal advantages, and visits the University with retribution.

In the present instance the Fellows of the Society who have been diligent in bringing up votes against Dr. Ransom have exceeded those limits which, in a strictly legal view, they might seem justified in observing, for they have black-balled a gentleman residing beyond the limits of their jurisdiction:—so far will the heat of party-passion carry men in the pursuit of doubtful ends.

This unseemly conflict exhibits the deplorable state into which medical law has fallen. With the rise of new institutions new rivalries spring up, new anomalies are created, and individual wrongs are multiplied and embittered. It is daily becoming more and more necessary that the Legislature should carry a comprehensive measure of reform, and, by thereby making our code more just and uniform, reconcile the dissensions and allay the jealousies which are now cherished by the uncouth and iniquitous mass of folly and contradiction now ironically called "Medical Law."

We trust that the Fellows of the College of Physicians who are answerable for the exclusion of Dr. Ransom will have the good sense to repent of the injustice of which, under the name of legality, they have been guilty, and, should that gentleman be again proposed, offer no opposition to his election.

## Mirror

OF

## PERIODICAL LITERATURE

(From the "Lancet," November 19, 1853.)

### ON THE EFFECTS OF ETHER AND CHLOROFORM.

"M. Jobert de Lamballe, surgeon to the Hôtel Dieu of Paris, has read before the Academy of Sciences a paper on anæsthesia by ether or chloroform; we subjoin the conclusions of the memoir, as the readers of the "Lancet" may find therein a few useful hints:

"From the foregoing statements, says M. Jobert, I may, in conclusion, hold the following views:—That in ancient times the desirableness of diminishing sensibility and pain during operations was already felt. That this end has been attained in the nineteenth century. That pain was first extinguished in America by means of ether inhalations. That M. Flourens, in France, and Dr. Simpson, in Great Britain, have endowed science with a valuable anæsthetic agent—the former by his experiments upon animals, the second by employing it upon man. That anæsthetic agents produce, first, irritation upon the surface which they touch, in the manner of foreign bodies. That they afterwards act on the nervous system, momentarily abolishing both the sensory and motory functions. That they produce their effect first on the cerebrum, cerebellum, the spinal marrow, the posterior roots, the anterior roots, and finally, on the annular protuberance, which portion loses its sensibility in the last place. Thus the cerebrum, the organ of perception, is first paralyzed, then the cerebellum, the organ presiding over the regularity of movements; then the spinal marrow, then the sensitive roots, the motor roots, and lastly, the annular protuberance, or vital centre of the nervous system. That anæsthetic agents act on the nervous system by way of the circulation. That these agents, when placed in

contact with nervous matter, only modify it locally, without affecting the rest of the nervous system. To prove this, you need but lay bare a nerve, and deprive it of neurilemma and vessels, and the chloroform applied to it will give rise to no general effects. Hydrocyanic acid acts in the same manner. That anæsthetics do not act, as has been stated, by modifying the nature and colour of the blood, since chloroform causes no change of the kind upon the blood. That the actual mode of action of anæsthetic agents upon the nervous system is as unknown as that of belladonna, opium, &c. That anæsthetics, by abolishing the functions of the nervous system, also suspend those of the organs placed under its dependence; hence the abolition of tegumentary sensibility and muscular contractility. That anæsthetics may either weaken sensibility and myotility, or make them disappear altogether. That anæsthetics act as well on the heart as on the muscles of animal life.

"The action of the heart diminishes at first gradually, like the general muscular contractility; but it afterwards may decrease with a fearful rapidity, as the pulsations have fallen at once from 112 to 72, and 60. The effects of chloroform are not striking and rapid in the same degree with different individuals. With young subjects, and some adult ones, the absorption takes place with an appalling rapidity, through the organs of respiration, sensibility, and movement being at once abolished. Unusually large communications between the bronchi and the pulmonary vessels may favour instantaneous anæsthesia; it is well known, by dissections of dead subjects, that great differences exist in this respect. These differences impose upon us the duty of great prudence in the administration of chloroform. Chloroform being introduced into the vascular system by the lungs, may be ejected again by the same organs in the form of froth and vapours, having a strong smell of chloroform when the saturation of the organism has been carried too far. The admission of chloroform should cease immediately when the beats of the heart decrease in number and force. Chloroform should be given slowly, so that the phenomena produced by it may be watched, and the anæsthetic agent be put away in time. The medical attendant should constantly watch the patient; he should not trust to irregular movements, to loquacity, &c., to judge of the action of the chloroform: for it may happen that insensibility be complete, even when the patient is struggling or talking incoherently.

"The action of the heart should always be our guide; it is the best means for ascertaining the saturation of the nervous system by chloroform, and of judging how far this system has been influenced by the anæsthetic agent. The administration of chloroform should be stopped as soon as the action of the heart has come down to 55 or 50, for the patient may become suddenly debilitated, and die from paralysis of the heart. Persons whose pulse is habitually slow should be carefully watched during the administration of chloroform, for it has appeared to me that with such people there is a tendency to sudden stoppage of the cardiac action.

"M. Jobert here sketches a parallel between the composition and effects of ether and chloroform. These are sufficiently known; we, therefore, omit this portion, and translate the final recommendations of the author respecting chloroform.

"The latter should never be inhaled when any important functional derangement is existing, which depends on organic changes, either in the vascular or nervous centres. Life is then destroyed by the action of chloroform being superadded to the already existing functional derangement. Chloroform should, therefore, not be used when the nervous system has been considerably shaken, as by a gun-shot wound, or after great loss of blood, profuse suppuration, or in a decidedly comatose state. As to the means of reviving patients, M. Jobert passes in review those which are generally used in this country and elsewhere. The author prefers acting



principally on the nervous system, rather than lose time by exciting the functions of respiration and circulation, and places much reliance on currents of cold air and electricity."

(Nov. 26.)

#### ON GALVANISM AS AN OBSTETRIC AGENT.

Dr. Radford communicates the following:—

"Having been the first to recommend and practically to employ galvanism as an obstetric agent in this country, and having been the first who ever adapted its use to arrest uterine hæmorrhage, I confess I was highly gratified to read the very excellent remarks of Dr. Robert Barnes, in the numbers of "The Lancet" for November 5th and 12th, which so fully agree with the observations I had formerly made.

I was first led to its use during and after parturition, by the successful treatment of a case of atony of the urinary bladder, which occurred after a difficult labour.—Vide "Provincial Medical and Surgical Journal," 1844, vol. viii., p. 604.

"Those who are unacquainted with my opinions on this subject might conclude from Dr. Barnes's statement, ("Lancet," p. 457,)—which I am sure he does not mean to be understood,—that I have only employed galvanism in cases of 'post-partum hæmorrhages.' This, however, is not so. In my first case it was employed during the first, second, and third stages of the labour. I will now briefly state the kind of cases in which it has been successfully employed by me.

"1st.—In cases of tedious labour arising from uterine inertia.

"2nd.—In cases of accidental hæmorrhage, either before or after the rupture of the membranes, and especially when exhaustion from loss of blood exists.

"3rd.—In cases of 'placenta prævia,' in which the practice of detaching the placenta is adopted, and the vital powers are greatly depressed.

"4th.—In cases of internal flooding before or during labour.

"5th.—In cases of post-partum floodings.

"6th.—In cases of hour-glass or irregular contraction of the uterus.

"7th.—To originate, *de novo*, uterine action, or in cases in which it is desired to induce premature labour.

"8th.—In cases of abortion, when the indications how the necessity, or justify the expulsion of the ovum,

"9th.—In cases of asphyxia in infants.

"Galvanism is especially advantageous as a general stimulant in all those cases in which the vital powers are extremely depressed from loss of blood. Its beneficial effects are to be observed in the change of the countenance restoring an animated expression; in its influence on the heart and arteries; in changing the character of respiration; and its warming influence on the general surface. I have several times observed, in cases in which other powerful stimulants have failed to produce any beneficial effects, the most decided advantage accrue after its application.

"I have never observed that the child, in utero, has been injured by its use, which gives it a great advantage over the administration of *secale cornutum*, which, in many cases, is destructive of it. This drug is liable to great deterioration; its operation is not always certain, its failure depending sometimes, perhaps, on its inert qualities, but frequently on a constitutional idiosyncrasy which resists its powers. There are organic states which forbid its use: when the os uteri is undilated or undilatable, the child being still alive, it ought not to be administered. If in such a case it induces powerful tonic contraction of the uterus, it destroys the child. We cannot control or confine its action, and therefore it is totally unsuitable to cases in which we only want a limited effect. Again, if exhaustion is an element in the case, it is wholly inapplicable, as we ought not to adopt any means which tend further to depress the vital powers. The powerful and salutary influence of galvanism was most decidedly obtained in the preceding case, (referring to a case to which these remarks

were appended,) 'and the great advantage of this agent is, that its effects may be carried to any degree, from first only exciting the uterus so to contract that its diameters are lessened, and that its tissue comes to be applied to the body of the child. These, however, may be at pleasure increased, so as to accomplish the expulsion of the child and placenta. The gradual changes produced upon the uterine tissue were admirably seen in the foregoing case, and also its great power developed by its continued application—to arrest the discharge, expel the child and the placenta, and leave the organ safe from the occurrence of post-partum flooding.'—*Extracted from a case detailed in the proceedings of the local branch of the Provincial Medical and Surgical Association. 1847.*

"In the above-named case I used the poles externally, and have before this, and ever since adopted this mode of application.

(From the "Medical Times and Gazette," Nov. 19, 1853.)

#### ON THE TREATMENT OF FRACTURE BY THE GUM BANDAGE.

Mr. Franklyn, assistant surgeon, 46th Regiment, has made the following report:—

"Private Daniel Keefe, 17th foot, a young scrofulous-looking man, aged 20, deficient muscular development, large venous system, white skin, large pupils, tumid upper lip, etc., fell down one of the steps leading to the water from the pier, on the 1st of July last, and pitching on the most prominent part of the right shoulder, fractured the humerus, about an inch to an inch and a-half above the insertion of the deltoid. He came in holding his arm bent at a right angle, supporting it at the elbow, saying "he had broken his arm," and was even able to point to the exact spot. I found, on examination, the bone to be obliquely and rather extensively fractured. Under these circumstances, I at once placed him in bed, with the injured extremity on a pillow, extending under the shoulder, which was thus rather raised and pressure taken off. Oil-silk was placed beneath the limb, and an evaporating spirit-lotion applied.

"In the course of forty-eight hours there was a good deal of discolouration, some tendency to erythema, and some considerable swelling. However, the same treatment being continued, by the seventh day after the accident, these symptoms had all subsided, and the arm was "set" as follows:—The patient was taken to the edge of his bed, his legs hanging down. The injured arm was now placed beside the chest, and bent at the elbow at right angles, the forearm and hand extending across the epigastrium, the whole surface of the extremity and shoulder was now covered with a thickish solution of gum, and a coarse bandage applied from the palm of the hand to the elbow, every fold of the bandage being gummed. On arriving at the elbow I secured the bandage, and fastened a piece of common bleeding tape round this joint. To the other end of the tape I attached an iron weight of about eight pounds, and suspended it; by this means a regular extension was kept up, which appears to be more certain than the method of one person fixing the shoulder and the other pulling at the elbow. I had no assistant who knew anything about it, and who would, therefore, very likely have pulled irregularly. The weight answered very well at its end; the hospital sergeant kept his thumb under the armpit (to prevent the shoulder sinking) at the other. Having now ascertained that the ends of the bone had approximated, or rather got back to their normal position, I proceeded to apply a bandage from the elbow to the axilla, gumming every fold as I went on. I passed it over the shoulder; then in a figure of 8 round the other shoulder, back, and chest, bringing it again round the axilla of the injured side, and, having repeated this four times, brought the bandage down again towards the elbow, encircling the limb, and gumming every fold as I descended, just as I did in ascending. The folds of the bandage going under the axilla answered as a pad, keeping the upper fragment of



the broken bone out,—it had a disposition to fall inwards originally. Lastly, I fixed the arm to the chest by a few turns of a bandage, and a sling completed the apparatus. Until the gum bandage had become hard, which it did in a few hours, I fastened four narrow pieces of wood up and down the arm as a support, but removed them as soon as possible.

"This apparatus was put on on July 8, and on August 8 I removed it, found all right, and did it up again in the same manner.

"On September 8, I finally removed it, and found the man had the use of his arm. It was, of course a little weak from the long confinement in one position. There was a large deposit of "callus" surrounding the seat of fracture. The arm daily gained strength; and having seen the man go through the firelock drill, and having also seen him fire from the shoulder perfectly well, I sent him back to his regiment cured, on Sept. 30.

"This plan totally does away with the risk of the apparatus shifting (as, once hardened, it never moves or loosens) as splints will do; and it requires some little mechanical skill to make a splint of undressed leather lined with wash-leather, as they do in civil hospitals, even if these appliances were always at hand in military service. A bandage or two and gum, on the contrary, are always to be had. Moreover, the man can walk about at once, instead of being confined to bed for some days; and, in addition, throughout the cure being obliged to be careful not to move much. By the gum-bandage plan, however, all risk is done away with. I think the gum answers better than starch, which I am aware has been used for some time in the treatment of fractures.

"The foregoing case would, however, appear to show, that the cure may be trusted entirely to the apparatus, even from the first.

"The swelling, etc., usually succeeding these extensive fractures, shows the impropriety of putting them up until some days have elapsed."

(Nov. 19.)

#### CHRONIC ULCER OF THE LEG TREATED BY INCISIONS IN THE NEIGHBOURING PARTS.

The following is a case reported from the practice of Mr. Teale, of Leeds, who has carried out the practice introduced by Mr. Gay.

"Grace Golipher, aged 64, was admitted into the Leeds Infirmary, August, 3, 1853, suffering from a chronic ulcer in the leg. Four years ago, she received a blow on the right leg, above the ankle. The bruised skin was discoloured, and soon became ulcerated. Poultices were applied, and the limb was partially rested. The ulcer extended, and became indolent, the edges of it being thick and hard.

"In January, 1850, the sore had increased to the size of a crown-piece. For two years after this date, she was under regular surgical treatment, and was once confined to bed for four months, after which the sore was reduced to the size of half-a-crown, but beyond this it could not be made to heal.

"In August, 1853, she was admitted into the Infirmary, the sore being of the size of half-a-crown. It had an indolent aspect, the edges were thick and hard, and the surrounding skin appeared shining or glazed, and was perfectly immovable from adhesion to the subjacent structures. The veins of the leg were not varicose. Confinement to bed, water dressings, and aperients, were employed for a fortnight without benefit,

"August 18th.—Mr. Teale made a free incision in the skin on each side of the sore, after the manner of Mr. Gay. The incisions were carried through the skin and aponeurosis and a few fibrous bands beneath these structures were divided, so as to loosen the skin on each side of the ulcer. The wounds, and the original sore, were depressed with lint, moistened with warm water, and covered with oil-silk.

"In a few days after the operation, the ulcer was much contracted in size, and was freely granulating. The edges of the incisions had separated considerably. The case proceeded remarkably well, and in one month from the time of operation, the ulcer, as well as the incisions, were healed.

"The notes of this case were taken by Mr. Hardwick."

The "Medical Times and Gazette" contains in its number for Novr. 19th, an admirable Statistical Report of the Surgical Practice of St. George's Hospital for the year 1852.

(From the "Dublin Medical Press," Nov. 23, 1853.)

Dr. O'B. Bellingham has published a paper, in the "Dublin Medical Press,"

#### ON THE ANATOMICAL CHARACTERS OF CHRONIC PERICARDITIS, TUBERCULAR PERICARDITIS, AND HÆMORRHAGIC PERICARDITIS.

We quote his observations on the two latter forms of disease:—

##### "TUBERCULAR PERICARDITIS.

"A tuberculous state of the blood (Mr. Ansell observes) is known to operate as a predisposing cause of inflammation of serous membranes, with specific symptoms; tubercles, are, however rare in the pericardium, in comparison with the peritoneum or pleura. The first writer who gave an accurate description of tubercular pericarditis was Dr. G. Burrows; Dr. H. Kennedy likewise has called attention to it; the morbid appearances have also been described by Hasse, Rokitsky, and others.

"Some difference of opinion exists among pathologists as to whether the tubercular deposit is primary or secondary; in other words, whether the tubercles are to be regarded as the cause of the pericarditis, or as simply a product of the change which the inflammatory exudation undergoes. According to Dr. G. Burrows, 'the tubercles are deposited in the first instance as a result of tubercular cachexia; they then excite inflammation of the serous membrane; fresh crops of tubercles springing from the same state of constitution, keep up the inflammatory action, and thus the acute is converted into chronic pericarditis.

"According to Laennec, Hasse, and Rokitsky, tuberculosis rarely manifests itself in the pericardium in any other form than as a product of inflammation. Dr. Burrows' views, however, appear to be most in accordance with the clinical history of tubercular deposit in other situations. It is easy, however, to understand, that in highly scrofulous individuals, who become the subject of pericarditis, the more solid portion of the exudation, 'after passing wholly or in part through various metamorphoses, may merge into tubercle.'

"According to Hasse, tuberculosis of the pericardium may originate in two ways; 'either a turbid gray liquor, more or less thin, is at the outset discharged into the sac, whilst the free surfaces of the pericardium become the seat of plastic deposit; that is to say, of an aggregate of grayish white, or faint yellowish, flat and tolerably firm granules, denoting, both in form and distribution, their tubercular character; or else a number of grayish-white granules, as large as a pin's head, congregate in the midst of plastic effusion, and go on accumulating; and whilst the organizable portion of the effused matter is effecting an adhesion between the heart and pericardium, these granules form into greater or smaller masses of tubercle.' They are occasionally seated close to the muscular tissue, 'into whose fibres they sometimes penetrate so far as to lead to doubt regarding their original position.'

"The tubercular form of pericarditis is essentially chronic; the inflammatory exudation in it is usually abundant, and consists always of a considerable proportion of liquid, analogous to that effused in other serous membranes as the result of inflammation in such constitutions. 'The tubercles seldom go on to complete softening, because death, when



it ensues, is generally occasioned by the pericarditis, or the subsequent tuberculous secretions, or by general cachexia; and in such cases tubercles of old or recent date are almost invariably found in other situations in addition, as the lungs, bronchial glands, the peritoneum, or the pleura; from the latter, indeed, they may extend to the pericardium.

"Tuberculosis of the pericardium is rare in the adult, but more common in early life: MM. Rilliet and Barthiez state that they found tubercles in the pericardium ten times in 312 young subjects.

#### "HÆMORRHAGIC PERICARDITIS.

"The secondary inflammatory exudation of pericarditis has sometimes a deep red hue, occasionally the dark colour of coffee grounds, and consists in part of blood, or it is deeply stained by the colouring principle of the blood, constituting the hæmorrhagic form of pericarditis of Laennec. According to Rokitsansky, this is, in general, the result of a secondary inflammatory process occurring in a plastic exudation. 'The structure in which the inflammation occurs is in course of organisation, its vessels are only just forming, and have as yet no actual coats, or at any rate but very delicate and permeable ones, and they have not yet united into a freely inosculating circulatory system; from such a structure the exudation occurs repeatedly and at intervals.' 'The whole process bears throughout it the stamp of an inflammation which has not arrived at maturity, and its product is blood, altered by congestion in the composition, and mutual relation and intermixture of its elements.'

"A form of pericarditis, however, to which the name hæmorrhagic more properly belongs, has been described by M. Seidlitz, of St. Petersburg, under the name "*Pericarditis exsudatoria sanguinolenta*," and by M. Kyber under the name "*Pericarditis scorbutica*." The affection was observed by M. Seidlitz principally among sailors at St. Petersburg, at the period of the year when scorbutic affections ordinarily prevail; and, according to M. Kyber, it is frequent on the extreme northern coasts of Europe where scurvy is endemic. It occurs either in an acute or chronic form, the former being commonly primary, the latter a secondary affection supervening upon catarrhal or rheumatic disease,

"The following were the morbid appearances observed by M. Kyber:—"The pericardium enormously distended, often measuring a foot in length, and containing three to eight or even ten pounds of dark red or blackish opaque fluid, composed of serum or fibrin, with blood globules altered in form. The inner surface of the pericardium is covered with a coat of lymph reticulated on the free surface, and of the colour of cinnamon. The membrane itself is either injected or stained of a dark colour. On the heart the lymph is often irregularly disposed in shreds, having a rugged or honeycomb appearance. The heart is diminished in size, and its substance is pale, flaccid, and easily torn. In cases where the liquid has been absorbed, adhesions are found between the layers of the pericardium."

"The symptoms of the acute form are as follow:—"It begins with a sensation of coldness and prostration, oppression alternating with pain in the chest and epigastrium, rapid painless breathing, and decubitus on the left side; succeeded by a discontented gloomy condition or complete apathy, with a pulse small, intermittent, or, when the effused fluid reaches two or three pounds, inappreciable. When the quantity of fluid is very large, the extremities are cold; the pupils dilated, the jugular veins distended, the expression exceedingly anxious, consciousness remains unaffected. The sound on percussion may be dull on the left front up to the clavicle; the heart's sounds distinct, or inaudible if the fluid be large in amount; if it is small, there may be friction sound. The left side of the thorax is distended, and does not move freely; the lung on this side does not act; the right side, on the contrary, has puerile respiration. The epigastrium is protruded and

sensitive on pressure. These symptoms may be developed in twelve hours.'

"In the treatment, most of the remedies for pericarditis were either inapplicable from the cachectic constitution of the patient, or, if applied, failed to accomplish any good purpose.' M. Kyber was induced, in consequence, to afford the patients the chance of prolonged existence, which paracentesis of the pericardium afforded; in four cases a radical cure is said to have been effected: in the majority, however, life was merely prolonged, liquid exudation again taking place."

#### CONTENTS OF THE MEDICAL JOURNALS.

**Lancet.**—(No. XXII. Vol. II. Novr. 26, 1853.)—HOSPITAL REPORTS.—Cases of Aneurism of the Extremities, treated by Compression, in the Hospitals of London. St. Bartholomew's Hospital: Aneurism of the Popliteal Artery on the Left Side treated by Compression; subsequent Deligation of the Femoral Artery; Recovery. Popliteal Aneurism in each Ham; Treatment by Compression of the Femoral Artery: successful Results in the space of Four Days. Westminster Hospital: Aneurism of the Radial Artery on the Right Side; Compression of the Brachial Artery; subsequent Deligation of the vessel; Recovery. Guy's Hospital: Two Aneurismal Tumours of the Femoral Artery; Compression; Negative Results. On Galvanism as an Obstetric Agent. By Thos. Radford, M.D., F.R.C.P. Ed. F.R.C.S. Eng. Cases illustrating the Effects and Manner of Action of Particular Remedies. By W. R. Basham, M.D. [concluded.] Sudden Death from Apoplexy. By John Ogilvy, M.B.—MEDICAL SOCIETIES.—Medical Society of London: Arrest of Development in the Fetus; Excision of the Knee-joint. Western Medical and Surgical Society of London: Poisoning by Sulphuric Acid; On the Galvanic Caustery in the Treatment of Uterine Disease. North London Medical Society: Osteoid Cancer; Extensive Disease of the Ear and Bones of the Head. The New Pauper Lunatic Act and Poor-law Union Medical Officers.—LEADING ARTICLES.—The Recent Black-balling at the Medical and Chirurgical Society, and the Necessity of Purging it from Corrupt Influences. Promotion in the Medical Department of the Indian Army.—THE ANALYTICAL SANITARY COMMISSION.—Records of the Results of Microscopical and Chemical Analysis of the Solids and Fluids consumed by all Classes of the Public. Snuff, and its Adulteration: Results of the Microscopical and Chemical Analysis of Forty-three Samples of various Kinds of Snuff, as purchased of different Manufacturers, Dealers, and Retailers in the Metropolis. Dry Snuffs: Scotch Snuff, Scented Scotch, Welsh Snuff, Irish Snuff. Moist Snuffs: Brown Rappee, Scented Rappee, Black Rappee, Hardham's No. 37, French Carrotte, Prince's Mixture, Cephalic Snuff, Grimstone's Eye Snuff. The Cholera: Reports from the Board of Health. Military and Naval Intelligence: Promotions, Exchanges, &c.

**Medical Times and Gazette.**—(No. CLXXVIII., Nov. 26, 1853.)—ORIGINAL LECTURES.—Clinical Lectures on the Relation of Renal Disorders to Disorders of the Stomach, and to other Acute and Chronic Diseases. By H. Bence Jones, M.D., F.R.S. Lecture IV.—ORIGINAL COMMUNICATIONS.—Naval Medical Reports. No. IX. Extracts from a Report on the Ventilation of Ships. By T. Spencer Wells, F.R.C.S. Contributions to Orthopædic Surgery. By Bernard E. Brodhurst, Esq. Report of the Cases of Cholera and Choleraic Diarrhœa, treated at the Newcastle-upon-Tyne Infirmary during the present Epidemic. By Charles John Gibb.—HOSPITAL REPORTS.—Statistical Report of the Principal Operations performed during the Month of October. St. George's Hospital: Cases of Death from Disease of the Stomach, induced by the Action of Caustic Alkali and Ammonia. Charing-cross Hospital: Case in which it seemed probable that Scarlet Fever had been inoculated.—EDITORIAL ARTICLES.—Recent Improvements in Medical Examinations. Black-balling at the Medical and Chirurgical Society. The Attack on Mr. Churchill by the "Association Medical Journal." The Cholera in the Metropolis, the Provinces, and Abroad.—REVIEWS.—On the Remote Cause of Epidemic Diseases. By John Parkin. The Remote Cause of Epidemic Diseases. Part II. By John Parkin, M.D. The Cause of Blight and Pestilence in the Vegetable Creation. By John Parkin, M.D. The Prevention and Treatment of Disease in the Potato and other Crops. By John Parkin, M.D. Medical Reform; being a



Sketch of a Plan for a National Institute of Medicine. By Azygos. An Introductory Lecture delivered in the Grand Medical College at Bombay, at the opening of the Session 1853-4. By C. Morehead, M.D.—**PROGRESS OF MEDICAL SCIENCE.**—Selections from Foreign Journals: Upon Partial Aneurism of the Heart; The Microscopical Dilatation of the Blood-vessels in Inflammations of the Brain and Diseases of the Mind; Gangrene of the Brain after Decubital Mortification; Upon the Seat and Usual Causes of Disease of the Heart.—**PROVINCIAL CORRESPONDENCE.**—Scotland: Doings in the North.—**REPORTS OF SOCIETIES.**—Pathological Society of London. Medical Society of London. Medico-Chirurgical Society of Queen's College, Birmingham. The Western Medical and Surgical Society of London.

**Association Medical Journal.**—(No. XLVII. Nov. 25, 1853.)—**LEADING ARTICLES.**—Advertising! A Peep Behind the Scenes. Clabbism of the Royal Medical and Chirurgical Society. Medical Students.—**ASSOCIATION INTELLIGENCE.**—Payment of Subscriptions: Notice by the General Secretary.—**ORIGINAL COMMUNICATIONS.**—Facts and Opinions relating to Tuberculosis, with Commentaries. No. III. By Henry Angell, Esq. Lithotripsy: Exhibition of Chloroform. By W. T. Bell, Esq. Cases of Cholera, without Comments. By John Grove, Esq.—**BIBLIOGRAPHICAL NOTICES.**—Pravaz. L'Emploi Medicale de l'Air comprimé. Mahoney. Treatise on Epidemic Cholera.—**PERISCOPIC REVIEW.**—Toxicology: Poisoning by Aconite: Recovery; Fatal Poisoning by Aconite Root taken in mistake for Horseradish; Four grains of Extract of Belladonna and four grains of Opium swallowed without detriment by a Child nine years old. Materia Medica. Pharmacy, and Therapeutics: New Method of Administering Sulphate of Quinine.—**REPORTS OF SOCIETIES.**—Royal Medical and Chirurgical Society: President's Address. Certain Pathological States of the Blood, especially characterising many dangerous Diseases. By James Copland, M.D., F.R.S. Medico-Chirurgical Society of Edinburgh: On Pedunculated Exostosis of the Long Bones. By James Syme, Esq.—**METEOROLOGY.**—Medico-Meteorological Observations for the Week ending November 19th, 1853, taken at Wakefield, Hawarden, Grantham, Bedford, Uckfield, Exeter, Ryde, and Guernsey.

**Dublin Medical Press.**—(No. DCCLXXVII., Vol. XXX.)—**ORIGINAL COMMUNICATIONS.**—Anatomical Characters of Chronic Pericarditis—Tubercular Pericarditis—Hæmorrhagic Pericarditis. By O'B Bellingham, M.D., one of the Medical Officers of St. Vincent's Hospital, &c., &c.—**PROCEEDINGS OF SOCIETIES.**—Royal Medical and Chirurgical Society: On the Pathology and Treatment of Cholera. Western Medical and Surgical Society: On Convulsions.—**CONTRIBUTIONS ON CHOLERA.**—Dr. John Rose Cormack's Notes on Cholera.—**SELECTIONS FROM MEDICAL JOURNALS.**—Microscopic Results: the Cell Theory. Opium in Prolapsus of the Rectum of Children. Poisoning by Creasote.—**REVIEWS AND NOTICES OF BOOKS.**—Clinical Reports on Continued Fever, based on the Analyses of 164 Cases. By Austen Flint, M.D., &c., &c.—**LEADING ARTICLES.**—Leading Article. Medical Life in London: Letter of W. H. Ranking, M.D., of Norwich; Letter of "Omnibus." Advertising Surgeon. Fraternity between Metropolitan and Provincial Practitioners. Consultation with Mesmerists. Medical Volunteering. New Mode of Election to Medical Office. The Great Aural Controversy.

#### BIBLIOGRAPHY.

NEW WORKS IN MEDICINE AND THE COLLATERAL SCIENCES, PUBLISHED FROM THE 31ST OF OCTOBER TO THE 14TH OF NOVEMBER.

The Physiognomy of Diseases; or, Twenty-five Years' Hospital Practice. By George Corfe, M.D. Fcp. with coloured frontispiece, cl. 5s.

Popular Errors on the Subject of Insanity examined and exposed. By James F. Dunean. Fcp. pp. 266 clh. Observations on the Remittent (so called) and Yellow Fevers of the West Indies. By David Lake Finlay. 8vo. pp. 30, sewed, 1s. 6d.

Practical Observations on Diseases of the Lower Bowel; with Cases on the Mode of Cure without operation. By Andrew Paul. 6th edit. post 8vo. pp. 90 cl. 3s. 6d.

The Diseases of the Chest and Air-Passages of the Horse. By William Percivall. Vol. 2, Part. 1. New edition, 8vo. pp. 120, bds. 10s.

Burials (Beyond the Metropolis) Act, 16 & 17 Viet. cap. 134; together with the Incorporated Clauses from the Metropolitan Burials Act, 1852; Cemeteries Clauses Act, 1847, &c. By James J. Scott. 12mo. pp. 58' boards, 2s. 6d.

Substances used for Food, as exemplified in the Great Exhibition. Square, pp. 340, 2s. 8d.

Reminiscences of a Medical Life; with Cases and Practical Illustrations. By Jonathan Toogood. Svo. (Taunton), pp. 177, cloth, .6s.

An Explanation of Chemical and Pharmaceutical Processes. By Dr. G. C. Witterstein. Translated from the German by Stephen Darley. 18mo. pp. 619, cloth, 6s.

### Hospital Reports.

#### STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE MONTH OF OCTOBER.

We make the following quotations of the more important portions of an article in the "Medical Times and Gazette":—

**LITHOTOMY.**—The case left under treatment by our last report has since been discharged well; the boy's urine, however, still contains a small quantity of albumen, and he is subject to œdema of the face. During the month, 6 operations have been performed; of the subjects of these, 1 has recovered, 4 are progressing favourably, and 1 is dead. In the fatal case, the patient was aged 71, and two large angular stones has been removed. Death took place sixteen days after the operation, and the autopsy discovered inflammation of the cellular tissue of the pelvis, with some peritonitis. In one of the fatal cases mentioned last month, we had been misinformed as to there not having been a *post-mortem* examination. In addition to the previously conjectured disease of the kidneys, extensive phlebitis was discovered, each iliac vein contained pus, and there were purulent deposits in both the lungs and the liver.

**LITHOTRITY.**—A patient is under care in St. George's Hospital on whom Mr. Cutler has once performed lithotripsy. He is aged 68, and was operated on for the same disease ten years ago.

**HERNIOTOMY.**—We accidentally omitted to state, respecting the five cases reported last month, that the sac had been opened in them all; as far as the operation and the intestinal lesion are concerned, they are all now recovered. This month, 10 operations have been performed. In 7 of these, the sac was opened, with the result of 5 recoveries and 2 deaths. In one of the latter, the patient was a man aged 25, the hernia inguinal and strangulated for sixteen hours before operation. Death from peritonitis occurred on the third day. In the other, the patient was in a very exhausted state at the time of operation; constipation had lasted for a week, and there was stercoraceous vomiting. The symptoms of strangulation were relieved, but death from debility supervened thirty hours afterwards. The autopsy disclosed no evidence of peritonitis, but the mucous membrane of the intestine was red and swollen. Of the 3 cases in which the sac was left unopened, one recovered, and two died. One of the cases which terminated fatally was that of a woman, aged 53, in whom a femoral rupture had been strangulated eleven hours. She was of intemperate habits, and in bad health. Death took place on the third day, some indications of delirium tremens having preceded it. Much chronic disease of the abdominal viscera was afterwards discovered, especially of the stomach. The second fatal case was that of an old woman, in whom an irreducible umbilical hernia had been attended with symptoms of strangulation five days before the operation. The stricture was freely divided, and the bowel easily emptied of its contents; but, in consideration of its having long occu-



pied that position, no attempt at reduction was made. The bowels subsequently acted freely; but death took place, seemingly from exhaustion, on the fifth day. The *post mortem* examination showed no peritonitis; the colon was loaded with feces, and the intestinal mucous membrane generally congested.

**OPERATION FOR ARTIFICIAL ANUS.**—In a case of complete obstruction of the rectum, from a tumour of the uterus, in the Middlesex Hospital, Mr. Moore performed Amussat's operation of opening the colon in the left loin. Great relief was at first afforded, and for several days the patient appeared to be doing well; she died, however, on the eighth day. The tumour was ascertained to have been of a carcinomatous nature.

**TREPHINING OF THE SKULL.**—This operation has been performed in one case. After the death of the patient, a fracture of the base of the skull was discovered, in addition to the superficial injury.

**LIGATURE OF ARTERIES, ETC.**—In a case of aneurism of the right carotid in an old man, in St. Thomas's Hospital, Mr. Solly placed a ligature on the common carotid, low down. On the 14th day, the ligature came away; the patient had had no cerebral symptoms; the tumour was more solid; and the case altogether appeared to be doing very well. (a) In our recent series of aneurism cases, we have already published the details of one in which, in St. Bartholomew's, Mr. Lloyd had tied the femoral artery for popliteal aneurism, and of another in which Mr. Holt, in the Westminster Hospital, had placed a ligature on the brachial, on account of analogous disease. (See "*Medical Times and Gazette*" for the 5th inst.) Both patients are doing well.

In a case, in St. Thomas's Hospital, of secondary hæmorrhage after amputation of the thigh for compound fracture, Mr. Simon placed a ligature on the femoral. The patient was so exhausted by the profuse bleeding, that transfusion of blood-serum had to be practised. The latter measure apparently produced good effects; the man lived till the separation of the second ligature, when hæmorrhage again occurred, and, in spite of the employment of the actual cautery, sufficed to terminate life. He was a drayman, and had been very intemperate.

One case of aneurism of the popliteal remains under treatment by compression. It is under the care of Mr. Hilton, in Guy's Hospital. The case mentioned last month, under the care of Mr. Erichsen, in University College Hospital, and that also under the care of Mr. Hewett, in St. George's, have each of them been cured.

**AMPUTATIONS.**—Of the twenty-one cases left under care by last month's report, one has died from secondary hæmorrhage, (See above, *Ligature of Arteries*;) the remainder are many of them cured, and the others are, with two exceptions, so nearly well that we need not again refer to them. There were performed, during October, sixteen amputations, out of which four of the patients are dead, two of the others are yet in a doubtful condition, and ten are recovering. Of the fatal cases, one was a secondary amputation of the thigh for compound fracture of the leg, in a stout, middle-aged man. Death from exhaustion resulted on the fourteenth day. In a second, death occurred on the third day after amputation of the leg for senile gangrene of the toes. In a third, amputation of the thigh for disorganised knee-joint was performed, in a very debilitated woman, and the death was preceded by symptoms of incipient pyæmia; but at the autopsy neither phlebitis nor purulent deposits could be discovered. In the fourth, under the care of Mr. Ure, in St. Mary's Hospital, the operation of removal of all the fingers of the right hand, on account of a crush, was delayed a day from the patient's refusal at first to submit to it. Tetanus resulted, and death took place on the eleventh day. Of the cases still in a doubtful condition, both are amputations of the thigh, one primary, the other secondary. In the latter,

the patient, an Irishman, obstinately refused at first, although his knee-joint was laid open, to have the leg removed. After a month's delay, during which the joint had become utterly disorganised, and the health of the patient severely reduced, the operation was performed. The case is under the care of Mr. De Morgan, in Middlesex Hospital, and has progressed since the amputation more favourably than could have been expected. Of the nine which are recovering, three are amputations of the thigh, two for diseased knee-joints, and one a third operation, on account of a painful stump, the former ones having been below the knee; one of the leg, for a very large and inveterate ulcer, the persistence of which was seriously undermining the strength of the patient; one at the shoulder-joint, for compound fracture, with much crushing of the arm, under the care of Mr. Solly, in St. Thomas's Hospital. Three of the forearm; one for the effects of phlegmonous erysipelas, one for strumous disease of the carpus, and one primary for compound fracture; one primary amputation of the whole hand, excepting the thumb.

**EXCISION OF BONES, JOINTS, &c.**—The cases reported last month continue under care. A partial excision of the elbow-joint has been performed by Mr. Solly, on a young man in St. Thomas's Hospital, who had suffered from scrofulous inflammation of the joint. The case is doing favourably. Resection of the wrist-joint has been twice performed, and both patients are thus far doing well. In the first case, under the care of Mr. Erichsen, in University College Hospital, the heads of the radius and ulna, and the first row of the carpal bones, were removed. In the second, under the care of Mr. Fergusson, in King's College Hospital, the heads of the radius and ulna, and the whole of the carpal bones. Excision of the superior maxilla has been practised twice, and with very favourable issue in each case. In the first, under the care of Mr. Stanley, in St. Bartholomew's Hospital, the whole bone with the exception of its nasal and orbital processes, was removed on account of a fibroid tumour, which had returned after a former excision. In the second, the disease requiring it was a tumour of suspectedly malignant character within the antrum; the operation was performed by Mr. Hancock, in the Charing-cross Hospital. In the same Hospital, the excision of parts of a diseased metatarsal bone has been successfully performed by Mr. Avery. Five important gouging operations have been done during the last month, in each case in the hope of avoiding the amputation of the affected member. In two of them, on account of extensive carious disorganisation of the head of the tibia, a procedure in each nearly precisely similar has been adopted, and the whole of the softened cancellous bone, to within a very little of the articular cartilage, was freely scooped out. The patients are severally in King's College and Guy's Hospitals, and under the care of Messrs. Ferguson and Hilton. In Mr. Fergusson's case the progress has been hitherto satisfactory, but in the other a sharp synovitis of the knee-joint set in on the seventh day, and has since continued. In three cases gougings of the os calcis, on account of carious disease, have been performed. In one, which occurred in St. Bartholomew's Hospital, Mr. Stanley was fortunate enough to discover and remove a small fragment of perfectly detached dead bone, which had been closely encased in the centre of the affected calcaneum, and of the looseness of which no evidence had been afforded by the previous probings. In a fourth case, almost the whole of a much-diseased os calcis was removed by Mr. Holt, in the Westminster Hospital. The case was at first doing very well, but recently gangrene has attacked the wound, a disease just at present affecting several of the patients in that hospital.

**TRACHEOTOMY.**—Neither of the cases previously reported is yet able to breathe continuously without the canula, but they are both of them much improved. The operation has been twice performed during the month, for purposes of artificial respiration in poisoning by chloroform; but, as

(a) This patient has died within the last few days. We shall publish the particulars of the case.



our Reports have already shown, both patients died. Into the Middlesex Hospital, an infant eighteen month old was admitted, on account of acute laryngitis from a scald of the glottis. The dyspnoea became so urgent, that, eight hours after the accident, Mr. Grant, the house-surgeon, found it necessary to open the trachea. Great relief was afforded, but subsequently inflammation of the trachea and bronchial tubes supervened, and death occurred on the third day.

## The Anatomy of Quackery.

### QUACK MEDICINES,

#### THEIR HISTORY, COMPOSITION, AND QUALITIES.

##### NO. XXXV.

##### A FEW QUACK PLASTERS.

The following nostrums are, for the most part, *harmless*. If ever they effect any good, it is either by simply protecting the part and keeping it warm, or by their acting as irritants or stimulants.

##### BAYNTON'S PLASTER.

This is merely resin plaster spread on linen or calico. The quantity of resin in it is less than that in the "em-plastrum resinæ" of the London Pharmacopœia, which in other points it resembles. (a) It is defensive, adhesive, and slightly stimulant, but does not possess these properties in an equal degree to the pharmacopœial preparation.

##### MAHY'S AMERICAN PLASTER.

This is a mixture of *lead plaster*, *wax*, and *orris powder*. Its properties and applications resemble the last. It is, however, scarcely so adhesive, and has a slight odour of violets. (b)

##### SCOTT'S PLASTER.

This precisely resembles Baynton's plaster, noticed above.

##### STERRY'S POOR MAN'S PLASTER.

Common pitch, (*pix nigra*), melted, with about one-third of its weight of yellow resin, strained, and spread on paper. A cheap calefacient and stimulant. (c)

##### ALI AHMED'S PLASTER.

For a notice of the "plaster" or "*Antiseptic malagma*" of Ali Ahmed, the reader is referred to page 388, Vol. II. of this Journal.

##### ROPER'S ROYAL BATH PLASTER.

This notorious nostrum, so enormously bebuffed in newspapers, posters, and hand-bills, from the hold it has got on the public, deserves a passing notice. The—"more wonderful cures, effected by that famous preparation, 'Roper's Royal Bath Plaster,' the best, cheapest, and most lasting remedy for coughs, colds, asthmas, consumptions, spinal complaints, inflammation of the lungs, pains in the side," and diseases everywhere, and of every class, so perseveringly published by Mr. Roper, may be equalled, but certainly not eclipsed by the boldest efforts of the proprietor of "Morison's Pills," "Holloway's Ointment," or the "Treasures of the Desert." Disease, agony, and even despair, vanish before the genius of Mr. Roper. By the magical action of his plaster, complaints, of however long standing, are immediately relieved. One poor wretch, of 66 years of age, who had been "suffocated" with asthma for a vast number of years, found, to his astonishment, that it was a "safe and invaluable remedy;"—An old woman, living at Poplar,

(a) Take of "*Lead plaster*," 15 oz.; *pale yellow resin*, 1 oz.; melt together with a gentle heat. Some say it contains even less resin.

(b) Finely powdered *white lead*, 15 oz.; *olive oil*, 1 quart; *water*, q. s.; boil together in a clean copper vessel, constantly stirring, until incorporated; cool, separate the newly formed plaster from any adhering water, and add, *pale bees' wax*, 6 oz.; *lead plaster* (Ph. L.), 24 oz.; melt together, and stir in *orris powder*, 12 oz.

(c) Another similar article is formed of *black resin*, 4 parts; *tar*, 3 parts; *bees' wax*, 1 part; melted together.

who had coughed unintermittingly for an almost incalculable period, and "whose case had baffled the skill of all her medical attendants," was suddenly "*perfectly cured*" by wearing them;—Another aged phenomenon, one Luke Machon, living somewhere near Sheffield, and who had a dreadful "fixed pain in his right side," so that he "could scarcely rest anywhere," and was wretched everywhere, "both night and day," and who "having tried several of the medical profession without effect," pops on "one of these plasters," which did him "a deal of good," and "a second plaster" restored him to "perfect health." From being a miserable invalid, with "one foot in the grave, and the other in a rather questionable position, he was suddenly transformed into a hale veteran, although nearly seventy. To finish the climax, we are favoured with the case of Mr. Sedgwick, of Charles-street, Sheffield, who, unhappy man, was compelled "night after night to sit up all the night long," owing to the cough which had "affected him for thirty years," and momentarily during that period threatened "sudden dissolution." By applying only "*one Royal Bath Plaster*," "in less than two days" he was "comparatively easy, able to lie down in bed, sleep well, and relish the hardest crust." "When (the plaster) began to make my stomach itch, the phlegm jumped out of my mouth when I offered to cough." (So no more at present, from &c., &c.)

If we believe Mr. Roper, he is a "wonderfully favoured" man, and the Medical Faculty of England a "mass of imbecility;" nay more, that a vast number of our Medical practitioners neglect their patients to throw them into the hands of quacks and charlatans; and even (as in the *lib* on the late Mr. Fowler), admit their own ignorance to their patients, and recommend them to Mr. Roper. Fortunately, these assertions are too transparent not to be seen through; and, like the cases of cure given by Mr. Roper, are estimated by us at their proper value. We hope the public will do the same. The character of the "cases" published by nostrum-mongers has been already exposed in this Journal.

The basis of Roper's Plaster is pitch and resin. They differ from those previously noticed in being more stimulant, and irritant, and, in some cases, acting on the bowels. Disagreeable itching often follows their application; and, in delicate habits, a pimply or pustular eruption, with a purulent exudation, are not uncommon. We have tried these plasters in several instances. In the majority of cases they caused slight itching and irritation, without effecting any good; whilst, in two or three others, they produced much irritation, accompanied with a redness, and a slight pustular eruption, followed by relaxation of the bowels. Under the most favourable circumstances, the only good they can effect, is that of a temporary and very uncertain counter-irritant. (a)

With the formulæ for the following plasters, which somewhat differ in character from the preceding, we shall be compelled to close this paper.

##### BERG'S ANTI-RHEUMATIC PLASTER.

Formed by digesting, *Euphorbium*, 2 parts; and *Cantharides*, 1 part; (both in powder) in *Alcohol*, (S. V. R.), 10 parts; for eight days; and adding to the decanted liquor, *Black resin* and *Venetian turpentine*, of each,

(a) We believe these plasters are spread with the following composition:—Strained pitch, (*pix nigra*), 16 oz.; *Burgundy pitch*, 10 oz.; *tar* and *bees' wax*, of each 1 oz.; melt, and when considerably cooled, add Oil of Mace, (*Ol. Myristicæ expres.*), 2 dr.; *Croton oil*, 1 dr.; to be spread at once, without re-melting, on heart-shaped pieces of white sheep skin. Calling at Mr. Kinnaburgh's, of Exmouth street, the other day, for one of these plasters, we were much amused at being told, that, "unfortunately, they were just out of them, but, if we would wait five minutes, he (Mr. K.) would spread us one." We remonstrated, stating that we wanted "the true and only genuine," &c., &c.; on which we were assured that "it would be all the same." However, we declined the proffered kindness. We like to have the article we pay for; not a *spurious one*.



parts; mixing with a gentle heat. Two or three coats are spread with a brush over thin paper. Recommended for Gout and Rheumatism.

PAPIER FAYARD.

This is a "Gout plaster" or "paper," resembling the last in composition. The paper is, however, *dipped* into the liquid instead of being merely varnished with it.(e) Although not originally an English "nostrum," certain parties have lately put it under the protection of a "Government Stamp."

(e) It contains more cantharides than that of Berg. Take *Cantharides*, 4 dr.; *Euphorbium*, 1 dr.; Spirit. Vini Rect., 5 oz.; *Venice turpentine*, 1½ oz.; *Resin*, 2 oz.; as above. (Mohr.)

## An Epitome of Toxicology.

DESIGNED FOR THE BUSY PRACTITIONER  
AND ANALYTICAL CHEMIST.

(COMPILED FROM THE LATEST AUTHORITIES EXPRESSLY FOR  
THIS WORK.)

(Continued from page 302.)

After the particulars already noticed, the following matters deserve our consideration.

The ABSORPTION OF POISONS, before referred to, is fully proved by their *disappearance* from the part to which they are applied, and by their *reappearance* in remote parts of the body, in the blood and chyle, and in the several excretions. On the rapidity of this absorption the development of the action of poisons depends(a). It is found to be greatly influenced by the condition of the circulation, the nature of the tissue, the properties of the deleterious substance, and the peculiar condition of the system. Thus the remote effects of poisons may be retarded by impeding or arresting the circulation; whilst, under ordinary circumstances, contrary effects are produced(b). So also the faculty of absorption or imbibition varies with the texture and vascularity of the membrane, that of the pulmonary surface absorbing with the greatest rapidity; whilst the lining of the alimentary canal, and of the cutaneous surface, being less exposed and delicate, have the imbibing faculty in a considerably less degree. *Plethora*, from its influence on the circulation, is found uniformly to retard the action of medicines and poisons; whilst *depletion*, by promoting

(a) Four ounces of an aqueous solution of oxalic acid, thrown into the peritoneal sac of a cat, produced death in fourteen minutes. On examination, the cavity was found almost empty, although none of the liquid had escaped by the wound.—(*Coin-det and Christison*.)

(b) Hydrocyanic acid applied to the foot exerted no deleterious action when the abdominal aorta was tied (*Emmert*); and poison introduced into the stomach fails to act, provided a ligature be placed around the vena portæ.—(*Blake*.)

absorption, as constantly accelerates it(a). The remote effects of the absorption of poisons are precisely the same, in whatever way they enter the system.

The principal organs of absorption are the veins(b). The lymphatics and lacteals are also absorbents, but their action is slow, and limited to certain substances.

The process of absorption, or the passage of fluid or gaseous bodies through the interstices of the organic tissues, appears to be exclusively a physical action, effected by simple imbibition and endosmose. So also is the dispersion and circulation of the newly-absorbed substances through the medium of the blood; although the vital forces are necessary to keep up the circulation which conveys them to the remote portions of the body, and there promotes their further imbibition and endosmose.

The mechanism of absorption has been demonstrated by the researches of various physiologists. Magendie isolated the jugular vein of a dog on a card, and then carefully dropped a strong aqueous solution of extract of nux vomica on the isolated portion, so that the poison was confined entirely to the vein and the card. Death ensued in four minutes(c). The same experiment was tried on the carotid artery of a rabbit, when the blood adhering to its inner wall was found to possess the bitter taste of nux vomica. Dead animal tissue possesses the faculty of simple imbibition as well as living tissue, but its operations in the dead body decrease in rapidity in proportion as the interval between the death of the animal and the period of the experiments increases.

The rapidity of the absorption and diffusion of poisons, and hence of the development of their remote effects, is often so sudden that, without well-attested evidence, would scarcely obtain belief. Ferro-cyanide of potassium, injected into the jugular vein of one side, takes only twenty to thirty seconds to reach that of the opposite side(d). A substance which does not act on the capillary tissue passes from any point in the vascular system back to the same point again in from twelve to twenty seconds(e)—some authorities say in less time. A substance thrown into the jugular vein of a dog reaches the capillary termination of the coronary arteries in twelve seconds; of a horse, in ten seconds; of a fowl, in six seconds; of a rabbit, in four seconds—a period sufficiently long for a poison to be brought into contact with the particular tissues on which it exerts its action(f). The rapidity of the action of a poison is therefore in direct proportion to the rate of absorption, or, in other words, the rapidity of the circulation(g).

(To be continued.)

- (a) Magendie.
- (b) Magendie.
- (c) "Lancet," Oct. 4, 1834.
- (d) Professor Hering.
- (e) Blake, "Lond. Med. Gaz." June, 1841.
- (f) Blake, "Ed. Med. Jour." vol. liii.
- (g) Blake, *ibid*.

## CAUTION.

Gentlemen ordering the Medical Directories through their booksellers, are requested to be particular in specifying the exact TITLE, otherwise a spurious imitation of these works may be imposed upon them:—

"THE LONDON AND PROVINCIAL MEDICAL DIRECTORY."

"THE MEDICAL DIRECTORY FOR IRELAND."

"THE MEDICAL DIRECTORY FOR SCOTLAND."

Published only at the Office of the "Medical Circular," 128, Strand; and by John Churchill, Princees-street, Soho.



## Biographical Notices.

THOMAS BLIZARD CURLING, ESQ., F.R.S., &c.

[At the moment of our going to press, from an unforeseen accident, we are under the necessity of postponing the Portrait of the subject of our memoir until the next number.]

This able surgeon was born in London, Jan. 1st, 1811. He was articled to Sir William Blizard, surgeon to the London Hospital, where he chiefly pursued his medical education. He likewise attended the lectures of Mr. Stanley and Mr. Lawrence, at St. Bartholomew's. Mr. Curling is one of those gentlemen, who, at an early age, have evinced peculiar aptitude for the profession of their choice. His talents, which are of a high order, was manifested at the outset of his career, and they were fortunately seconded by an ardent love for his profession, and a zeal and industry rarely equalled. Hence we are not surprised that, during the period of his pupilage, he distinguished himself as an author, being the writer of "Cranium" in Partington's "Cyclopædia;" and a contributor of cases to the "Hospital Reports" in the "London Medical Gazette." He became an M.R.C.S. in Dec. 1832. Mr. Curling now naturally looked forward to an official connexion with the Hospital in which he had been educated; and, although yet young, did not hesitate to aspire to fill a responsible post. This readiness to undertake serious duty would in most men be considered rashness, but was a merit in a man like Mr. Curling, who must have felt that, by instruction and training, he was well qualified to acquit himself creditably in an important office. Connexion with a Hospital would also keep alive, and render profitable, that zeal for his profession which he had already evinced, and would give him opportunities of study and practice, without which the most brilliant talents would moulder in idleness, and be unproductive of useful results. Hence, on Sir W. Blizard's resignation of the Surgeoncy to the London Hospital, and Mr. Luke's election to that office, Mr. Curling became a candidate for the vacant office of assistant-surgeon. He was actively opposed by Mr. Coulson, but succeeded in gaining the election in January, 1834, being just 23 years of age. In the same year he competed for, and gained, the Jacksonian Prize at the Royal College of Surgeons—the subject "Tetanus." The Prize Essay was published in 1836.

About a year after his election, Mr. Curling was required as Junior Assistant-surgeon, to reside in the vicinity of the hospital, where he remained seven years. During this period, he devoted much time to the cultivation of surgical pathology, and superintended the post-mortem examinations, and lectured on Morbid Anatomy. Five lectures on Human Entozoa, constituting part of this course, were published in the "Medical Gazette" in 1838. About this period also he contributed several pathological and surgical papers to the same journal,—the two principal being "Observations on Affections of the Bladder in Paraplegia" (Vol. 18), in which he showed, by experiments and dissections, that the affections of the urinary organs and changes in the urine after fractures of the spine, originated in the bladder, the kidneys being affected only secondarily; and "Observations on the Structure and Treatment of Nævi." (Vol. 22.)

In 1841, Mr. Curling was appointed, in conjunction with Mr. Luke, lecturer on Surgery at the London Hospital Medical School. Having charge of the surgical out-patients at the London Hospital, he had great opportunities of acquiring experience in disease of the testicles, and finding, notwithstanding the labours of Sir A. Cooper, that affections of this organ were open to further investigation, he continued for many years to devote attention to diseases of this gland. In 1841, he sent to the journals a paper entitled, "Observations on the Structure of the Gubernaculum, and the Descent of the Testis in the Fœtus," in which the muscles of the gubernaculum and its eversion, so as to form the cremaster, were described, and the

action by which the descent of the testicles is accomplished, explained. In 1843, his chief and most valuable surgical work, "A Practical Treatise on the Disease of the Testis, Spermatie Cord, and Scrotum," was published. Of this work it is difficult to speak in terms too laudatory: it gives ample evidence throughout of the scientific surgeon and sound practitioner—of great powers of observation and careful induction; and has earned for its author an extensive and well-merited repute. In the same year in which this work was published, Mr. Curling removed to his present residence, in New Broad street.

Mr. Curling joined the Medical Chirurgical Society at an early period, and filled the office of Surgical Secretary in the years 1845-6. He has contributed numerous papers to the Society's Transactions. In an important paper on "Acute Ulceration of the Duodenum in Cases of Burn," he called attention to the frequent cause of death from ulceration of this part of the alimentary canal, producing diarrhœa and hæmorrhage. In another paper, on "Varicocele treated by Pressure," he advocated the application of the lever truss, for relief of the worst cases of this affection, on the principle that it relieved the distended veins from the hydrostatic pressure of the column of blood.

In 1848, he delivered the Annual Oration before the Hunterian Society, taking as the subject, a discovery exciting great interest at that time, "The Advantages of Ether and Chloroform in Operative Surgery."

We thus see that since the time of his election to the Assistant-surgeoncy of the Hospital—a period of 14 years, Mr. Curling had been industriously adding new observations to the registers of science. He had been turning his opportunities to the best account, and had left few subjects, to which his inquiries had been directed—unimproved. On those topics which he has selected for special elucidation, he unquestionably stands first among his brethren,—a position claimed by the novelty and value of his labours.

On the death, therefore, of Mr. Andrews, in 1849, he was, as might have been expected, promoted to the office of full Surgeon to the London Hospital—having acted for fifteen years Assistant-surgeon. He holds the office of Consulting-Surgeon to the Jews' Hospital, and the German and Portuguese Hospital; he is also Consulting Surgeon to the London Orphan Asylum, having been appointed to the latter office on the death of Mr. Aston Key. He is a member of the Medical Board of the Royal Sea Bathing Infirmary, and takes an active part in the medical affairs of the charity. He was elected, in 1850, a Fellow of the Royal Society.

In 1840, he published, in the "Medical Gazette," "Observations on the Treatment of Nævi Materni, with Cases of Removal of these Growths from different parts of the Face without Deformity," in which the *subcutaneous ligature* for removal of these marks without deformity, was described and recommended.

In 1851, he published "Observations on the Diseases of the Rectum," in which line of practice he is frequently consulted.

Our rapid sketch of Mr. Curling shows that he is a man of great abilities and practical experience; and that he has applied his mind successfully to the elucidation of the pathology and treatment of several important yet obscure and difficult forms of disease. He is prompt and sure in diagnosis—the result of a keen perceptiveness, directed by a large experience; and his judgment is clear, careful, and sound. As an operator, he is highly esteemed for his readiness and skill. Mr. Curling is a worthy representative of British surgery, and will doubtless rise to the most eminent rank—if, indeed, as respects scientific reputation, he does not already fill it. He is yet in the prime of life, with, as we trust, very many working years before him; which, if his earlier be any criterion of his future career, will be distinguished by many accessions to the general stock of professional knowledge.

He is an excellent and amiable man, highly respected



and valued by his friends, and generally esteemed by his professional brethren. His manners are frank and courteous, and his air prepossessing; so that we should not be surprised to be told that he was doing a large practice—as we believe to be the fact. His reputation is widely extending, and his *clientelle* will necessarily increase therewith. There are few men who, either by extent of knowledge or urbanity towards his brethren, deserve so well as the subject of this notice, to attain a great professional success.

### MEDICAL ETHICS.

#### ACT I—SCENE I.

*A certain EDITOR, having received a free admission to Madame Tussaud's, meets there an old friend, who has been slandered in an article in the last number of the Journal. The Editor advancing with a sleek smile, and, accosting him, asks if he has seen the article. OLD FRIEND indignantly puts his hand behind his back, and the following colloquy takes place:—*

*Old Friend.* I don't know you, Sir!

*Editor.* Not know me? Then you never read my journal, where my name is printed on the very front of it in letters three-quarters of an inch long.

*Old Friend.* Ah, excuse me, I thought that was the title of the journal.

*Editor.* You jest; but indeed you are not far wrong. The name is more than the title; it is the journal itself.

*Old Friend.* You were always a modest man; but I wonder how you can boast of editing such an ill-written and worthless paper. Five minutes' reading of it makes one as melancholy as musing in a grave-yard. Then think of the villainous grammar. In that very article in your last number, in which you have traduced many eminent men, you have such a skimble-skamble, unintelligible sentence as this: "Many newspapers have reviewed the book in question, *with* a selection from the publisher's catalogue of quotations, *adopting* the racy headings." The legitimate meaning of which is that these newspapers reviewed the quotations as well as the book, and that the "selection" or the "catalogue" or the "quotations" adopted "the racy headings." This is sheer nonsense; and you, the impeccable editor, ought to be ashamed of it. I tell you, Sir, that such blunders occur in every article, and that your journal is a disgrace to medical literature.

*Editor (looking round furtively).* Hush, my dear fellow, don't expose me; just think of the shame I should suffer if public attention were strongly directed to my deficiencies.

*Old Friend.* You have lately changed your tactics, too, I see. You used to be the impeccable editor, the high moral writer, the pattern divine. Your leading articles were as good as sermons, or the speeches of a vestryman graduating for a churchwarden. But now you are trying your hand at the style of the "Circular," but it won't do. You might as well try to fence with a small sword, or to toss a caber, for neither of which feats are you in any way qualified.

*Editor.* The fact is, my friend—

*Old Friend.* No friend, if you please.

*Editor (sleekly).* Ah, you are hurt, I see; but I did not mean to hurt you, believe me. Well, to be frank with you, the high moral tone don't answer. The members of the Association see through the gauze; and, besides, the journal won't sell. Something must be done, or I am ruined; so I am disposed, as you say, to try my hand at something in the style of the "Circular." Powers of mercy! What a marvellous success that journal has achieved. There is something in style and spirit, after all.

*Old Friend.* Aye, anybody would rather pay the subscription for that journal than have yours at a gift.

*Editor.* There now, you are hard upon me.

*Old Friend.* Not harder than you deserve. But tell me how came you—the impeccable editor—to play that

dirty part with respect to Pulvermacher's chain? I have heard—

*Editor.* Easy, now, and I will explain the matter. Meinig declined to send us any more advertisements, so I resolved to fight him tooth and nail—

*Old Friend.* What, you, the impeccable editor! the high moral lecturer!

*Editor.* What would you have me do? Bread and cheese, my dear fellow! Well, I attacked his chain in leading articles as a piece of quackery, urged the indecency of his system of advertising, and so forth. But I did a better thing than that—a masterly stroke of editorship, I assure you! I gave a long review of his rival Stringfellow's chain, eulogised it mightily, and since then have regularly advertised it, as you may see. Now (*rubbing his hands gleefully*) what do you think of that, as a stroke of business? You look gloomy.

*Old Friend.* The more you are known the better—but you know the proverb.

*Editor (trying to blush).* It is of no use talking. Consistency is an excellent thing as long as it pays.

*Old Friend.* I must confess that you have pushed the "respectability" dodge to a great length.

*Editor.* Yes, indeed, sheer assurance. Whatever character we may assume, it must be thorough. You would laugh if you had heard me lecture the fellows of the Medical Society the other night on Medical Ethics, preparatory to a disquisition on a popular subject, by which I wished to make *myself* popular. I got on remarkably well for about ten minutes, when some impertinent fellow at the bottom of the room chuckled "Cock-a-doodle-doo," at the end of one of my best sentences. Egad! it almost took my breath away, so I cut the matter short, and plunged in *medias res* for a relief.

*Old Friend.* Yes, I heard about that paper. Rather an elaborate piece of balderdash, was it not?

*Editor.* Rather, as you say; but it answered the purpose, I published it at full length in the journal; and what signifies it, so that one's name is always on the lip.

*Old Friend.* Did not something occur subsequently to the publication of the paper?

*Editor.* Hush; not a word, I have not the heart to think of it. I am dreadfully afraid of its being known. I should never recover from the ridicule. As one of the witches in my play (*Macbeth*) says:

"By the twitching of my thumbs,  
Something wicked this way comes."

[*The Editor of the 'Lancet' advances in great excitement.*](a) What, good G—! (we omit the *verbum solenne*) you here! What the d—! have you been about, to think of attacking the "Circular?" Why, that's more than I dare do! I, who have bullied everybody and ruined a good many. Why I would as soon be rolled down hill in a barrel set with spikes, or be flogged with nettles into a fever, as suffer the "slings and arrows" of that terrible Nemesis of literature. Good—man, they will roast you over a slow fire, and griddle that big body of yours down to a skeleton. I shall write you down an ass, sir, for evermore.

*Editor.* You alarm me; indeed you do.

*Editor L.* By—it's the truth, sir, I am afraid to put a line in the "Lancet," lest I should bring them down upon me; and to think of the punishment they sometimes give one brings an ache into every bone.

*Editor.* What's to be done? (*in evident terror.*)

*Editor L.* Done—why do as I do—do nothing; or, as you are as great a proficient as myself in the line, try a

(a) It is necessary to explain how it came that these Editors should tumble against each other in so strange a place. It appears that Madame Tussaud intends to increase the attractions of her Chamber of Horrors, by adding representations in wax of these worthies after they have shuffled off their mortal coil. By sending them free admissions, she calculated, and, as it appears, correctly, that her artists might obtain a fair opportunity of sketching them whilst living.



little humbug. Observe how I have bamboozled the profession in the matter of the Directories.

*Editor.* Does that humbug succeed then?

*Editor L.* Ah, that's an awkward question. I never thought of that. To tell you the truth, I have already lost nearly £400 by it, and expect to lose as much more, for I cannot confess my failure by giving less than £150 to the Medical Benevolent as *half my profits*!! Nothing succeeds against those fellows.

*Editor.* Then I am utterly lost and undone.

*Old Friend.* Not quite. I say with Churchill, drop the journal, and stick to the pestle and mortar, and you may yet, possibly, get a decent livelihood.

[*Exeunt omnes.*]

## Medical Notes and Queries.

### NOTE.

THE USE OF OPIUM.—SIR,—I have just seen an article in "Blackwood" this month, on "The Narcotics we Indulge in," which forcibly brings to mind an occurrence remarkable as showing the small quantity of opium taken up by the system after the ingestion of a large dose. A medical man, who suffered from a severe neuralgic affection of the skin between the shoulder blades, which came on in the evening and lasted pretty well all night, in a fit of desperation took, at 11, p.m., two fluid drachms of Battley's Liq. Opii. Sed., and placed under his pillow six phials, with one drachm of the same in each. He swallowed the whole six doses (at short intervals) before 3. The dreadful pain ceased, and he lay awake till daylight in a most delightful ecstasy, when he dressed and shaved, drank two large cups of coffee for breakfast, and occupied himself in his garden till 12 at noon. At that time the stomach rejected its contents—about a quart of dark chocolate-coloured fluid, smelling strongly of opium. After this (a trifling giddiness excepted) he was as well as usual till the neuralgic attack again at night. This time the dose was *not* repeated. The man was not addicted to the use of opium or alcohol; how can we account for the slight effect? Is the tolerance of this remedy so great while in absolute pain? The neuralgia gradually subsided without any treatment which could be called medical. I think the case envious. "Blackwood," in a previous article, speaks of tobacco. Perhaps some of my brother chips would like to know an antidote to the effects of a strong pipe or a bad cigar? Tell them to suck an orange or two—though I advise them not to smoke. Snuffing is bad enough for medical men, but smoking is—what you like—or an animated chimney-pot—bah! Yours, &c.,  
Hammersmith, Nov. 26, 1853. TYRO.

### QUERIES.

GUACO IN CHOLERA.—SIR,—Any remedy purporting to be "the safest and only specific" for cholera, and to cure this disease with "magic-like effects," deserves an introduction to the profession somewhat less curt than that afforded to the Tincture of Guaco by your Hunmanby correspondent; and without it, will, I am afraid, fail to secure a trial among so many much vaunted (but usually valueless) remedies. Will your correspondent, therefore, be good enough to state *when* and *where* his cases occurred, what symptoms of cholera they presented (one collapse seems to have been absent), and what were the changes or effects apparently produced by the Guaco; in other words, what is its *modus operandi*?—I am, Sir, your obedient servant,  
November 12, 1853. A SUBSCRIBER.

### REPLY.

CHOLERA.—SIR,—Among your notes and queries, Mr. Robert Stevenson asks whether, in a meteorological or physiological point of view, medical readers will inform him the causes why the following places have escaped the previous and present visitation of Cholera, viz., Isle of

Wight, Isle of Man, Birmingham, and the Channel Islands. It is not my intention to enter into any controversy on the subject, but merely to inform him that Birmingham did not enjoy an immunity from Cholera during the last visitation. I went to live in Birmingham in 1849, and was informed, on medical authority, "that Cholera had visited Birmingham then recently; and that it had, so to speak, been imported from infected places, and as often died a natural death;" further, that one case, taken to the work-house, died; and that two of the nurses who attended that case took the disease and died also. The fatal cases in all did not exceed six, but there was a vast amount of diarrhoea. Birmingham, it is well known, is by nature situated most favourably for drainage, being on a high hill and on the sides of a hill, and in every part the fall or stoop is considerable. Birmingham has, I believe, been most favourably noticed by the Sanitary Commissioners as being one of, if not the best seweraged town in the kingdom. It might, nevertheless, be inquired whether the soil (sandstone) on which the town is built does not tend to its salubrity; and also whether the immense amount of charcoal that permeates the air from the ten thousand and one smoking chimneys and factories, does not much tend towards the health of the community, notwithstanding smoke and dirt. The other places spoken of by Mr. Stevenson I have never visited. Their peculiar, healthy positions—insular, and much cut off from large and infected communities—would render chances of infection much less; but though so favourably situated the present visitation is too novel and too short to speak with any thing like a certainty. Further, one word about the contagious nature of Cholera. How is it that this disease is said *not to be contagious*, when a case like the one quoted is taken to a certain house, healthily situated, not a sign of the disease in it, and the nurses are healthy—the case dies, and the nurses take the disease and die also. The active principle of the disease is a *specific poison*, and it acts on the infected persons in the same specific manner. There is a specific poison in scarlatina, in measles, in small-pox, and each has its specific effect when the poison is received: so also is it in Cholera. Therefore, if one class of these diseases be contagious or infectious, so is Cholera; or, if gentlemen will split straws, it is, as Sir Gilbert Blane said, in 1833—*communicable*. Thanks are due to Mr. Stevenson for agitating the question: possibly he or some other gentleman will resume the subject and clear it up.—I am, Sir, yours truly, J. B., M.D.

Knotty Ash, Liverpool, Nov. 18, 1853.

## Original Communications.

### CHOLERA.

BY W. PRICE EVANS, SURGEON, SWANSEA.

I am disposed to occupy a small place in your valuable "Circular," in order to record as briefly as possible the treatment of Cholera adopted by me in the campaign of 1849.

I am the more induced to make this request, because, either I am "all abroad," or others of my fellow-practitioners are not altogether "at home," in their notions and treatment of the fell disease ycleped, on the "lucus a non lucendo" principle—Cholera.

I do not purpose to enter at all into the nature of the disease, and very little into the "whys and wherefores" of the treatment pursued by me.

For practical purposes I found it best to divide the disease into four stages:—1. Painless Diarrhoea (bilious purgings). 2. Spasmodic stage (cramps, vomitings, rice-water purgings, &c.) 3. Collapse. 4. Consecutive fever.

#### 1. Painless Diarrhoea.

Immediate decubitus, and R*x* Opii Calomel, Pulv. Capsici. āā, gr. ij. Strychniæ gr. 1-16, Opii. pil. ij. statim sumend. Warm diluents to be plentifully administered in about half



an hour after the pills have been taken. Action of the remedy—abortive *quoad* the disease. The strychnine not only exerts its own specific action, it also intensifies that of the other ingredients of the pills.

The effect of this mode of treatment was that, as a rule, the patient, in three or four hours' time, became most profusely bathed in perspiration, and perfectly well, but weak.

#### 2. Spasmodic stage.

R Tr. Opii. ʒss. Æther Rectif. mxx; sp. Ammon. ʒj; Oj. Ment. sat. ad ʒiss; ft. haust; statim sumend. *Cold water, in doses heroically allopathic—i. e., as much as you can get the patient to swallow; and the enormous quantities they will with the greatest avidity drink in this stage must be seen to be believed.*

This draught, of all remedies I tried, was found to sit best on the stomach.

The stomach became tolerant of the water after a few quarts had been taken, and all the symptoms soon abated.

#### 3. Collapse.

Water, if the patient can swallow; whether or not, copious injections, per anum, of hot salt and water (from half a gallon to a gallon), to be thrown up and forcibly retained. In a few minutes the patient warms under your hands; the pulse returns; and the all but dead becomes less and less corpsy-looking.

It will be observed that, especially in the two last-mentioned stages, the indication principally pursued has been to supply the water lost to the blood.

#### 4. Consecutive Fever.

Mild mercurials, nitrate of potass, &c. (the chlorate would have been, perhaps, better); *the almost semi-erect position of the body constantly maintained*; diluents (warm or cold, according to the sufferer's inclination), copiously administered; liquid food, &c.

In all diseases where low vitality is present, the fluids of the body obey more or less, and in proportion to the amount of asthenism existing, the laws of gravity. If the feet depend, there will be effusion into their cellular tissues, and no harm done; if the head depends, you have effusion upon the brain; and, in this condition,

Not all the king's horses, nor all the king's men,  
Can bring your poor patient to life again.

At least so it was with me. *Before* I thought of keeping the head and trunk well up I lost every case of consecutive fever I attended; *afterwards*, not one died in the same stage of the disease.

This position of the patient I have ever since adopted with much advantage in all brain diseases.

Mons. Junod's hemospasic apparatus would prove an invaluable auxiliary, and it certainly is a powerful weapon, well handled, and one with which no medical man should remain unarmed.

Why administer diluents liberally in consecutive fever?

In all inflammatory diseases and fevers, excess of combustion is going on in the system; consequently, the blood becomes partially dessicated and de-oxygenized; and if this process is allowed to go on, the tissues of the body become, to a great extent, carbonized. Therefore, in all these cases, let simple drinks be most abundantly administered. In inflammatory and typhoid complaints the sluices through which flow the currents of life become clogged; let them, therefore, be well flushed, and often.

Will opium, calomel, capsicum, &c., supply the water of the blood drained off by cholera?

Will the same drugs, with saline medicines mixed with *infinitesimal* doses of water, put out the fire of fever? Will they dilute and render harmless acrid secretions from diseased surfaces—prevent their getting into the blood again in a more concentrated form, and their corroding the vessels through which they flow?

It is not because I do not recognise the value of other agents, or that I did not make use of them, I omit their mention, such as external applications, &c. My endeavour

has been to supply, in as little space as possible, an outline of treatment pursued and views adopted by me of cholera, more especially as they are "caviare to the general;" they merit, *therefore*, especial denouncement, as being dangerous and untrue, or some degree of attention and examination and trial, as matters at least worth "looking into."

My Cholera experience in 1849:—

Diarrhoea.	Cholera.	Deaths.
700	200	40

Duration of disease, *three months*.

In labouring to be brief, I may have become obscure. If any remarks I have made are found worth recurring to, and are supposed to require further elucidation, I shall, of course, be glad to furnish it.

## Correspondence.

### POOR LAW MEDICAL RETURNS.

*To the Editor of the "Medical Circular."*

SIR,—I have made up the inclosed return in all respects except the "Amount of Poor's Rate," a very difficult item to obtain; but if you consider it essential, I will endeavour to procure it. You do not say if the poor's rate is for the last year, or an average of any particular years. The average number of patients is for the last *two* years.

I do not know what plan may be in agitation for the benefit of medical officers of unions; but, in my opinion, the greatest boon you could confer upon them, is a *superannuation allowance*. Thus, if a medical man has attended the poor of a union for 10 years, if he choose to give it up, let him have a certain sum (to be agreed upon) per annum for life, such sum to be increased for 15 or 20, or 25 years' service. A portion of the salaries of medical union officers is already paid out of the consolidated fund; they are thus recognized as public officers, and as such ought to enjoy a pension, the same as all other public officers in the army, navy, post-office, police, and government offices. Then look at the very onerous duties imposed upon them under all our sanitary measures; no adequate remuneration is afforded for all these; and it should be recollected that, in order to discharge their duties efficiently, they are very liable to offend some of their best private patients, particularly in the country. I have thrown out these hints for your consideration, and am,

Sir,

Your most obedient servant,

W. KENT.

Walsham-le-Willows, Suffolk, Nov. 22, 1853.

[We should prefer to be supplied with the amount of poor's rate on an average of three years. The remarks of our correspondent relative to a SUPERANNUATION FUND are most admirable, and are in entire accordance with our views. A SUPERANNUATION FUND will undoubtedly form a part of our scheme.—ED. MED. CIR.]

## Medical Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

FORBES WINSLOW, M.D., D.C.L., President.

Saturday, November 19, 1853.

Dr. Crisp brought before the notice of the Society the following case of

ARREST OF DEVELOPMENT IN THE FÆTUS, supposed to have been produced by mental impression upon the mother:—Mrs. A— brought her infant, aged eleven months, to the Metropolitan Dispensary, on Tuesday last, Nov. 15th. On investigating the child's symptoms, the mother stated "that the infant had only one leg; on examination, Dr. Crisp found the right leg nearly absent,



there being only about an inch below the knee-joint, and to this was attached a small, round, integumentary appendage. The mother says that her first child, now nine years of age, has a very large, long head, she at the commencement of her pregnancy having been frightened by a horse. During the early months of her last pregnancy, she saw a crowd of persons in the street, and not believing herself to be in the family way, she pushed through the crowd, and was horrified at the sight of a sailor without leg or legs. Her impression was, when she found that she was with child, that the fœtus would be deformed, but she never anticipated that it would be born with one leg." Dr. Crisp remarked that he had always been a disbeliever in the effect of mental impressions of the mother upon the embryo, as no nervous communication existed between the uterus and placenta; but the instance in question somewhat startled him, and although the occurrence of the deformity might have been merely a coincidence, he thought the case was worthy of record, as it was only by the accumulation of such examples that the question could be ultimately settled.

Mr. Hunt inquired the condition of the funis in this case. He recollected an instance somewhat like it which occurred in his practice some years since. In this case the arm, instead of the leg, was the seat of the arrest of development. The funis was found longer than usual, and tied in a knot round the arm at the point of malformation. The knot had interfered with the circulation, and arrested the development of the limb. There was no good proof in this case that the mother had been affected with any peculiar impression to cause the deformity.

Dr. Winslow referred to the effects of mental emotion in the production of idiots, &c. in the first French revolution. Whatever might be the explanation, the imagination of the mother certainly did appear to influence the fœtus in utero.

Dr. Chowne referred to a preparation in Guy's Hospital of a fœtus marked very like a clown. The mother had, in the early months of pregnancy, been very much amused at the theatre by a clown, and the marks were supposed to be the result. There was no doubt, however, that the marks were the result of disease of the skin, a similar case having come under his own observation.

#### EXCISION OF THE KNEE-JOINT.

Mr. Smith introduced for the inspection of the fellows of the Society two persons on whom this operation of excision of the knee-joint had been successfully performed by Mr. Jones, of Jersey, who was present at the meeting, and who had been induced at his request to allow them to be brought here. All those present must be aware that much discussion had been carried on respecting this operation, and that a great deal of opposition to it had arisen in certain quarters, and unfortunately we had not yet had sufficient experience in London to lead us to form a definite conclusion respecting the merits of the proceedings in question. In other parts of Great Britain, however, it had been adopted with great success, and especially in Jersey, by Mr. Jones, who had had six cases, five out of which were now quite well. Two of these patients were now presented. One of them, a young man of twenty, walked up the room without any artificial appliance whatever, and was able to use his limb very extensively, it being perfectly straight, and only half an inch shorter than its fellow, so that it was not necessary for him to wear a high-heeled boot. The knee is ankylosed, there being hardly any movement. The man is in perfect health, and stated that he had walked as far as six miles together, and is now enabled to carry on his occupation, which is that of a house-painter. The other was a boy, aged twelve, on whom the operation of excision had been performed seven months only. The limb was quite straight, as in the other, and there was perfect bony ankylosis at the knee. In this instance, however, the patella had been left, so that the boy had full power of lifting the limb, inas-

much as the attachment of the great extensor tendon was left. It was noticed that this little boy walked up the room with the aid of two sticks. This was explained by the existence of a circumstance which rendered the case very interesting. This was a dislocation of the hip of the opposite side, which had occurred spontaneously from disease some few weeks after the operation. Fortunately, however, the disease in the hip had become arrested, and the patient, although he ordinarily used two sticks, was enabled to walk, resting upon the arm of another person. He was daily getting strength, and doubtless in time would be able to progress with facility. If, however, amputation of the thigh had been done, and he used a wooden leg, the dislocation of the hip on the other side would have prevented progression, the superiority, therefore, of excision of the knee-joint was doubly shown in this example.

Mr. Jones had operated in six cases; in five of these the operation was successful. The sixth would have been equally satisfactory, but the patient, a lady, died ten days after the operation, of dysentery, which was then prevalent. One of the patients he had operated upon could run well up a ladder, and another play at foot-ball. He had brought the two patients just exhibited up to London to seek the opinion of the more experienced surgeons here, with a view to determine whether the operation were a legitimate one, or should be abandoned.

The President congratulated Mr. Jones, and tendered to him the thanks of the Society.

Mr. B. W. Richardson read a paper on

#### THE FIBRINOUS CONSTITUENT OF THE BLOOD IN RELATION TO DISEASE.

He restated the leading points of his previous communications on this subject—viz., 1st. That, under certain conditions of the system, fibrin may separate from the other blood constituents, form into cylinders and masses in the circulating machinery, and thus cause general or local death. 2ndly. That these fibrinous deposits form, under some general conditions of the system—from actual increase of fibrin, the result of super-oxidation of the blood and increased animal combustion, from relative increase of fibrin, or from mere languid motion of the blood itself. 3rdly. That the process called inflammation is a general systemic derangement, a super-oxygenation and combustion of the body; that the excess of fibrin in inflammation is a necessary consequence of this increased action; that the formation of fibrinous deposits is secondary to the increase of fibrin; and that in most cases of simple acute inflammation, which terminate at an early stage by what is called "the sinking state," the mere formation of a fibrinous deposit in the heart, is the chief, and, as a general rule, the only cause of the sinking symptoms. The author then described briefly the kinds of cases in which concretions are met with. He detailed several cases from his own practice, in which the sinking symptoms were obviously connected with fibrinous deposits in the right auricle. If ever, in the course of an acute inflammatory attack, a patient suddenly becomes pale and restless, with intermitting pulse, cold skin, and tumultuous heart, the inference might be drawn with almost absolute certainty, that a concretion was forming on the right side of the heart, and most probably in the auricle. In other cases, the symptoms were less well-marked, the local inflammatory manifestation having been located in some organ, the functions of which were not absolutely necessary to life, as the spleen; or the concretion having formed in such a manner as to obstruct the circulation of the blood only in a small degree. Some instances of this kind were related. In one, the concretion which had formed in the auricle was small, and œdema of the whole body followed from the obstruction produced, as from valvular disease. In another case which had been recently inspected, there had been signs of concretion in the right auricle, and general congestion of the



abdominal organs and suppressed urine, but no œdema. In this case, the concretion was placed *in auricula*, and did not immediately obstruct the circulation, as could be seen by looking at the specimen of the heart which was here presented before the Society, but it filled up sufficient of the cavity to cause its over-distension, and so induced slow death. In a third case, the spleen was the organ in which the local inflammatory mischief had occurred, and the splenic disease had never been diagnosed. The patient sank rapidly, with signs of congestion of the lungs and exhaustion—syncopal asphyxia. The concretion had formed in the pulmonary artery. At this point, the author took occasion to explain his views as to the way in which fibrinous concretions are formed. When they occur in the auricles, and are attached to the auricular wall, they are formed by the blood washing over the part—are churned out of the blood; but when they occur in the large vessels running from the heart, they are always cylinders, and not mere clots. They are first laid down upon the inner surface of the tube; but as they soon become in this way an obstruction to the blood, they are dislodged from their attachment, they contract upon the current of blood that was passing through them, and now become plugs or cords, and the blood endeavours to rush past them—that is, between them and the surface of the vessel. Hence, in these cases, the concretion is often found surrounded by a layer of clotted blood, and always containing in its centre a vein of clotted blood, Dr. E. Smith had recorded lately an excellent illustration of this kind. In cases of bronchitis, the fibrinous deposition in the heart is sometimes arrested by a free secretion on the bronchial surface. By this, the atmosphere is cut off in a great degree from the blood, oxidation is checked, and the fibrinous deposition is rendered abortive. After some remarks on the formation of concretions when inflammation is not present, and on deposits in the arteries at a distance from the heart, and on the unfavourable prognosis in cases in which concretion in the heart is known to be present, the author referred to the important subject of “treatment.” The great endeavour of the practitioner ought, of course, to be to check the formation of concretion. He defended bloodletting, mercury, and salines in acute inflammation. In cases, however, where concretion had formed, all thought of depression must be at an end, and be superseded by careful and continued stimulation. It would, perhaps, never be possible to dissolve concretions situated in the heart. In conclusion, the author said, that if the diagnostic signs of concretion which he had described were correct, they would, at least, teach negative practice, inasmuch as the practitioner who might recognise certain effects as resulting from concretion, would know how to meet them. He would not treat restlessness with opium, purging with astringents, or congestion of the lungs and convulsions with bloodletting. Above all, he would not perform the operation of tracheotomy in croup, in cases where death was taking place from syncope, the result of concretion in the heart, and not from asphyxia, the result of obstruction in the wind-pipe.

The cause of the fibrinous concretions was the chief point of discussion, in which Dr. Camps, Mr. Lee, Dr. Crisp, Dr. Routh, and Dr. Snow joined.

## THE CHOLERA.

### METROPOLIS.

#### CHOLERA AND THE LONDON WATER SUPPLY.

The Registrar-General, in a Supplement to his Weekly Return of Mortality, says, as the result of investigation in 1849, “The mortality from Cholera was lowest in districts which have their water chiefly from the Thames, so high as Hammersmith and Kew. The mortality was greatest in districts which derive their water from the Thames so low as Battersea and Hungerford Bridge. The districts

of the New River occupy an intermediate station. In 6 districts supplied from Kew and Hammersmith 15 in 10,000 inhabitants died, and the mortality ranged from 8 to 33. In 20 districts supplied from the Amwell, the Lea, the Ravensbourne, 48 in 10,000 inhabitants died of cholera, and the mortality ranged from 19 to 96. In the 12 districts supplied from the most impure part of the river between Battersea and Waterloo Bridge 123 in 10,000 died, and the mortality ranged from 28 to 205. Elevation or depression of site co-operated with the quality of water to produce these relative results; the mortality of the third group of districts was three times as great as in the second, though the density of population in the third (73 persons to an acre) was little more than half of what it was in the second.”

In consideration of the importance of the subject, the Registrar-General in October this year, addressed a letter to several of the Water Companies supplying the Metropolis, to ascertain how far, in respect of water, the position of the Metropolis has been improved since 1849. He publishes a table of the results and remarks. “It is believed that, through nearly the whole of this Table, the impurity of the waters with which the inhabitants of the several districts are supplied is in nearly a direct proportion to the mortality from cholera.”

The water at St. Thomas’s Hospital is thus described by the Professor of Chemistry:—

“The water, as delivered at the pipe in the Laboratory of St. Thomas’s Hospital, on the 11th November, was quite turbid, as it usually is, and contained diffused through it 1·16 grains of vegetable matter, dried at a steam heat, consisting principally of silica, the chief constituent of the shields of the lower class of plants. But, as in its moist state, it contained at least two-thirds of its weight of water, we cannot estimate the filth in the water which could be removed by filtration at less than 34½ grains per gallon.”

It is satisfactory to perceive that the mortality from cholera was not so great as in the four previous weeks, the number of deaths having fallen to 72, while that from diarrhoea was only 36. In the three weeks of November cholera carried off 102, 98, and 72 persons. The mean weekly temperature, which rose so high as 55·5° in the last week of October, declined in the two subsequent weeks to 48·9° and 46·7°, and last week fell so low as 38·5°. Of last week’s deaths from cholera, 5 occurred in the West Districts, 11 in the North, 3 in the Central, 20 in the East, and 33 in the Districts on the South side of the River.

#### CHOLERA ABROAD.

By accounts from Berlin to the 17th October, we learn, that since the commencement of the epidemic there have been 1285 cases of cholera in that city, of which 832 died, 322 recovered, and 131 remained under treatment.

At Stettin, to the 14th October, the number of cases has been 1009, and of deaths 232.

At Gottenburg the cases were 956; deaths 533.

At Christiana the deaths had amounted to 1600.

At Königsberg the attacks were 213; deaths, 111.

At Stockholm, to the 30th September, the attacks had amounted to 4143; the deaths to 2477.

At Christiana, to the 30th September, the attacks had been 2318, the deaths 1506.

At Helsingfors, in Russia, the attacks had been 1328, the deaths 1607.

At Norköping, to the 24th September, there were 2118 attacks, 675 deaths.

At Copenhagen the attacks have been 7515; the deaths 4074; and it is stated that these numbers are considerably under the truth.

At St. Petersburg the attacks have amounted to 13,121; the deaths to 5351.

LINCOLN DISPENSARY.—A ball took place on the 3rd inst. in aid of this charity, when the receipts amounted to 987. 16s.



## Obituary.

Nov. 12.—JOSEPH WILLIAM SINGLETON, Esq., Surgeon, at his residence, Hill-top-house, Leicester, deeply lamented by his family and a large circle of friends.

Nov. 14.—HENRY WILLIAM BULL, Esq., Surgeon, Royal Navy, at his residence, Walworth, after having suffered from paralysis during the long period of fourteen years.

Nov. 22.—RICHARD FRITH, M.D., late of the Bombay Medical Establishment, at Counter-hill Villa, Lewisham-Road, in the 54th year of his age.

Lately.—M. D. CAMPBELL, Esq., assistant-surgeon to the Second European Light Infantry, and in medical charge of the Seventh Regiment, N.I., at Hally. Mr. Campbell died of cholera, while on his way from Jaulneh to Secunderabad.

Lately.—G. D. GORDON, M.D. assistant-surgeon, at Madras.

Lately.—JOHN THOMAS KEOGH, medical student, at Dublin, aged 20.

## Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma were admitted members of the College at the meeting of the Court of Examiners on the 18th inst:—John Birch, Manchester; Frederick Bromley, Bath; Frederick Edgar Coekell, Queen's-road, Dalston; Edward George, Calcutta; Robert Harmer, Wells, Norfolk; John Bishop King, Brighton; Walter Leach, Martock, Somersetshire; Edward Long, Berkeley, Gloucestershire; John Minnie, Plymouth; Edward Hemings Snoad, Ashford, Kent; John Charles White, Storey's-gate, Westminster.

At the same meeting of the Court, Mr. WILLIAM PATRICK passed his examination for Naval Surgeon. This gentlemen's diploma, from the Royal College of Surgeons, of Edinburgh, is dated December, 1846.

APOTHECARIES' HALL.—The names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, Nov. 17, 1853:—John Baines, Exeter; Edward Charles Buckoll, Nottingham; Henry Hodgson Ogle Hay, Sunderland; William Henry Makin, Lancaster; Edmund Marshman Russel Rendle, Plymouth; Arthur Salter, Exeter; William Robert Woodman, Exeter.

APOTHECARIES' COMPANY.—John Parret, Esq., Master, N. B. Ward, R. C. Griffith, Esp., Wardens of the Apothecaries' Company, by R. B. Upton, Esq., clerk, had a conference with the General Board of Health, November, 16, at their office Whitehall.

MEDICAL BENEVOLENT COLLEGE.—On Sunday last, the claims of this national Institution were very ably advocated by the Rev. W. Harrison, M.A., who preached a most eloquent and impressive sermon to a crowded congregation, among whom we noticed Her Royal Highness the Duchess of Cambridge and the Princess Mary. The powerful appeal of the reverend gentlemen was liberally responded to. We have pleasure in stating, that other clergymen have kindly promised to preach in aid of the funds of this much needed Institution. Agreeably with the laws of the College, Mr. Harrison and Mr. Hamilton, in whose church the sermon was preached, will be constituted Honorary Life Governors.

CHOLERA SIMULATED IN SHEEP.—The sheep in the neighbourhood of Cheveley have been attacked by a disease resembling cholera, and a great number have died.—*Cambridge Chronicle*.

INSOLVENCY AS AFFECTING MEDICAL DIPLOMAS.—In a case which came before the Court of Queen's Bench upon demurrer, the question raised was, whether a surgeon had become insolvent was bound to deliver upon his diploma to his assignees. The Court held that "the plaintiff's diploma did not pass to the assignees. The document was necessary

to prove the person's indentity and his title to practise. When he began life again, it would be necessary for him personally to have his diploma, in order to show that he was what he pretended to be."

SINGULAR SUICIDE BY SMALL-POX.—The "Western Times" records the death of a small farmer, named Mason, 60 years of age, at Ravenstondale, Waterford, of small-pox, under the following singular circumstances. He obtained the virus of the disease from a man suffering from it, and inserted it in his hand. He slept in a bed previously occupied by a small-pox case of the worst form of the disease; and when taken ill would not adopt any measures for a cure, nor take any medicine whatever. He ought to have been treated as a suicidal monomaniac.

COURT OF BANKRUPTCY.—IN RE CHIVERS.—A DOCTOR'S BILL.—There was a dividend meeting in the case of Thomas Chivers, of the Globe tavern, Finsbury-pavement.—Mr. Murrough tendered a proof for £194, on behalf of Mr. William Parkes, surgeon, of Great Marlborough-street.—Mr. Reed, for the assignees, opposed the proof, on the ground that Mr. Parkes had not only charged for his medicines, but also for visits. He submitted that the gentleman could not charge for both, but must make his election whether to charge for medicines or attendance.—Mr. Murrough said nothing could be clearer than that a gentleman who was both a licentiate of the Apothecaries' Company and a member of the College of Surgeons was entitled to charge for both medicines and attendance. In support of this view he cited a case in 4 Carrington and Payne, 110; and "Smith v. Chambers," 2 Phillips's Chancery Rep., 221. This was now an established point both at law and equity, and the surgeons at the west-end were uniformly in the habit of charging both for medicines and attendance.—Mr. Reed contended that, at any rate, if the medicines were charged for, it should only be according to apothecaries' charges.—His Honour thought it was very much a matter of contract. If the party had gone on paying the surgeon's bills made out on this principle, he must be taken to have consented to it.—Mr. Parkes, being examined, deposed that he had received no payment from the bankrupt since 1846; there had been running accounts between them. The medicines were for Mr. and Mrs. Chivers and the two children. Mrs. Chivers had been ill for years, and was so now.—Mr. Reed said it was remarkable that the bill contained charges for daily attendances down to the very day of the bankruptcy. A creditor now in court said that he had been at the house nearly every day, and never saw the doctor there.—His Honour said the demand was a stale one, and ought to have been brought forward earlier. If creditors allowed doubtful claims of this kind to lie over, they must take the consequences.—Mr. Murrough denied that it was a doubtful claim. His client was ready to swear to it. It had been preferred at a former meeting, but stood over.—His honour ultimately admitted the proof, subject to the set-off, which reduced it to about £80.—\*.\* Such a question ought not to have arisen. It has long been decided, in the superior courts that a qualified practitioner may make reasonable charges for attendance, in addition to medicine,

MEDICAL WITNESSES.—In a case at Bow-street Police Office, Mr. Jardine took the opportunity of informing medical witnesses, that the impression prevailing among some Surgeons that they could not get their expences allowed unless they were subpoenaed as witnesses, was quite erroneous. No doubt, if a medical gentleman, or any other person, volunteered his evidence at the Old Bailey, without having had it included in the depositions taken before a magistrate, he could not claim compensation for his services; but in all cases where the attendance of a Surgeon was requested by a magistrate, the usual sum was allowed as a matter of course. It was important that a right understanding should exist upon this point, for the greatest inconvenience might be occasioned by the refusal of a gentleman to attend upon such erroneous grounds.



## Notices to Correspondents.

**NOTICE.**—In order to facilitate the transaction of the rapidly-increasing business of the "Medical Circular," and to meet the wishes of those gentlemen desirous of a personal interview, the EDITOR has arranged to attend at the OFFICE, 128, STRAND, every WEDNESDAY, between the hours of Twelve and Two, p.m.

The "Medical Circular" may be procured by an order on any Newsvendor or Bookseller; or it will be sent direct by post from the Office, to subscribers for one year, on receipt of Sixteen shillings; half-yearly subscription, 8s.; quarterly, 4s. Cases for containing the numbers, bound in cloth, 1s. 6d., or by post, 2s. Post-office Orders to be drawn in favour of Thomas Rolfe, Post-office, Charing-cross.

**H. H.**—Not "absolutely necessary," but an examination in Gregory or Celsus will be enforced prior to a qualification for practice being granted. For more specific information consult the Directory, or write to the Secretary of the Board of Examiners.

**Mr. HANRAHAN (Castletown).**—The subject of your communication shall have our consideration.

**A SUBSCRIBER.**—Yes. A Licentiate of the Hall can claim for payment in surgical cases as for work and labour done.

**MEDICUS.**—The publication of the inquiry you suggest would be a breach of the rule we have laid down for our guidance. The Doctor will have enough to answer if he reply to all the questions we may feel it our duty to put to him between this time and the next anniversary meeting of the Association.

*To the Editor of the "Medical Circular."*

**SIR.**—I perceive that Dr. Cormack has had a fling at you in the "Association Journal," and he throws out imputations in the course of his article which can originate in paltry spite and malice alone. It is evident that he has not forgotten the memoir of him which you wrote, and means to have a woman's revenge. He says that many of the most eminent members of the profession are afraid of you; for my part, if this be true, I take it to be a compliment. It is evident, at any rate, that Dr. Cormack himself is afraid of you, and is sorely grieved by the few stripes you have already laid on. Hitherto he has cried like Macbeth, "I will not fight thee." Now that he has ventured to strike, I say, "Lay on Macduff, and c—d be he who first cries hold, enough!" Ask him how many new subscribers the translation of his Journal to London has added to his subscription list? *Hinc ille lachrymæ.*

I am, sir, &c.,

A LOOKER-ON.

**ADVICE GRATIS.**—Communication received. We will endeavour to find room for it on an early occasion.

**S. R.**—The office of the Registrar-General is in Somerset-house; that of the Board of Health in Whitehall.

**GALEN.**—The drug referred to has been employed internally in France, but it enjoys no peculiar efficacy. If you will make a few trials with it, however, we shall be happy to publish the results.

**M.D. (Cheltenham).**—1st, We refer you to the Secretary of the Sydenham Society. 2nd, Yes. 3rd, Yes.

**Mr. WEBB.**—Your note has come to hand.

**SENEX.**—Dr. Stevens is in London, and, we are happy to say, enjoys vigorous health.

*To the Editor of the "Medical Circular."*

**SIR,**—I have to thank Dr. Webster for his prompt and satisfactory reply to my question regarding the statistics of Lunacy in Ireland. I am aware of the "curious fact" that clergymen, and others of decided and peculiar religious tendencies, are, by no means, a minimum class in the account.—Your obedient servant,

BETA.

November 21, 1853.

*To the Editor of the "Medical Circular."*

**SIR,**—In your "Medical Circular" for Nov. 9th, I observe a case which came before the Alnwick County Court, in some points much like one that occurred to myself and others last month, at the Bridlington County Court, Oct. 18, 1853; and as such cases are by far too frequent along the coast, I thought it desirable to give it as much publicity as possible, and to have the captain and ship-owner's names inserted, as was done by the reporter in Court. It has been in most of the local newspapers, and the scrap, with the particulars of which I enclose to you to make what use you please of it, was cut out of the "Hull Advertiser" for Nov. 11. It has also appeared in the "Shipping Gazette" for Nov. 14, 1853. The only alteration I should make would be to state, that the

patient, John Oak, was placed under my care on the 1st of June, by the Captain, Edward Secker, and that he died on the 8th, as there stated, which will show more clearly the reasonableness of the charges made to Williams. The poor fellow required the attention of a nurse day and night, as he was in a state of delirium and insensibility when landed, and continued so until his death. Myself and assistant were in attendance upon him the whole of three nights during the eight days that he lived; and, to show you the reasonableness of the charges, they are as follows:—The innkeeper and nurse, £2 8s.; the undertaker for his duties and paying the burial fees, &c., £2 15s.; and my own account was £2; £7 3s. in all, as you see in the scrap, and for which account Williams was sued. To prove to you the hardship of our case, and to show that, as justice, humanity, and precedent were on our side, we pursued him on principle entirely, it has cost us £6 1s. 6d., and I should think it will have cost Williams, at least, £30; so that, in future, I shall make the captains of the ships pay a deposit, on leaving a seaman under my care, for medical or surgical treatment, and also sign an agreement on behalf of his owners. This hint may be useful to the profession who reside on the sea-coast like myself, to prevent attempts at imposition in future.—I am, Sir, your obedient servant,

THOMAS F. PEIRSON, M.D.

Burlington Quay, Nov. 22nd, 1853.

**"IMPORTANT TO SHIP-OWNERS.**—At the last Bridlington County Court an important case came on for hearing, relative to the liability or non-liability of owners of ships to pay for the maintenance and medical and surgical aid afforded to seamen, who, from accident or sickness, are obliged to be put on shore. The particulars of the case above alluded to are as follow:—One John Oak, a poor, half-clad, and nearly starved seaman, aged about 19, who had shipped in London for a voyage to the north, on board the brig *Aboena*, of London, when the vessel was detained off Bridlington by adverse winds, was seized with fever and dysentery, in consequence of which he was landed at the Quay, in such a state of prostration, that the crew said they were afraid he would have died before they could get him on shore, as he had been confined to his bed for the five days previously. The master of the brig, Edward Secker, procured a lodging for the man at Mr. Peter Bell's, the Sheffield Arms Inn, undertaking that his owner, Mr. Williams, of 28, St. Mary-at-Hill, London, would defray all expenses. Here the poor fellow received every humane attention from the landlord, and was placed under the best medical care by orders of Secker, and before he left to join his vessel the medical man took charge of him; but, unfortunately, Oak was too far gone when landed for his services to be of the slightest avail, except to relieve his severe sufferings, and he died on the 8th of June. The landlord had him respectfully interred in Bridlington churchyard, paying all expenses (amounting to £7 3s., including medical attendance), for which the owner, Mr. Williams, was, of course, applied to, but he very coolly returned the bills by the next post, saying he had nothing to do with them! An action, therefore, was commenced against him in the County Court, which he defended by attorney; but, failing to appear to the summons, he (Mr. W.) was fined £10 for contempt. On the following court day, his solicitor acknowledged the ownership of the vessel (which he would not do previously, even when asked the question by the Judge), and then consented to a verdict against his client for debt and costs. Surely the owner and master cannot be considered as British seamen, their conduct in this instance being quite at variance with that of all others under similar circumstances, who have, invariably and honourably, discharged all liabilities of this nature for their poor seamen. It frequently happens that men are shipped in a most wretched condition, and if they fall sick, is it to be supposed that any parties will take them into their houses, if owners can repudiate payment for the absolute necessities and medical and surgical aid provided for them? It is hoped that the publicity given to this case will induce owners to give such orders to their ship-masters as shall ensure to the seamen a temporary home on shore during sickness, and a decent burial in case of death."

**ERRATA** in the Biographical Sketch of Dr. Borrett:—Line 7, for James, read "Turner;" line 10, for Willy, read "Wilby;" line 13, for Mrs., read "Mr.;" line 27, for Thomason, read "Thomson;" line 55, after gall, insert "stone." Second column, line 22, for Jelloly, read, "Yelloly;" line 24, for Harvich, read "Norwich;" line 25, instead of a full stop, insert a comma, and instead of Having, read "having;" line 28, insert a full stop instead of a comma; and instead of this, read "This;" line 38, for Wm., read "Mr."



## Prize Medal, Great Exhibition,

1851.—The only one granted for CORSETS in the United Kingdom, was awarded by the MEDICAL JURY to MADAME CAPLIN, 58, Berners-street, Oxford-street, for her HYGIENIC CORPIFORM CORSETS, Elastic Bodice, Belts, &c. For a description of the merits of the above, see Dr. Tilt's great work, "Elements of Female Hygiene."

STAYS SUPERSEDED.

## Great Exhibition Elastic Bodice.

—Stiff Stays destroy natural grace, produce deformity, and implant disease. Curvature of the spine, consumption, and a host of evils arise from their use. MARTIN'S ELASTIC BODICE is without whalebone or lacing, at the same time furnishing a sufficient support, and imparting to the figure that natural elegance, which is quite impossible under the pressure which is the great aim, as mischief is the certain end, of all kinds of stays. The time and patience of the wearer are also spared, by a simple fastening in front, to obviate the trouble of lacing. As there are several imitations of these celebrated Bodice, it is necessary to inform the Public that they can be obtained only of the Inventors and Manufacturers, E. AND E. H. MARTIN, 504, New Oxford-street.

A Prospectus, &c., on receipt of a stamp, can be sent by post.

## Rumble's Improved Elastic Bodice,

recommended by eminent Physicians.—This superior and much improved Elastic Bodice can with confidence be offered to ladies, as surpassing any yet made; it fastens easily in front, retains its firmness and elasticity, and by a peculiar system, adopted by Mrs. Rumble, a perfect fit is ensured. To be obtained only of the manufacturer, M. Rumble, 2, Welbeck-street, Cavendish-square, opposite the Savings Bank.

## The Respirator.—The extensive

use of Mr. JEFFREYS'S Respirator by sufferers from irritation in the air passages and lungs, renders it desirable that the attention of the profession should be invited to the different forms of the instrument. These are—for the mouth, THE FIXED ORAL RESPIRATOR, and the HAND ORAL—the latter so convenient in form as to supersede in many cases a necessity for the former. The NASAL for the nostrils, and the ORINASAL to cover both orifices, are instruments used chiefly at night, to promote rest by allaying cough and irritation. The earlier and more steadily the Respirator is employed in the forms needed, the sooner does the patient cease to require it. There can be no greater mistake in therapeutics than to defer the employment from a fear of inducing a dependence on it, the very contrary being true in theory and in all experience. A pamphlet, entitled "Answers to Objections, &c.," and procurable at all the Depots, may be worth the attention of medical men, as containing philosophical replies to mistaken views. West-end Depot, 25, Holles-street, Oxford-street.—S. Griffiths. Wholesale Office, City, 25, Bucklersbury. The leading Chemists and Instrument Makers are Agents for Mr. Jeffreys's Respirators.

## For Varicose Veins & Weakness.—

SURGICAL ELASTIC STOCKINGS, AND KNEE-CAPS on a New Principle, pervious, light in texture, and inexpensive, yielding a permanent, efficient, and unvarying support under any temperature, without the trouble of Lacing and Bandaging: likewise, a Strong, Low-priced Article for Hospitals and the Working Classes: ELASTIC NET CORSETS of the same beautiful fabric, ABDOMINAL SUPPORTING BELTS, for both sexes, those for ladies' use before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instructions for measurement, and prices on application, and the articles sent by post, from the Manufacturers,

POPE and PLANTE, 4, WATERLOO-PLACE, PALL-MALL, LONDON.

The Profession, Trade, and Hospitals supplied.

RUPTURES.—BY ROYAL LETTERS PATENT.

## The Moc-Main Lever Truss is allowed

ed by upwards of 200 Medical Gentlemen to be the most effective invention in the curative treatment of HERNIA. The use of a steel spring, so often hurtful in its effects, is here avoided; a soft bandage being worn round the body, while the requisite resisting power is supplied by the MOC-MAIN PAD and PATENT LEVER, fitting with so much ease and closeness that it cannot be detected, and may be worn during sleep. A descriptive circular may be had, and the Truss (which cannot fail to fit) forwarded by post, on the circumference of the body two inches below the hips being sent to the Manufacturer, Mr. WHITE, 228 Piccadilly, London.

## Elastic Stockings for Va-

RICOSE VEINS, and all cases of Weakness and Swelling of the Legs, Sprains, etc. They are porous, light in texture, and inexpensive, and are drawn on like an ordinary Stocking. Price from 7s. 6d. to 16s.

MANUFACTORY—228 PICCADILLY, LONDON.



## Cook and Williams's Respiratory

Organ, and Chest Protector for Fog, Cold, and Night Air.

"A good and inexpensive substitute for Mr. Jeffery's Respirator. It is either stock or scarf of most ready and convenient adjustment. The one for Ladies is manufactured in fine stuff, of various colours, and forms a neck-tie of elegant appearance; the elastic band which covers the mouth falls into the fold when not required."—MEDICAL TIMES, January 4, 1851. "Cheap, elegant, and effective."—LANCET, November, 30, 1851. Patentees, 10, Princes-street, Hanover-square, and of the Principal Chemists in the United Kingdom.

## American Invention for the Pre-

VENTION of SPINAL CURVATURE, &c.—An apparatus, not intended for the support but prevention of spinal deformity, has recently been invented in America, by means of which the habit of stooping, rounding the shoulders, &c., is immediately corrected, without the wearer feeling the least restraint. It is instantly applied, without any fastenings whatever, can be worn beneath or above the dress; is simple in its form, and in weight only a few ounces. It is especially recommended for young ladies during drawing, music, equestrian exercise, &c., and to adults whilst reading, writing, or following any sedentary pursuit. To be procured only from HENRY BIGG and SON, anatomical machinists, 29, Leicester-square. Price £1 1s. The apparatus is patented in England, France, and America.

## Prize Medal—The only one granted

at the Exhibition of all Nations, 1851, for Spinal Instruments and Gymnastic Apparatus. DR. CAPLIN begs to inform the Profession and the public that, in order to answer the calls he has received for his various Inventions, he has arranged to supply such demands with a variety of Portable Gymnastic Apparatus, Resting and Spinal Chairs, Rocking and Treadle Couches, Arm-Chairs, &c., to be seen and had at Madame Caplin's Establishment, 58, Berners-street, Oxford-street, London; or at Dr. Caplin's Royal Hygienic Gymnasium, Orthopedic and Electro Kinesitherapeutic Institution, Strawberry Hill, Pendleton, Manchester.

BY HER MAJESTY'S ROYAL LETTERS PATENT.

## Dr. Caplin's Ortho-Cervico Spinalis,

or NECK MONITOR, and SPINAL ERECTOR, for the Prevention and Cure of the Poking of the Head and Stooping of the Body. Dr. Caplin's Newly Invented Ortho-Rachidic Couch for the Cure of Lateral Curvature, now exhibited at the Society of Arts, John-street, Adelphi, London. Prospectuses may be had at Madame Caplin's Establishment, 58, Berners-street, Oxford-street, London.

## Dr. Caplin, Inventor of the Alle-

VIATING TREATMENT FOR DEFORMITIES OF THE SPINE, Proprietor and Director.

Deformities are one of those classes of affection which cannot be treated with success at home; the want of proper means, the inaptitude of parents, the neglect and indulgence of patients, destroy on one side what is gained on the other; in which case medical skill is baffled, the patient disappointed, the expense lost, and the public confidence destroyed, whilst the unfortunate sufferer remains, during life, an object of misery and pity.

Dr. Caplin's Establishment offers to the public at large all the advantages resulting from a combination of all means available to promote and effect the cure. To a spacious gymnasium, containing above one hundred different exercises, situated on the most eligible spot, are added the resource of the various means for applying electricity, medical baths, mechanical means, and the practice of Ling's movements. This institution recommends itself to the medical profession and the public at large.

Prospectuses obtained at the Institution, or by letter; also at Madame Caplin's Establishment, 58, Berners-street, Oxford-street, London.

ON DEFORMITIES.

## Dr. Caplin's Lectures, delivered at

the Athenæum and Mechanics' Institution, Manchester, in 1849 and 1850.

Lecture 1st.—Demonstrating the Human Body to be a Living Machine, acted upon by Physical Laws.

Lecture 2nd.—Causes and Different Characters of Deformities.

Lecture 3rd.—A Glance at the Various Kinds of Treatment, and their Irrationality.

Lecture 4th.—Alleviating System: the Author's Mode of Treatment explained.

This Pamphlet will offer the public the means of forming their judgment on a subject generally foreign to the unprofessional, whilst it may prove useful to the Practitioner who has not had the opportunity of devoting time to the study of this branch of the healing art.

May be obtained, Price 1s. 6d., at Madame Caplin's Establishment, 58, Berners-street, Oxford-street, London.

## PREVENTION AND CURE OF DEFORMITIES.

ROYAL HYGIENIC GYMNASIUM, ORTHOPEDIC, ELECTRO KINESITHERAPIC INSTITUTION, STRAWBERRY HILL, PENDLETON, MANCHESTER.



## ADVERTISEMENTS.

# THE BEST FOOD FOR CHILDREN, INVALIDS, AND OTHERS. ROBINSON'S PATENT BARLEY,

For making superior Barley Water in Fifteen Minutes, has not only obtained the patronage of her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light food for Infants, Children, and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

"BARLEY is a very sweet and nutritious grain, and is more readily subjected to vinous fermentations than any other grain; and therefore is the grain from which generally our beers and ales are produced. But there is another preparation from Barley, much more important to the sick man than these, and that is good Barley-water. However humble it may appear, it is one of the most valuable remedies with which the medical man is conversant, and strange to say, few patients to whom it is ordered, know how to prepare this valuable article. *Robinson's Patent Prepared Barley* offers the most ready and expeditious mode of making this preparation, and it will be found much preferable to the thick, disagreeable stuff usually made and denominated Barley-water.

"These drinks are intended to assuage thirst in fevers and inflammatory disorders, for which plenty of mild diluting liquor is one of the principal remedies; and if not suggested by the medical attendant is frequently demanded by honest instinct, in terms too plain to be misunderstood. The stomach sympathises with every fibre of the human frame, and no part of it can be distressed, without, in some degree offending that organ, therefore it is of the utmost importance to soothe it, by rendering everything we offer it as agreeable as the nature of the case will admit.

"The improved Barley-water prepared as directed will be received with pleasure by the most delicate stomach. The Patent Barley may also be cooked in a variety of ways, and is one of the mildest and most nourishing articles of diet."

## ROBINSON'S PATENT GROAT

From another Diet universally esteemed for making a superior Gruel in Fifteen Minutes—light for supper—and alternately with the Patent Barley, is an excellent Food for Children and Invalids, being particularly recommended by the Faculty as the purest and best Preparation of the kind extant, and far preferable to the Embden Groats.

"GROATS.—The nourishing qualities of Oats (from which Groats are made), is in this country so well known as to need but little remark. With respect to Oatmeal, which is so generally used in Scotland, the people of England seem to have fallen into an error respecting its qualities, from its producing in some a sensation of heartburn, or heat at the stomach. The most eminent French Physicians speak of Oatmeal as being of a cooling nature, and consequently prescribe it in fevers; and the inhabitants of the East and West Indies prefer it to Arrowroot, when labouring under inflammatory disorders. Oatmeal in its sound state is entirely without bitterness; but that which is generally sold, from being exposed to the impure air of the town or city, is frequently unsafe to use. Oatmeal-porridge is the best food for children; and, as an old author has justly observed, 'It is the king of spoon-meats, and the queen of soups, and gratifies nature beyond all others.' As Gruel, it forms a useful and mild diluent drink in a great variety of diseases, and in order to secure the purity of this valuable article, and as forming an excellent food for Children, we recommend *Robinson's Patent Groats*, from which pure Gruel may be quickly made, and which, from its peculiar preparation, is deprived of all the objectionable qualities pertaining to Oatmeal."

Prepared only by the Patentees, ROBINSON and BELLVILLE, Purveyors to the Queen, 64, Red Lion Street, Holborn, London.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets of 6d. and 1s., and in Family Canisters at 2s., 5s., and 10s. each.

## To Invalids and those desirous of

**PRESERVING HEALTH.**—The Sanitary Commission instituted by THE LANCET having pronounced the Cocoa purchased at 15, Rathbone-place, Oxford-street, to be "entirely free from deleterious admixture," the attention of the public is directed to EDMONDS and CO'S HOMŒOPATHIC COCOA, at 1s. 6d. per lb. Edmonds and Co., Tea Dealers, &c., 15, Rathbone-place, Oxford-st.

## Spirits of Wine for the Faculty

may always be obtained from us, of extraordinary Strength and Purity, at the lowest remunerative prices, for Cash on delivery, subject to variations in the market.

Our EAU DE VIE is at present 16s. per Imperial Gallon, or, in French bottles, 34s. per Dozen, bottles included.

HENRY BRETT & CO, Old Furnival's Distillery, Holborn.

## Arrowroot, 8d. per lb., in 14lb. Tins,

warranted genuine, imported direct from the West Indies. Finest Brazilian Isinglass, 8s. 6d. per lb. Samples per post on receipt of two stamps. Delivered free to any part of England.—H. WARREN & CO., 302, Regent-street, London.

## Genuine Wines.—Pale or Brown

Sherry, 33s. per dozen. A very superior Amontillado Sherry 42s. per dozen. Old Crusted Port, 34s., 42s., and 48s. Hock, 36s. Moselle, 36s. Claret, 30s. Champagne, in splendid condition, 40s. per dozen. THE FINEST BLACK TEA imported, 4s. per lb.

H. WARREN & CO., Importers of Continental and Colonial Produce, 302, Regent-street (nearly opposite the Polytechnic), London.

## Soyer's Aromatic Mustard.—"M.

Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration."—LANCET.

Sole Agents: Messrs. CROSSE AND BLACKWELL, 21, Soho-square, London.

## Scarlett's Portable Invalid Soup.—

SCARLETT and SON respectfully inform the public that the SOUP made by them expressly for invalids, so strongly recommended by Dr. Marshall Hall and other medical gentlemen, will be found very beneficial. 2s. 6d. per quart, or 1s. per lb.

26, King William-street, London-bridge.

## To all Bad Writers.—Mr. T. H.

CARSTAIRS continues to give LESSONS to Ladies and Gentlemen in his highly-improved METHOD OF WRITING, enabling all those who require it to obtain a command and freedom seldom (if ever) equalled. Prospectuses of terms, &c., may be had at the Establishment, 18, Lombard street, City.

## Advance in the Price of Pale Ale.

—The principal firms of Burton having advanced the prices of East India Pale Ale 6s. per barrel, Messrs. TETLEY and SON think it necessary to inform their friends that they do not intend to alter the price of their Ales on orders registered before Christmas next. The quality and condition shall be such as to maintain the character it has heretofore sustained.

The Brewery, Leeds; City Stores, 26, Crosby-hall Chambers. Oct. 24, 1853.

## THOMAS SALT and Co.

EAST INDIA PALE ALE BREWERS, BURTON-ON-TRENT.

STORES.	
London.....	21, Hungerford-wharf.
Liverpool.....	52, Henry-street.
Manchester.....	37, Brown-street.
Birmingham.....	26½, Bull-street.
Bristol.....	Back Hall, Baldwin-street.
Nottingham.....	14, Milton-street.
Dublin.....	4, Crown-alley.
Edinburgh.....	17, Downie-place.
Dundee.....	13, New Inn Entry, High-street.

## Arnold's Clock Manufactory.—

OFFICE, HALL, SHOP, and PUBLIC DIALS, Three Guineas; to Strike, Half-a-Guinea extra; only best work.—Constantly renewed Stock of elegant Drawing room Clocks, under Glass Shades, from 37s. 6d.—Orders received for the erection of Public Church or Turret Clocks, of any size, in any part of the kingdom.

Public notice is invited to the character of the Stock at this well-known Manufactory. The Wholesale Trade is now declined, to allow of undivided attention to the Retail Friends of the establishment, who will henceforth be supplied at the TRADE PRICES.—careful regard being observed in all transactions to the high and long-maintained reputation of the house.

Best work only—Trade Prices—Delivered free.

ARNOLD, WATCH-MAKER, 59 & 60, RED STREET, HOLBORN, LONDON.



## H. Silverlock's Medical Label Ware-

house, LETTER-PRESSES, COPPER-PLATE, AND LITHOGRAPHIC PRINTING OFFICES, 3, Wardrobe-terrace, Doctor's Commons, London.

The Members of the Medical Profession are respectfully informed that at H. SILVERLOCK'S Establishment they will find every kind of Label they can possibly require; and also, that every description of ENGRAVING, LETTER-PRESS, COPPER-PLATE, and LITHOGRAPHIC PRINTING is executed by competent workmen, and at the lowest charges.

Catalogues of each sort of Labels are published separately, and will be sent per post on application.

## Mayall's Daguerreotype Portrait

GALLERIES, 224, Regent-street, corner of Argyle-place, and 443, West Strand.—Mr. Mayall invites inspection of his newly patented process for producing crayon effects in daguerreotype miniatures, also his extensive collection of original portraits of parliamentary, scientific, literary, and theatrical celebrities. Portraits taken daily in the highest style of art. "Mr. Mayall's crayon pictures are much distinguished for the beauty of their execution, the tint being harmonious and neutral, the various textures of flesh, hair, drapery, &c., discriminated with a painter's taste, and an entire absence of a certain commonness of aspect which has tended hitherto to disparage this art."—Athenæum.

## Jozeau's Copahine-mege, or Sac-

charated CAPSULES, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhœa, Gleet, and Leucorrhœal Discharges, on an average of six days (see "Lancet" of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by G. Jozeau, sole French Chemist, 49, Haymarket, London; and Jozeau, Pharmacien, 161, Rue Montmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with the name of Gabriel Jozeau printed thereon.

## Indian Bael.—"As to the Bael Fruit,"

says a professional friend in Calcutta, "I consider it the most certain remedy we possess for Dysentery and Diarrhœa. I have frequently seen it arrest the progress of these diseases in twenty-four hours, after all other medical treatment had failed.—See "Practical Observations," by J. R. Martin, Esq. F.R.S., "Lancet," July 16.

The Bael is imported and sold Wholesale, both in the ripe and unripe state, and in the form of Concentrated Decoction, by M. POUND, Chemist, 198, Oxford-street.

## Davenport's Syrup of the Iodide of

QUININE and IRON.  
FROM DR. GOLDING BIRD.—"48, Russell-square.—I have now for some time employed pretty largely the triple Compound of Iodide, Quinine, and Iron, prepared by Mr. John T. Davenport, in the form of Syrup. I do not hesitate to express my opinion of its great value as a therapeutic agent. It has appeared to me, that the Quinine assisted the assimilation of the Iron, and I have found it to be of very great value in cases in which the Iodide of Iron is recognised. This triple Compound possesses many advantages over the simple Iodide, and not the least of them is, the satisfactory manner in which it is tolerated by the stomach, especially if administered (as all preparations of Iron ought to be) immediately after a meal.—"GOLDING BIRD, A.M., M.D., F.R.S., Fellow of the Royal College of Physicians, Physician and Professor of Materia Medica at Guy's."

FROM DR. GEO. P. MAY.—"Having for some time past extensively used the ternary compound of Quinine, Iodide, and Iron, prepared by Mr. J. T. Davenport, I can with confidence testify to its marked efficacy in cases of Struma and Anæmia, and, indeed, in all instances in which the exhibition of Iron and its compounds is indicated. This preparation appears to combine all the therapeutic powers of its constituents without their nauseous qualities, which renders it an admirable medicine in the treatment of some of the disorders of childhood.—GEO. P. MAY, M.D.—Maldon."

SYRUP OF THE IODIDE OF ZINC, as prepared for Dr. Barlow, of Guy's Hospital.

TARAXACUM (Davenport's) LIQUOR, or FLUID EXTRACT, Prepared by Spontaneous Inspissation, possesses every characteristic of the fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm. 6s. per lb.

CITRATE OF QUININE AND IRON. 25 per Cent. Quinine, 4s. 6d. per oz.

SYRUP OF THE IODIDE OF IRON. P. L. 3s. per lb.

BIMECONATE SOLUTION OF OPIUM. Professional testimonials acknowledge this preparation to be the most efficient sedative extant. The unpleasant effects of ordinary opiates are entirely obviated. Dose, fifteen to thirty drops. 8d. per oz.

COTYLEDON UMBILICUS. The Solid and Fluid Extracts, 1s. 3d. and 1s. per oz.; also, the Preserved Juice, 5s. 4d. per lb., as recommended by Mr. Salter, of Poole, in Epilepsy.

J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 33, Great Russell-street, Bloomsbury. A List of Preparations forwarded on application.

## Rymer's Preservative Dentifrice,

and RYMER'S CLEANSING POWDER, for Artificial Teeth, being respectively the most elegant and efficient preparations before the public, are compounded only by Samuel Lee Rymer, Dentist, Croydon, Surrey. Wholesale Agents: Sutton and Co., Bow Church Yard, Dietrichsen and Hannay, 53, and Sanger, 150, Oxford street, London, and sold by most respectable medicine vendors throughout the kingdom. Price 2s. 9d.

## Cod Liver Oil.—His Excellency the

Governor, and her Majesty's Council of Newfoundland having authorised letters patent to CHARLES FOX and CO., granting to them the exclusive right of manufacturing Cod Liver Oil by the process described in the said letters patent, they respectfully intimate to the medical profession and to the pharmaceutical chemists, that several importations of the produce of this season have been already received from Newfoundland, and have passed into the hands of the principal wholesale druggists in the kingdom. CHARLES FOX and CO. have also the satisfaction to state, that the oil of this season is pronounced by the trade to be of the finest quality ever introduced into this country.

Scarborough, 27th Sept., 1853.

## The Most Certain Prevention of

Cholera yet Discovered.—Further Great Reduction in Price.—CREW'S DISINFECTING FLUID is the Best and Cheapest. The improved Chloride of Zinc for the purification of Dwelling Houses, Stables, Dog Kennels, Ships' Holds, Cess-pools, Drains, Water Closets, &c., the Disinfection of Sick Rooms, Clothing, Linen, and for the Prevention of Contagion and Bad Smells.

The extraordinary power of this Disinfecting and purifying Agent is now acknowledged, and its use recommended by the College of Physicians. Unlike the action of many other disinfectants, it destroys all noxious smells, and is itself scentless. The manufacturer, having destroyed a most grossly fostered by the false assumption of the title of a patent, has to warn the public against all spurious imitations. Each Bottle of Crew's Disinfecting Fluid contains a densely concentrated solution of Chloride of Zinc, which may be diluted for use with 200 times its bulk of water. Vide instructions accompanying each bottle. Sold by all Chemists and Shipping Agents in the United Kingdom. Imperial quarts at 2s.; pints at 1s.; half pints, 6d.; larger vessels at 5s. per gallon. Manufactured at H. G. GRAY'S, Commercial Wharf, Mile End, London.

## W. Twinberrow begs to draw the

attention of the Medical Profession to his

### EXTRACT OF INDIAN HEMP,

Prepared expressly for him at Calcutta, its peculiarly sedative properties being so beneficial where opiates are inadmissible; also to his

### MEDICINAL EXTRACTS.

Prepared from the fresh plants (Hyoscyamus Niger, Conium Maculatum, Atropo, Belladonna, Cotyledon Umbilicus, &c.), also to his Liq. Taraxaci, Liq. Galli Aparinis (a valuable alternative), Liq. Parietare (diuretic), and Liq. Belœ (prepared from the Egle Marmelos or Indian Bael), for Dysentery and Diarrhœa.

W. T. has a large supply of INDIAN BAEI, and PURE COD'S LIVER OIL of his own manufacture on hand.

2, Edwards-street, Portman-square.

## Teeth.—By Her Majesty's Royal

Letters Patent.—Newly-invented and Patented application of Chemically prepared White India-rubber in the construction of Artificial Teeth, Gums, and Palates.—MR. EPHRAIM MOSELY, Surgeon-Dentist, 61, Grosvenor-street, Grosvenor-square, sole Inventor and Patentee.—A new original, and invaluable invention, consisting in the adaptation, with the most absolute perfection and success, of CHEMICALLY-PREPARED WHITE INDIA-RUBBER as a lining to the ordinary gold or bone frame. The extraordinary results of this application may be briefly noted in a few of their most prominent features, as the following:—All sharp edges are avoided; no springs, wires, or fastenings are required; a greatly increased freedom of suction is supplied; a natural elasticity, hitherto wholly unattainable, and a fit perfected with the most unerring accuracy, is secured; while, from the softness and flexibility of the agent employed, the greatest support is given to the adjoining teeth when loose, or rendered tender by the absorption of the gums. The acids of the mouth exert no agency on the chemically-prepared white India-rubber, and as it is a non-conductor, fluids of any temperature may with thorough comfort be imbibed and retained in the mouth, all unpleasantness of smell or taste being at the same time wholly provided against by the peculiar nature of its preparation. To be obtained only at 61, Grosvenor-street, London; 22, Gay street, Bath; 24 Graingerstreet, Newcastle-on-Tyne.

## Eastgate House, Lincoln, a Private

Establishment for the Residence of a limited number of Ladies of the Upper and Middle Classes. Conducted by MR. GARDINER HILL, M.R.C.S., Eng., originator of the system of Non-restraint in Lunacy, and Mrs. HILL.—Physician, R. ELMHIRST, Esq., M.D., Cantab.



## ADVERTISEMENTS.

### Partnership in a General Practice

at a beautiful and fashionable Watering Place, within an easy distance from town. WANTED A GENTLEMAN about thirty years of age, M.D., M.R.C.S., and L.A.C., to purchase one-half share in a very superior connexion, realising about £1400 a year. A considerable reduction in the usual terms will be made to one precisely answering the above description, but no one should respond with much less than £1500 at command.

Apply to Messrs. LANE and LARA, 14, John-street, Adelphi.

### Royal College of Physicians, Degree

OF M.D., APOTHECARIES' HALL, &c.—DR. COOKE continues to assist (personally or by correspondence) Gentlemen desirous of Graduating in Medicine or Surgery, or of Matriculating at British or Continental Examining Boards.—For terms, &c., apply to DR. COOKE, East Temple Chambers, 2, Whitefriars-street, Fleet-st.

### Dr. Pereira.—This late Eminent

Physician's opinion of HARDS' FARINACEOUS FOOD for Infants and Invalids:—

"I have carefully examined, and repeatedly prescribed 'Hards' Farinaceous Food' (See Pereira's 'Treatise on Food and Diet,' pp. 369 and 473, &c.), which is prepared from the most nutritious of the cereal grains. It combines both nitrogenised and non-nitrogenised alimentary principles, and forms a very valuable food for children and invalids.

"JOHN PEREIRA, M.D., F.R.S.,

"Assistant-Physician to the London Hospital.

"47, Finsbury-square, July 1, 1843."

Sold by Chemists and Druggists, Patent Medicine Vendors, Tea Dealers, and Italian Warehousemen, in 1s. and 2s. packets, and tin cases, 7s. 6d. each. Observe—all genuine packets and cases are signed "Jas. Hards," and manufactured at the Royal Victoria Mill Dartford, Kent.

### The London Assurance.—Incorporated

by Royal Charter in the Reign of King George the First, A.D., 1720. Offices—7, Royal Exchange, and 7, Pall Mall.

Governor—Edward Burmester, Esq.

Sub-Governor—John Alves Arbuthnot, Esq.

Deputy Governor—Samuel Gregson, Esq., M.P.

Actuary—Peter Hardy, Esq., F.R.S.

This Corporation has effected Assurances for a period exceeding ONE HUNDRED AND THIRTY YEARS, on the MOST FAVOURABLE TERMS.

ALL POLICY STAMPS and the FEES OF THE MEDICAL REFEREES are PAID by the Corporation.

JOHN LAURENCE, Secretary.

### BANKS OF DEPOSIT AND SAVINGS BANKS.

#### INVESTMENT OF CAPITAL.

### NATIONAL ASSURANCE & INVESTMENT ASSOCIATION

TRUSTEES.

The Right Hon. the Earl of Besborough.

The Right Hon. Lord George Paget, M.P.

The Right Hon. Lord Templemore.

The Hon. Henry Fitzroy, M.P.

The Rev. Joseph Prendergast, D.D. (Cantab.), Lewisham.

George Stone, Esq., Lombard-street.

Matthew Hutton Chaytor, Esq., Reigate.

### Persons desirous of investing Money

are requested to examine the Plan of this Association by which a high rate of Interest may be obtained combined with perfect security.

Prospectuses and full information may be had at the Office, or sent post free, on application. PETER MORRISON,

Managing Director

St. Martin's place, Trafalgar-square, London.

### Argyll Baths, 10, Argyll-place,

REGENT-STREET,

AND AT 5, NEW BROAD-STREET, CITY.

TERMS:

WARM BATHS—ONE SHILLING EACH.

Reserved Rooms, including the Ladies' Department, One-and-Six-

pence each; Twenty-one Transferable Tickets, One Guinea.

Vapour, Sulphur, and Harrowgate Baths, 3s. 6d. each—8 for 21s.

Hot Air, Mercurial, and other dry Fumigating Baths, 5s. each—6 for 21s.

Portable Warm Baths sent out within ten miles of London. Single Bath (with hot linen, &c.), within one mile of Argyll-place, 5s. every additional mile, 1s. extra.

An idea may be formed of the capacity of these Establishments when it is stated that upon their erection and completion upwards of £30,000 has been expended, and that at each place one hundred Baths can be given in an hour.

### Medical Agency, 50, Lincoln's-inn-

fields, Conducted by

MR. BOWMER, M.R.C.S.L.

All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.

(OFFICE HOURS, 11 TILL 4.)

ALL POLICIES INDISPUTABLE.

### Sovereign Life Assurance Company.

49, St. James's-street, London.

No Charge for policy stamps.

Sums may be assured payable on attaining the age of 50, 55, or 60, or at death, should that event occur previously.

H. D. DAVENPORT, Secretary.

### Anglo-Australian and Universal

FAMILY LIFE ASSURANCE COMPANY.

Incorporated under Act of Parliament, 7 & 8 Vict., cap. 110.

For granting Infantile, Adult, and Matrimonial Assurances, Annuities, Endowments, Loans and Guarantee; and for the purchase of Reversionary Property, Life Interests, etc., with special application to INFANTS, EMIGRANTS, and GOLD MINERS.

Seventy-five per cent., and eventually One Hundred per cent. of the entire profits divided on a new and most equitable principle among the Members.

CAPITAL FUND £150,000, IN 15,000 SHARES of £10 EACH.

First Call £1 per Share. The Paid-up portion of the Capital, with its accumulations, to bear a Dividend at the Rate of not less than £5, nor more than £10 per cent. per annum, with a Bonus of 25 per cent. of the Profits.

NO COMMISSIONS PAID TO AGENTS OR OTHERS.

NO PREMIUMS FORFEITED THROUGH INABILITY TO CONTINUE THEM.

This Company has not been established as a rival to other Assurance Societies, as there are none at present founded which comprise its peculiar objects. Its design is original.

The operations of the Company will embrace every improvement calculated to be permanently beneficial to its Members, who will be protected from liability and loss by the peculiar features of its constitution.

Particular attention is earnestly requested to the system of granting Annuities and Assurances on Infant Lives, originated by this Company.

The chief objects of the Company are comprised under the following heads, viz.:—1. Infant Assurance; 2. General Assurance; 3. Matrimonial Assurance; 4. Emigration Assurance; 5. Australian Assurance; 6. Gold Mining Assurance; 7. Guarantee Assurance; 8. Universal or Whole World Assurance.

A brief summary of some of the advantages offered is presented below:—

1. ASSURANCES, ENDOWMENTS, and ANNUITIES, specially adapted to educational and other purposes, granted on Infant Lives, from the age of three months to fourteen years. 2. PREMIUMS for all Deferred Assurances, Annuities, and Endowments, Returned in Full on death before the given Age. 3. ALL INFANT ASSURANCES effected under ten years of age carry UNIVERSAL POLICIES. 4. REVERSIONS, LIFE INTERESTS, and POLICIES, purchased at their full value. 5. ASSURANCES and ANNUITIES of every description granted on Adult Lives from fifteen to ninety-five years of age. 6. PROFITS determined and distributed among Policy Holders upon a NEW and MOST EQUITABLE PLAN. 7. ALL POLICIES of this Company rendered safe by a valuable principle of indisputability. 8. LOANS granted upon personal and other security, on an improved system. 9. No charge for Policy Stamps, or Medical Fees. 10. POLICIES granted from £25 to £15,000, and made payable to Registered Holder. 11. INVALID and Diseased Lives Assured upon an equitable principle. 12. AN INVALID FUND, for granting Free Annuities to afflicted Policy Holders. 13. PREMIUMS payable in one or more fixed sums, or by yearly, half-yearly, or quarterly payments. Proposals for Assurance, Prospectuses, and further information, can be had on application to

JOHN NEWTON, Secretary.

\*\*\* Medical men are particularly invited to a consideration of the liberal dealing of this Company towards the profession, and their attention is specially directed to the confidential communication which has been forwarded to them. Full particulars of this Office will be found both in the "Post Magazine Almanack," and the "London and Provincial Medical Directory," for 1854.

LONDON OFFICES—5, CANON-STREET WEST, CITY.

The Publisher of the "MEDICAL CIRCULAR," in answer to several enquiries from the country, begs to state that the following are the terms for inserting Advertisements:—

Four lines and under . . . . .	£0 2 6
Every additional line . . . . .	0 0 6
Whole Column . . . . .	2 15 0
Whole Page . . . . .	5 5 0

London: Printed by WILLIAM TROUNCE, at his Office, No. 9, Cursitor-street, Chancery-lane, in the Parish of St. Andrew, Holborn, in the County of Middlesex; and published by CHARLES JAMES HAARIS, at No. 123, Strand in the City of Westminster.—November 30th, 1853.



THE  
MEDICAL CIRCULAR  
AND  
General Medical Advertiser.

No. 49, NEW SERIES. }  
No. 75. }

WEDNESDAY, DECEMBER 7, 1853.

{THREEPENCE.  
STAMPED, 4d.

TABLE OF CONTENTS.

	Page		Page
Leading Articles:		Hospital Reports ...	436
The Pharmaceutical Society ...	429	Quackery ...	433
On the Use of Chloroform ...	429	Biographical Notices ...	439
Messrs. Pierce and Snow, and the "Medical Circular" ...	430	Correspondence ...	440
Mirror of Periodical Literature ...	430	Medical Societies ...	442
Contents of the Medical Journals ...	433	The Cholera ...	444
Books Received for Review ...	434	Obituary ...	444
Bibliography ...	434	Medical News ...	445
Reviews ...	434	Notices to Correspondents ...	445
Original Communications ...	436		

On the First of January next will be published, most carefully revised, and with many new features, which will add greatly to the utility of the Works,

**THE LONDON AND PROVINCIAL MEDICAL DIRECTORY.** Price to Subscribers, 6s.; Non-Subscribers, 7s. 6d.

**THE MEDICAL DIRECTORY FOR IRELAND.** Price to Subscribers, 4s.; Non-Subscribers, 5s.

**THE MEDICAL DIRECTORY FOR SCOTLAND.** Price to Subscribers, 4s.; Non-Subscribers, 5s.

OBSERVE, that the above are the only Medical Directories, published by Mr. John Churchill, Princes-st., Soho, one of which (the London and Provincial) has been the Index to the Profession for the last eight years, and has received the warmest commendations both from the medical and general press. The utmost pains are taken in the compilation of these works, which are found in all Public Offices, Scientific Institutions, &c., and are constantly referred to in the Courts of Law. Office, 128, Strand, where all communications are to be addressed. C. J. Harris, Secretary.

Recently published, Third Edition, 8vo, price 6s.,

**On Curvatures of the Spine: Their**

Causes and Treatment. By SAMUEL HARE, F.R.C.S., etc.

"The author has had much success in his plan of treatment, and we are of opinion that the principles upon which he acts in the treatment of these affections are correct."—*Lancet*.

"We unhesitatingly commend his work as a truthful and trust-worthy statement of the power of scientific surgery and medicine over some of the most grievous hindrances to human activity and industry."—*London Medical Gazette*.

"Mr. Hare may take credit to himself for having effected much good in the treatment of the cases described."—*Provincial Association Journal*.

By the same Author, 8vo., price 2s.,

On the PHYSICAL EDUCATION of CHILDREN, especially as regards the

**PREVENTION of SPINAL and other DEFORMITIES**

London: J. Churchill, 46, Princes-street, and all Booksellers.

**Argyll Baths, 10, Argyll-place,**

REGENT-STREET,  
AND AT 5, NEW BROAD-STREET, CITY.

TERMS:  
WARM BATHS—ONE SHILLING EACH.

Reserved Rooms, including the Ladies' Department, One-and-Six-pence each; Twenty-one Transferable Tickets, One Guinea.

Vapour, Sulphur, and Harrowgate Baths, 3s. 6d. each—8 for 21s.  
Hot Air, Mercurial, and other dry Fumigating Baths, 5s. each—6 for 21s.

Portable Warm Baths sent out within ten miles of London. Single Bath (with hot linen, &c.), within one mile of Argyll-place, 5s. every additional mile, 1s. extra.

An idea may be formed of the capacity of these Establishments when it is stated that upon their erection and completion upwards of £30,000 has been expended, and that at each place one hundred Baths can be given in an hour.

**To Life Assurers.—A List of all the**

Principal Assurance Offices, their Tables, Names of Secretaries, Medical Officers, and every information required by assurers will be found Indexed and Alphabetically arranged in the LONDON AND PROVINCIAL MEDICAL DIRECTORY, and the MEDICAL DIRECTORIES for Ireland and Scotland for 1854. Office, 128, Strand.

Just published, 8vo, in cloth, price 5s. free by pos 5s.

**On True and False Spermatorrhœa**

With a view to the Correction of wide-spread Errors in relation to the Treatment and Cure of the Impuissant and Sexual Hypochondriacs, in general. Translated from the German of Dr. PICKFORD. Baillière, 219, Regent-street, & 290, Broadway, New York

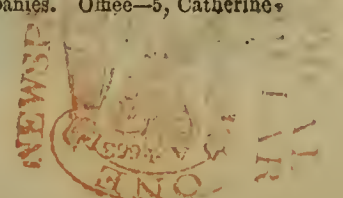
**To all Bad Writers.—Mr. T. H.**

CARSTAIRS continues to give LESSONS to Ladies and Gentlemen in his Improved METHOD OF WRITING, enabling all those who require it to obtain a command and freedom seldom (if ever) equalled. Prospectuses of terms, &c., may be had at the Establishment, 18, Lombard street, City.

TO GENTLEMEN SEEKING APPOINTMENTS.

**The Civil Service Gazette (Weekly**

Family Journal, Price Sixpence) contains each week a List of all Vacancies and Appointments in the Treasury, Post Office, Admiralty, Audit Office, Royal Dockyards, War Office, Home and Colonial Departments, Foreign Office, Customs, Coast Guard, and all other Departments of the State, both in England and the Colonies. The information is official and authentic. The CIVIL SERVICE GAZETTE is also a complete Newspaper, with the usual Parliamentary, Legal, Home and Foreign News, Literary Notices, and Theatrical Critiques. Its Ecclesiastical Intelligence supplies a List of Clerical Vacancies, with the name of the Patron and Value of each Living. It contains the usual Naval and Military Gazettes; and in the General News will be found an account of Vacancies in Railways and Dockyards, and all the great Incorporated Companies. Office—5, Catherine-street, Strand.





## ADVERTISEMENT.

### Advertisements for Insertion in

the "LONDON AND PROVINCIAL MEDICAL DIRECTORY," 1854, must be sent to the Office, 128, Strand, on or before December 10th. As a CAUTION against a spurious imitation of this old established and well recognised work, advertisers are requested to observe the TITLE, namely, the "LONDON AND PROVINCIAL MEDICAL DIRECTORY," published only at 128, Strand, and by John Churchill, Princes street, Soho. N.B.—No Canvasser is employed on this work.—C. J. HARRIS. Secretary.

### The Widows of Medical Men or

Ladies possessing the knowledge of Anatomy and Physiology sufficient to demonstrate the above to her own sex, may meet with a permanent Situation by applying by letter, stating qualifications, which will meet with immediate attention.—Address Mr. HARRIS. 128, STRAND.

### Hats perfectly ventilating, pliant

to the head, many ounces lighter than those in present use, yet equally durable. These Hats, as exhibited by MESSRS. GAIMES, SANDERS, & NICHOLL, at the Great Exhibition, 1851; and which are now so extensively patronised by the nobility and gentry, by the leading members of the legal and medical professions, and by many of the most eminent literary men, can be obtained in London, at 22, BIRCHIN-LANE, CORNHILL, and 111, Strand; or of their agents in most of the principal towns in England, Scotland, and the Colonies. The usual discount allowed to shippers.

### The Prince Leopold Ventilating Hat.

—The Patentee of this Hat—which secures free and full ventilation between the inside and the external air to the extent of 4 inches—solicits the patronage of the Medical Profession, and all scientific men to this real Ventilator. Letters inclosing a remittance of from 15s. to 20s., with length and width of inside, will have a good Ventilating Hat for the value forwarded to their address.—39, MAXWELL-STREET, GLASGOW.—Agents wanted in London.

### Examine your Tailor's Bills, and if

you are dissatisfied with the charges, try one whose business is conducted exclusively for cash, and at prices in accordance, as illustrated by the world-famed SCOTCH TROWERS, at 16s., made by MILES, 62, New Bond-street.

### F. & S. Windsor, Phial and Bottle

Merchants, Dealers in Druggists' Sundries, &c., 37, BARTHOLOMEW-CLOSE, CITY. The cheapest house in London for every description of Medical Glass of the best quality. Samples and prices forwarded free on application.

### H. Silverlock's Medical Label Ware-

house, LETTER-PRESS, COPPER-PLATE, AND LITHOGRAPHIC PRINTING OFFICES, 3, Wardrobe-terrace, Doctor's Commons, London. \*The Members of the Medical Profession are respectfully informed that at H. SILVERLOCK'S Establishment they will find every kind of Label they can possibly require; and also, that every description of ENGRAVING, LETTER-PRESS, COPPER-PLATE, and LITHOGRAPHIC PRINTING is executed by competent workmen, and at the lowest charges.

Catalogues of each sort of Labels are published separately, and will be sent per post on application.

### Glenfield Patent Starch.—Now

used in the Royal Laundry.—The Ladies are respectfully requested to make a trial of the Glenfield Patent Double Refined Powder Starch, which, for Domestic Use, now stands unrivalled. Sold by nearly all the Oil and Colourmen and Chandlers in London and throughout the Kingdom.—Agents wanted; apply to Mr. R. WOTHERSPOON, 40, Dunlop-street, Glasgow. London Depot.—Wotherspoon, Mackay, and Co.

### Arnold's Stamped Gold Chains and

FIRST-CLASS WATCHES, at the wholesale prices from the Manufactory.

Ladies' Chains. . . 3 guineas. | Gold Watches. . . 6 guineas.  
Gentlemen's ditto. . 1½ „ | Silver ditto. . . 3 „  
The Watches are all extra-jewelled, and warranted for one or three years, according to their value.

The great success of the plan of stamping all Gold Chains sold at this Manufactory, now in operation many months, and the consequent increase of business, has led to the discontinuance of the wholesale trade in favour of the public and the extensive retail connection of the house, all customers being served alike at the manufacturing prices.

OFFICE, SHOP, and HALL EIGHT-DAY DIALS, Three Guineas; to Strike, Half-a-Guinea extra; only best work.

All orders in the United Kingdom delivered free.

ARNOLD, 59 & 60, RED LION-STREET, HOLBORN, LONDON

### Society for Relief of Widows and

Orphans of Medical Men in London and its vicinity (founded 1788), 53, BERNERS-STREET, OXFORD-STREET. The Members are reminded that a Quarterly Court of Directors will be held on WEDNESDAY, the 21st of DECEMBER, at which Candidates for admission into the Society can be proposed. It is desirable that the form of proposal be filled up, and forwarded to the Secretary a few days before the meeting. All legally-qualified medical practitioners residing in any part of the county of Middlesex, or within seven miles of the General Post-office, St. Martin's-le-Grand are eligible; and the benefits of the Society are restricted to the families of deceased members of not less than two years' standing.

53, Berners-street,  
Oxford-street.

CHARLES R. WALSH,  
Secretary.

### The Best Fit Wears Best.—So say

HEMMENT and Co., Practical Tailors, 73 Cornhill.

### Hemment's Guinea Trowsers,

FIT WELL,  
WEAR WELL,  
LOOK WELL,

In any Colour. Better value impossible.

Hemment and Co., Trowser Makers, 73, Cornhill.

### Hemment's Winter Over-Coat, that

BRUSHES ITSELF,

is only made by

HEMMENT and Co., Tailors, 73, Cornhill.

### “When the Well is dry we know

the value of Water.”—Solid truth this good old saying. Equally so the maxim, that, in Dress, the Best Fit Wears Best; while, in Cloth, the Best Quality Gives Most Wear. Every well-dressed man is a true Economist. He wears the best fit and the best cloth, which really are the best value. Both are supplied by

HEMMENT and Co., Practical Tailors, 73, Cornhill.

### Hemment & Co., Tailors, 73, Cornhill,

study the peculiarities of Every Gentleman's Figure, and, by satisfying its requirements, invariably produce a garment—whether a Lady's Riding Habit, Double Cloak, &c., or a Gentleman's Coat, Trowsers, Waistcoat, &c.—that is specially suited for the purpose it is intended to serve, Economy and Quality being duly regarded.

### The Warm Coat that Brushes Itself,

is made of  
PURE WOOL,

and is the  
VERY BEST COAT

for

WINTER WEAR,

Only Manufactured by

HEMMENT AND COMPANY,

PRACTICAL TAILORS,

73, CORNHILL, LONDON,

Prices—35s., 45s., 55s., 70s.

N.B.—Freedom from Cold is secured by wearing this Warm  
Woolly Over-Coat

### Medical Men, Managers of Clubs,

INSURANCE and other OFFICES, and the Public generally are respectfully requested, before furnishing, to inspect the extensive and well-selected Stock at RICHARD A. C. LOADER'S CABINET AND UPHOLSTERY WAREHOUSES, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

The Stock comprises every requisite for furnishing, at as low a price as goods of a guaranteed quality can be supplied. Catalogues gratis.

RICHARD A. C. LOADER, 23 and 24, Pavement, Finsbury, and  
6 and 7, Little Moorfields.

### To Medical Gentlemen.—To be

Disposed of, A PRIVATE ESTABLISHMENT FOR THE INSANE in the West of England. It ranks very high in public estimation, having turned out a large per-centage of cures, been conducted on the present enlightened plan of non-restraint, and universally commended by the Commissioners in Lunacy and Visiting Magistrates. It is lucrative, and the interest of the present proprietor (who is retiring from business) can be continued. One-half or more of the purchase-money will be permitted to remain, if desired, on good security.—For further particulars, apply to Messrs. C. and G. GREVILLE, Solicitors, Bristol.

Dec. 3, 1853.



## The Medical Circular.

WEDNESDAY, DECEMBER 7, 1853.

### THE PHARMACEUTICAL SOCIETY.

AN important pamphlet has been lately published by Mr. William Dickinson, one of the Council of the Pharmaceutical Society, in which this gentleman animadverts on certain acts of the Council of the Society, with reference to the admission of a large number of members on conditions inconsistent with the terms of the Act of Parliament. In short, the Council are charged with illegality. It appears that, arrogating to themselves a discretionary power, they have admitted 650 members without examination, and on the payment of a smaller fee than is exacted from members regularly instituted under the terms of the Act.

This proceeding has given great offence to a large number of, as we presume we must call them, the "legitimate members;" and a war is now raging among the Pharmacutists, similar to that carried on between the various classes of members of our own College of Surgeons. It is alleged that the Council of the Pharmaceutical Society have thus been guilty of an undue stretch of the powers vested in them by the Act; and, in their haste to be rich, have unwisely exposed themselves to censure, while they have placed the gentlemen whom they have admitted as members in a false, and possibly injurious, position. Mr. Dickinson, addressing the Council, remarks on this point—

"I ask what reply you could make to an order from the Court of Queen's Bench to show cause why the names of 650 gentlemen, *as persons duly qualified to call themselves Pharmaceutical Chemists*, should not be struck off the register of Pharmaceutical Chemists? To avoid a disgraceful exposure of these gentlemen in their several localities, and actions for damages being brought against yourselves, you would be obliged to present to each of them a diploma or certificate of their having passed an examination (*pro forma*), and to pay the Society £7 7s. out of your own private purses, to make up the full amount of fees due on the registration of each of these gentlemen. And, on the other hand, in what a humiliating position would you be placed were the Registrar to be served with a mandamus, issuing from the Court of Queen's Bench, directing him to put in force the penal clause of the Pharmacy Act against each of the 650 gentlemen who had assumed the title and emblems of a 'Pharmaceutical Chemist' without proper qualifications."

In our column of "News," our readers will observe that an application has been really made to the Court of Queen's Bench for a mandamus, directing the Registrar of the Society to remove the names of these gentlemen from the rolls. Lord Campbell declines to comply literally

with this application, but requires that a complete register of the members and associates of the Society should be made in the terms of the Act. The "terms of the Act" are the subject-matter in dispute; but we apprehend that, after a little more litigation, and expenditure of the Society's funds, the Council will find that they have committed an infringement of the Act of Parliament.

The dissensions and exasperations which these proceedings have excited are deeply to be lamented, as they will probably impair the efficiency of the institution. Mr. Dickinson, who is the Editor of a Chemical Journal, complains that "large sums are paid for the supply of a journal to the members, the private property of one member of the Council, which money, if judiciously managed, would cover the expenses of the publication of the Transactions, which would be the exclusive property of the Society." This charge is indeed irrelevant to the subject which forms the principal topic of this article, but we notice it because it gives us a peep behind the scenes, and shows us the "*fons et origo*" of the present quarrel. We are unable at present to form a decisive opinion on the merits of this question but it is one of great importance to the interests of the Society, and will, we trust, be settled amicably, and without unnecessary litigation.

### ON THE USE OF CHLOROFORM.

We observe in the pages of our contemporary, the "*Gazette Hebdomadaire de Médecine et de Chirurgie*" an analysis of M. Robert's Second Report on Chloroform, presented to the Surgical Society of Paris. The views of this gentleman on the action of chloroform are, in the main, in accordance with a sound induction, but we cannot agree with him in all his conclusions. He considers the three modes in which chloroform may be conceived to affect the system, viz. :—1st, by asphyxia; 2nd, by syncope; 3rd, by sideration. Contrary to M. Maisonneuve, he does not believe that any danger to the patient may be apprehended from *asphyxia*, unless from the employment of imperfect instruments; he considers, however, that a large number of accidents from anæsthetics are due to *syncope*. We may observe that, as syncope is liable to occur during the performance of capital operations, independently of the use of chloroform, some doubts may be conceived as to the cause of the fatal results in any given case; but, as syncope must be regarded as the most frequent mode by which the fatal result after the employment of chloroform is induced, there can be no doubt as to the propriety of withholding it whenever a patient manifests any tendency to a failure of the circulation from loss of blood, alarm, disease of the heart, or any other cause.

*Sideration* is a word employed by M. Robert to denote sudden and mortal paralysis of the heart, in which form



he seems to consider that the peculiar toxic effects of chloroform are principally manifested. We apprehend that this sideration is merely syncope of a grave character, and is not in reality a distinct phenomenon. There is considerable ingenuity of thought, and much clearness of method and expression in the Report by M. Robert, and it is altogether one of the most satisfactory investigations on this important subject we have yet seen.

The object, however, of our noticing M. Robert's labours, is to induce one of our great metropolitan societies to appoint a committee for the purpose of instituting an inquiry into this most interesting and important subject. We have already adverted to this topic at some length; and we hope that, for the honour of British surgery, such an investigation will not be long deferred,

---

MESSRS. PIERCE AND SNOW, AND THE  
"MEDICAL CIRCULAR."

IN the last number of the "Lancet" we observe a letter, signed by two individuals respectively bearing the names of "Pierce" and "Snow," which professes to white-wash the "Lancet," but is in reality intended—if it mean anything—to rebut a statement that we recently made in a leading article, to the effect that an offer of payment had been made to us for the publication of an attack upon Mr. R. G. HILL. Our answer shall appear next week, and will consist of the publication of the letter in which the offer was made.

---

Mirror  
OF  
PERIODICAL LITERATURE.

---

(From the "British and Foreign Medico-Chirurgical Review," Oct., 1853.)

THE INTERNAL SURFACE OF THE UTERUS AFTER DELIVERY.

Dr. Matthews Duncan has published an interesting article on this subject. We quote the more important portions of the article. Dr. Duncan remarks:—

"Every attentive student of obstetrics must have been struck with the manifest paradoxes implied in the history given of the termination of parturition, and the restoration of the inner surface of the uterus to its pristine condition. Obstetricians now teach that with the expelled ovum there passes away the entire decidua, leaving the muscular tissue of the uterus bare over the whole inner surface; and, in contradiction at once to observation and analogy, describe the formation over this surface of a false membrane, and afterwards of a new mucous membrane—all this process being, even in the healthy female, an inflammatory one, and, like superficial inflammations in such structures, accompanied by the secretion of a quantity of pus which they describe as constituting the essential part of the lochia. To adduce evidence of this statement here is, perhaps, not necessary, as the description must be readily recognised by almost every one; and in a subsequent part of this paper I shall return to these errors, and dwell at some length upon them; at present I may merely remark, that it appears wonderful that so many physiological paradoxes should have been so easily adopted by the profession, and

that so much of what is essentially morbid should have been invoked to aid in the performance of a natural function in a healthy body.

"In the early months of pregnancy, the mucous membrane of the cavity of the uterus is very highly developed, forming a rich, soft lining to its inner surface, and contributing greatly to the increased thickness of the parietes of the organ at this time. When the walls of the uterus are examined in advanced pregnancy, the thickness of this structure is found to be greatly diminished, even when the whole structures between the chorion and the muscular tissue of the organ—that is, the proper mucous membrane, or decidua vera, and, in addition, the decidua reflexa—are included in the measurement. If, in a woman who has died in advanced pregnancy, the membranes are separated from the uterus, the mucous membrane is left adhering to the walls of the womb; only its surface is lacerated and irregular. I have witnessed the hurried post-mortem examination of a woman dying during labour and before rupture of the membranes, where the ovum was almost completely separated by hæmorrhage extravasated between the membranes and uterus. In this case the uterine fibres did not appear to be anywhere denuded; but the examination was not sufficiently minute and satisfactory.

"In parturition a similar process takes place, with this difference, that after the removal or expulsion of the ovum, the uterus is reduced by its contractions to dimensions very small compared to those it had whilst expanded. The result of this contraction upon the mucous membrane resembles its effect on the muscular tissue of the organ. In both the diminution of superficial extent is the result partly of the expulsion of the large mass of blood contained in their very large vessels, but chiefly of the assumption of a greatly increased thickness of wall. After parturition, the mucous membrane of the uterus is rough and irregular on the surface, and covered over with blood and adherent coagula. As the uterus diminishes in size, its thickness increases. In a preparation in my possession, taken from a woman who died soon after delivery, where the os uteri is still largely dilated, and the utero-placental veins open, the length of the uterus is about seven or eight inches; its thickness, including all its parts, is less than one inch. Its internal surface is covered by a thin membrane. This latter is thicker and more prominent at the seat of the placental insertion. Judging from the extent of surface occupied by open-mouthed veins, the placental site is reduced to a circular or rather oblong space of about three inches in diameter. In another preparation, the uterus is of about the same size, above an inch in thickness: the site of the placenta is evident from the prominence and softness of the part, the uterine veins not prominent and gaping, but apparently closed, and the mucous lining thicker and soft. This uterus is evidently that of a woman who has died some time after delivery. In another case, where the mother died on the fourth day after delivery, I had, through the kindness of Dr. W. T. Gairdner, an opportunity of examining the uterus. It measured about seven inches in its greatest length, and the thickness of its walls was about three quarters of an inch. The whole inner surface of the organ was manifestly covered by a mucous membrane; lacerated at the site of the placental insertion, a surface of between three and four inches in diameter, a number of clots of blood were entangled in the venous openings. Elsewhere, the mucous membrane was distinct. It was covered by the lochial secretion. On scraping the surface, the lochia and epithelium were easily removed, laying bare the fibrous structures of the mucous membrane beneath. In another preparation, which I examined lately with Dr. W. T. Gairdner, which was procured from a woman who, although engaged nursing a child, denied having been recently delivered, and where the woman died of phthisis, we found the lining membrane of the uterus very thick, forming nearly one-third of the entire thickness of the walls of the organ, but thinning rapidly as it approached the cervix.



The site of placental insertion was still marked by the prominence of the lining membrane, by its numerous elevations and depressions, covered with sanious fluid, and by the large veins which were easily seen in a cross section, proceeding through the mucous tissue to the very surface of the membrane,—making it evident that the mucous membrane is not developed as a new production over the venous orifices. Between the placental insertion and the cervix, a punctuated appearance, produced apparently by the openings of the follicles of the membrane was seen. In this case the uterus measured about five inches in length, and the woman had passed the period of confinement at least four weeks. In the uterus of a woman dying the day after a difficult delivery, I found its inner surface covered by a copious soft membrane, the inner surface of which was very dark in colour, covered with blood, and almost gangrenous in appearance. The woman died from peritonitis, the result of hæmorrhage into the peritoneal cavity from a rupture. In addition, I may state, that all authors, even those who assert that the muscular fibres of the uterus are denuded after delivery, as Cruveilhier, Ferguson, and others, yet describe their dissections as displaying an inner or lining membrane covering the inside of the uterus.

"It is then found that, after delivery, the muscular fibres of the uterus are not laid bare, but are covered by a mucous membrane. This membrane is undoubtedly the remains of the uterine decidua, a mucous structure, having the peculiar characters of the uterine mucous membrane. When examined at this time, it is found, as in early pregnancy, to be thicker at the site of the insertion of the placenta than elsewhere. In that site its surface is diversified by numerous elevations and depressions, and by the open mouths of the uterine veins, which have been, as it were, cut across by the separation of the placental mass. \* \* \*

"Moreover, when we inquire into the real nature of the discharges from the uterus after delivery, we shall find that they are of a nature and character quite antagonistic to the notions entertained as to the denudation of the muscular fibres, and the formation of a new mucous membrane after the deposition of a false membrane over the supposed wound, and under the influence of an inflammatory process. No doubt, the authors who hold these views state that, in accordance with them, the lochia is essentially a puriform fluid, at first mixed with blood, and afterwards giving place to a serous discharge; but it is impossible to understand whence these authors have derived their information as to the purulent discharge which they describe the lochia to be.

"To the most ordinary observer, the lochia in the healthy female always presents an appearance far removed from that of purulent discharge from an extensive superficial wound, like that described to exist in the uterus at this time. The lochiæ have been frequently and correctly described as presenting three different appearances in correspondence with three different stages in the condition of the internal uterine surface after delivery. These have received the names of *lochia cruenta*, *lochia serosa*, and *lochia alba*, *vel mucosa*, *vel lactea*; this last is sometimes also called *purulenta*, but this more from theoretical notions in regard to it than from any resemblance it shows to purulent discharge. No doubt, pus may often be observed in greater or less abundance in the lochia mucosa, proceeding probably from patches of inflamed surface on the uterus or vagina, or from healing lacerations; but purulent discharge is not found in any quantity, if at all, in the healthy lochiæ. After the blood has disappeared from the lochia, it is generally observed to be a more or less clear viscid fluid, of a whitish, brownish, or yellowish colour, and wanting the rich yellow colour, creamy consistence, and appearance of pus discharged from a healthy wound. Under the microscope it presents blood-corpuscles, entire or breaking-up, epithelial cells, of various forms, and abundant detritus of the same, and, along with these, some mucous globules. When pus becomes mixed

with the lochia, as is not unfrequently the case, it is discovered by its different appearance and characters.

"Finally, did there exist after every delivery a wound of the enormous dimensions of the internal surface of the uterus—dimensions not inferior to those of the wound produced in amputation of the thigh, it is difficult to conceive how parturient females should escape the frightful mortality succeeding that operation, or the like. It would be difficult or impossible to explain why, instead of one in every three or four dying as after amputation of the thigh, there should be only one in every two or three hundred. It can scarcely be asserted that the shock produced, and the circumstances of the supposed uterine wound, are a whit more favourable to recovery in the obstetric than in the surgical patient. The explanation lies in the fact that the chief analogy of the internal uterine surface after delivery, is not with a stump, so far as it consists of incised and denuded tissues, but only in both surfaces presenting numerous open veins liable to become inflamed, or to absorb the obnoxious materials which may be brought into contact with them. And it is to this anatomical circumstance that are traceable most of the cases of death in childbed."

From the "Lancet," December 3, 1853.

#### IODIDE OF POTASSIUM IN A CASE OF POISONING WITH LEAD.

Dr. Goolden communicates a short paper on this subject, from which we make the subjoined extracts.

"The following case may be of some interest to the profession, as illustrating the effect of iodide of potassium in a case of lead poison:—

"William S—, admitted April 5th, 1853, aged fifty; occupation, grinding lead for painters. For two months prior to admission he has been suffering severe muscular pains, and paralysis of both upper and lower extremities. He has never suffered from colic, and though rather constipated, is otherwise in good health. The arms, from the shoulders downward, were perfectly useless, hanging down without the slightest power or control over them; when raised by anyone, without causing him any pain, they hung and dropped as though perfectly lifeless. The legs were less perfectly paralysed; as he lay in bed he could move them slightly, but he could not stand without support, and he could not raise the left leg from the ground. The gums were swollen, ulcerated, and irregular (some of the fangs of the teeth being denuded), very red, with a distinct blue margin of one-eighth of an inch in depth, and smeared with sordes and mucus. He has a good appetite. After a purge of calomel and colocynth, followed by a draught of senna and Epsom salts, he was ordered milk diet; iodide of potassium, five grains; liquor of potassium, half a drachm; peppermint water, one ounce and a half; three times a day. He continued this medicine until his discharge, the only addition being an occasional dose of aperient medicine, and changing his diet for the ordinary house diet.

"Without recording the daily reports, I may say that the improvement was slow, but gradual and decided. After three weeks he could walk a little, and in two months he was able to feed himself with the right hand; but the gums afforded a very clear indication of the improvement, gradually becoming cleaner, paler, and losing the blue margin, which margin had disappeared entirely in August. At that time the legs had quite recovered their power of motion, and he could raise his arms and hands so as to make them meet over his head, and with some difficulty he could write his name.

"On the 1st of November, he was discharged. He could write very legibly, and the right hand was perfectly useful; but the left hand was very slightly dropped, which I believe was in consequence of his not having used it as much as the other.

"The interest of this case belongs to the effect of the iodide of potassium. He begun with five-grain doses, and had them subsequently increased to eight grains."



"Catarrhal symptoms supervened, but the medicine was persisted in, and five grains of soap-and-opium pill given every night, for a few nights, which obviated all inconvenience.

"This salt passed off rapidly by the kidneys, and was tested by the addition of a little boiled starch, and a few drops of *impure* nitric acid, which last is necessary to decompose the hydriodic acid. This gave a deep blue colour.

"I wish to observe that I never witnessed so extensive a degree of muscular paralysis in any case of lead poison. The remedy had a fair trial over many months, and the blue margin of the gum disappeared before the museles acquired the power of motion. No splints were used, or any other remedy, except galvanic currents. The recovery of muscular power was proportioned to the use of the limbs, the right arm and hand being much in advance of the left, and the legs recovered before the arms. And I have no doubt that as the protenuret of lead is rendered soluble by the iodide of potassium, it requires the agency of the nervous current, ejected by volition, to cause the absorption of the poisoned fibre, and the substitution of the new fibre capable of contracting, in order that the muscles may re-acquire their healthy contractility."

From the "Medical Times and Gazette," Dec. 3, 1853.

#### AN ACCOUNT OF THE RUPTURE TRUSS, WITH SCREW ADJUSTMENTS.

This form of Truss was invented by Dr. Arnott, and is described by Mr. R. Quain, in a paper in the "Medical Times and Gazette." We quote the following paragraphs:—

"A main difference between this truss and the common truss is in the construction of the bow. In the common truss, the bow is a spring of a single plate, or of two plates always co-operating; the second plate, called a rider, being simply laid along the back of the principal within the same leathern sheath. In the new truss, the bow has always two springs, but connected in a very peculiar way, so that they necessarily act together whenever the push of the hernia has to be resisted, and they are opposing or acting against each other at all other times, to prevent useless and hurtful pressure on the flesh. This paradoxical result is obtained by the arrangement now to be described. The outer spring of the new truss lies along the principal, as the rider of the common truss does, only not loosely like that, but with one end firmly riveted to the principal spring near the back pad at E, while the other end near the front pad at D, changing the flat form to that of a round wire cut as a screw, passes through a staple projecting from the principal spring at D, to receive there a screw-nut fitted to it. This nut, when turned, draws the round end of the outer spring through the staple, and thereby opens or expands the whole bow to any desired degree. To render the opening action more energetic, the springs are not placed in complete contact, but held a little apart by a waving wire laid between them. The bow thus opened out to fit exactly the size and shape of the person, almost without pressing on it, becomes, at the same time, so strongly rigid or stiff, that no pressure of a hernia can overcome it. The remark may be made here, that, as the bones of the pelvis are joined together immovably, a rigid truss, once well fitted to the pelvis, can need little future adjustment. The front pad of such a truss may be compared to a rock placed at a door to prevent opening, but which does not press against the door unless the door be pressed against it.

"There are two other useful qualities belonging to this truss which do not belong to others:—

"1. It retains the advantages of the ball-and-socket joint for the front pad, while it avoids a great evil connected with it. The jointed pad applies itself exactly to the form of any surface on which it has to rest, and this was deemed a great merit of the truss in which it was first used. Surgeons now know, however, that the joint,

at the same time, facilitates much the escape of the hernia,—for the ball becomes as a fulcrum, on which the hernia, working with the pad as a lever, can overcome the resistance of the spring, and free itself. The force in a hernia required to lift the edge of a jointed pad is often less than half of what would be needed to lift the edge of a pad immovably fixed to the bow. Many of the failures of the common double-padded trusses spring from this defect. In the screw-truss, after the jointed pad is once perfectly adjusted, a small ring-screw on its back completely clamps or fixes the joint.

"2. In the screw-truss, by having the button or buckle for the strap moveable to different distances from the front pad, there is the power of causing the pad to rest higher or lower in the groin, and so of using the same truss for femoral and for inguinal hernia, and for either side of the person."

Full directions are given for the management of the screw-truss.

#### REPORT OF THE CASES OF CHOLERA AND CHOLERAIC DIARRHŒA, TREATED AT THE NEWCASTLE-UPON-TYNE INFIRMARY DURING THE PRESENT EPIDEMIC.

Mr. Gibb, House Surgeon to the Infirmary, is the author of this paper, of which this notice is the concluding part. He says, with respect to the occasional absence of the evacuations in Cholera:—

"I have said the choleraic infection may kill in the same manner as prussic acid, or any other similar poison, and that this is said to happen frequently in India, where persons suddenly feel faint, fall down, and in the course of a few minutes die. I observed the same to occur, although in a very different degree, in two cases during the present epidemic. The first one happened in a house near to the infirmary. The man was a stout, beer-drinking smith, who was attacked suddenly early in the morning with a sinking and faintness, took to his bed, and, with scarcely any vomiting or purging, died—bloated, hot, sweating, and apoplectic-like—in the course of ten hours after the setting in of the attack. I think if I had bled him, and exhibited emetics, he might have possibly rallied, for the powers of life were evidently palsied, and he expired without his system making any effort to expel the deadly poison from out of the congested viscera. The second case happened in the infirmary. The patient was an old man, brought in a few days previously, suffering from the effects of an accident. He had a fluid motion early in the morning to no great extent, and immediately fell into a state of prostration and partial collapse, in which condition he died, pulseless, in the short space of three and a-half hours after the first motion. He was not dried up and shrivelled like most of those cases where copious evacuations had occurred, for he lost, indeed, but little of the serum of his blood. I might enumerate two or three other cases of a similar character occurring in old people, where death supervened very rapidly, and where the poisonous influence of the disease was very marked, but scarcely attended with any flux or excretion of the fluids of the body."

In the stage of rice-water stools, solid opium in large doses was chiefly resorted to; and, with reference to other points of practice, Mr. Gibbs remarks:—

"In the fatal cases of cholera observed within the infirmary, the premonitory diarrhœa was of only a few hours' duration, and from the beginning might have been termed fatal attacks. It is almost unnecessary for me to say, that, with most of the Profession, I believe the diarrhœa is as distinctive a mark of choleraic infection as the collapse itself; indeed, I doubt not that many of the nervous and apparently hypochondriacal affections, which were experienced more or less by so many persons during the epidemic, also arose, in a great many instances, from the imbibition of the malarious poison.

"From what I have observed, I should be induced to recommend the exhibition of small doses of mercury frequently, during both the diarrhœa and advanced cholera. It is one of those powerful depurators whose influence is



most beneficial in perhaps destroying, or at least excreting from the body, noxious poisons; as well as natural or depraved secretions; and I think it has been observed that patients under its influence rarely die of consecutive fever. When it is only given in the cold stage, I cannot think it can be of any use until the supervention of the re-action, when large doses lying in the intestinal cavities might prove most destructive to convalescence, if absorbed to any great extent.

"We used chloroform during the stage of collapse in all the cases, and with apparent advantage. I was favourably disposed towards it, from my experience of it in the epidemic of 1848-49. It acts seemingly as a powerful stimulant, and appears also to allay undue irritation. I must, however, confess, that I believe I have seen it, when exhibited in long-continued and large doses, produce additional irritation of the stomach, with hiccough, and great distress, as if it burnt, so to speak, the surface of that viscus; for we must ever remember, it is not miscible with water, and must therefore exist in the stomach uncombined, and, as it were, undiluted. I found, if the chloroform was exhibited in the form of a mixture, it fell to the bottom of the bottle, in consequence of not dissolving in the other fluids, and the patient was liable to receive none of it with some doses, and to be almost suffocated by the quantity contained in others. I therefore generally carried it in a phial, dissolved in spirits of camphor and ammonia, the proportion being about one of chloroform to three of each of the other constituents. A teaspoonful of this, poured into a tablespoonful of water, or weak brandy-and-water, at the bedside, and at once placed in the mouth of the patient, is, I think, the best method of exhibiting it. Croscote, combined with the chloroform, appeared to be a valuable adjunct in allaying undue vomiting. I thought the warm bath acted most beneficially in the first cases which occurred in the hospital; but the fatigue of going to it, being sustained in, and removed from it, counterbalances, in my opinion, the advantages; indeed, I regret to say, I believe the fatal termination of one case was somewhat accelerated by it. A portable steam-bath, for the purpose of applying heat to the patient under the bed-clothes, is, I believe, a most useful apparatus in the treatment of the cold stage of cholera.

"I found the brandy blister, used in the manner recommended by Mr. Greenhow, of excellent service in rousing for a time the patient out of the deadly collapse.

"We thought the exhibition of large doses of opium during the collapse would be of little or no use, and that, as it might probably exert a deleterious influence in the consecutive fever, we refrained altogether from administering it, except in cases where there was great irritation of the stomach, and restlessness, and even then in small doses in the form of tincture, and in combination with the chloroform and other remedies. I very much doubt the utility of giving large quantities of brandy during the cold stage. I have reason to think it aggravates the succeeding symptoms when administered so liberally, and that its powers of rallying the patient are very problematical. I would allow cold water to be given *ad libitum*; and a small quantity of brandy added to it might possibly be of service. The evanescent and rapid stimulation produced by the chloroform, camphor, and ammonia, is, I think, to be preferred.

"Seeing that so much of the serum of the blood is lost during the progress of the disease, I managed, through the kindness of a friend, to have a horse bled, and thus procured a quantity of serum, for the purpose of injecting it, along with some common salt and chlorate of potass into the veins. This was towards the end of the epidemic; but as I could not prevail upon any patients to allow me to try its effects upon them, I have only to say I was inclined to use it, more especially at that stage where the collapse terminates in consecutive fever, from the belief that much of the irregular nervous excitement, fever, and succeeding local inflammations, arise in great measure from the almost complete loss of the nutritive part of the

blood. More patients, I believe, die of the disease during the consecutive fever, than during the stage of collapse; and, on that account, we ought to direct our attention specially to its treatment. We see strong and healthy men, who have lost large quantities of blood through accidents, sometimes die of a low form of fever, against which, in spite of local congestions, nothing but beef-tea, and similar nourishment, with the moderate use of stimulants, holds out any prospect of recovery; and on this account, I confess, I am not inclined to coincide with those gentlemen who would apply leeches freely to the head or other parts, and practise the routine treatment of ordinary fever in the consecutive fever of cholera. The choleraic infection may, no doubt, produce many of the peculiar and dangerous symptoms of the fever. I think, however, the loss of the serum of the blood, and the consequent nervous excitement and re-action, ought also to be taken into consideration; for I believe the latter to be the healthy efforts of nature to restore the lost equilibrium between the nervous, vascular, and other systems, and cannot, therefore, be subdued by the still further abstraction of the vital fluid, but requires, on the contrary, a corresponding amount of suitable nutriment to be administered for its removal."

#### CONTENTS OF THE MEDICAL JOURNALS.

**Lancet.**—(No. XXIII. Vol. II. Dec. 3, 1853.)—**HOSPITAL REPORTS.**—St. Mary's Hospital: Asiatic Cholera: Recovery. German Hospital, Dalston: Two Cases of Cholera; Death; Autopsy. King's College Hospital: Epilepsy; Death; Autopsy. Guy's Hospital: Epilepsy and Mania. Iodide of Potassium in a Case of Poisoning with Lead. By R. H. Goolden, F.R.C.P. On Tetanic Spasm and its Treatment by Chloroform. By Wm. Harding, Esq., M.R.C.S.—**MEDICAL SOCIETIES.**—Royal Medical and Chirurgical Society: On Inflammation. Medical Society of London: Fibrinous Constituent of the Blood in Relation to Disease. An Adventitious Growth to which true Muscular Fibres were freely attached.—**LEADING ARTICLES.**—The Evils of the Prize System as adopted at the London and other Hospitals. The Unsatisfactory Mode in which Vaccination is carried out in England: the Policy of the Profession in Relation to the Vaccination Extension Act.—**THE ANALYTICAL SANITARY COMMISSION.**—Records of the Results of Microscopical and Chemical Analyses of the Solids and Fluids consumed by all Classes of the Public. Snuff, and its Adulteration: Results of the Microscopical and Chemical Analysis of Forty-three Samples of various Kinds of Snuff, as purchased of different Manufacturers, Dealers, and Retailers in the Metropolis, (concluded.)

**Association Medical Journal.**—(No. XLVIII. Dec. 2, 1853.)—**LEADING ARTICLES.**—Gratuitous Medical Services. The Investigation of Cholera. Our Gratuitous Adviser.—**ORIGINAL COMMUNICATIONS.**—Pathology and Treatment of Cerebral Diseases. By Robert Hunter Semple, M.D. Relative Merits of the Intra- and Extra-Peritoneal Methods of Herniotomy. By Joseph Sampson Gamgee, Esq. The Waters of Kreuznach. By E. H. Sieveking, M.D. Value of Nitrous Acid in the Treatment of Cholera and Choleraic Diarrhoea. By R. H. Whiteman, Esq.—**BIBLIOGRAPHICAL NOTICES.**—Erichsen. Science and Art of Surgery. Bascombe. Cholera: its Nature and Treatment. Turenne and Batemau. Cholera and its Treatment. Southam. Introductory Lecture.—**REPORTS OF SOCIETIES.**—Medical Society of London: Pathology and Treatment of Cerebral Diseases. By R. H. Semple, M.D. Resection of the Knee-joint. By G. M. Jones, Esq. The Fibrinous Constituent of the Blood in Relation to Disease. By B. W. Richardson, Esq. Physiological Section of Medical Society: Why do Fluids move onwards in the Ureters and Thoracic Duct? By B. W. Richardson, Esq. Detection of Iodide of Potassium in the Secretions. By C. Cogswell, M.D. Voluntary Muscular Fibre attached to an Adventitious Growth. By Edward Smith, M.D. Dog without a Spleen. By E. Crisp, M.D. Weight and Form of the Heart. Diameter of the Aorta, and Size of the Blood-Corpuscles in the Vertebrata. By E. Crisp, M.D. Liverpool Medical and Pathological Society: Cases of Fatal Poisoning by Emetic Crocata. By J. B. Nevins, M.D.—**METEOROLOGY.**—Medico-Meteorological Observations for the Week ending November



26th, 1853, taken at Wakefield, Hawarden, Grantham, Bedford, Uckfield, Exeter, Ryde, and Guernsey.

**Medical Times and Gazette.**—(No. CLXXIX. Dec 3, 1853.)—ORIGINAL LECTURES.—Croonian Lectures, 1853. Delivered at the Royal College of Physicians. By Thomas Mayo, M.D., F.R.S. On Medical Testimony and Evidence in Cases of Lunacy. Lecture I.—ORIGINAL COMMUNICATIONS.—Army Medical Reports. No. XI. Extracts from a Report on Epidemic Cholera in Newcastle, Jamaica. By J. D. Millree, Esq. An Account of the Rupture Truss with Screw Adjustments. By Neil Arnott, M.D., F.R.S. (With an Engraving.) Report of the Cases of Cholera and Choleraic Diarrhœa treated at the Newcastle-upon-Tyne Infirmary during the Present Epidemic. By Charles John Gibb.—HOSPITAL REPORTS.—Report of Cases of Epidemic Cholera for the Last Five weeks. Guy's Hospital: Case of Mercurial Tremors; Tonic Treatment; Recovery. St. Thomas's Hospital: Large Diffuse Aneurism of the Carotid; Ligature; Favourable Progress; Subsequent Inflammation of Sac; Hæmorrhage; Death; Autopsy. Royal London Ophthalmic Hospital: Cases of Artificial Pupil, etc.—EDITORIAL ARTICLES.—Naval Medical Officers. Demoralizing Advertisements. The Dublin Hospitals: The Vacancy in Stevens's; The Cholera in the Metropolis, Ireland, the Provinces, and Abroad.—REVIEWS.—Practical Pharmaceutical Chemistry. By Dr. G. C. Wittstein. Translated and Edited by Stephen Darby. On the Advantages of the Starched Apparatus in the Treatment of Fractures and Diseases of the Joint. By J. S. Gamgee. An Account of some Cases of the Epidemic Cholera Successfully Treated by Hot-water Applications. By Francis Arthur Bulley, F.R.C.S. The Druggist's Hand-book of Practical Receipts. By T. F. Branston. Hand-book of Natural Philosophy and Astronomy. By D. Lardner, D.C.L.—PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals: Upon Syphilitic Contagion by Cigar Smoking; Treatment of Inflammation by Impermeable Coverings; Cure of Toothache by Emetics; Upon Redness of the Face in Typhus; Communication to Show the Existence of Syphilis in France in the First Century of the Christian Era; Upon the Chemical Composition of Sweat.—REPORTS OF SOCIETIES.—Royal Medical and Chirurgical Society. Medical Society of London.

**Dublin Medical Press.**—(No. DCCLXXVIII. Vol. XXX., Nov. 30, 1853.)—ORIGINAL COMMUNICATIONS.—On Pericarditis. By O'B. Bellingham, M.D., one of the Medical Officers of St. Vincent's Hospital, &c.—PROCEEDINGS OF SOCIETIES.—Royal Medical and Chirurgical Society: On Certain Pathological States of the Blood. Medical Society of London: Dr. Hawksley on Croup.—SELECTIONS FROM MEDICAL JOURNALS.—Spirits of Turpentine as an Excitant of Uterine Contractions. Period at which a Drowned Body will Float. Emetic Powers of Alum.—REVIEWS AND NOTICES OF BOOKS.—A Manual of Materia Medica and Therapeutics; including the Preparations of the Pharmacopœias, &c. By J. Forbes Royle, M.D., F.R.S., Professor of Materia Medica and Therapeutics, King's College, London, &c.—LEADING ARTICLES.—Leading Article. Mems from our London Correspondent: Cholera in London. Life. Zoological Novelties. Electro-Biology and Mesmerism. Anatomy of the Eye. The Compulsory Vaccination Bill. Compression in Aneurism. Aural Surgery. The Directories. Insanity in Ireland. M. Ricord on Syphilis. Cambridge University. East India Company. Mr. Churchill and the Editor of the "Association Journal." The Recent Deaths from Chloroform. Gratuitous Ship-Surgeons. Paragraph-Puffing Extraordinary.

#### BOOKS RECEIVED FOR REVIEW.

The Druggist's Handbook of Practical Receipts; A Manual for the use of the Chemist and Medical Practitioner, &c. By Thomas E. Branston, Liverpool. Edward Howell, Church Street.

Lectures on the Relations between Therapeutics and Pathology, with especial reference to some forms of Cardiac, Renal, and Nervous Diseases, &c. By George Johnson, M.D.

The Destructive Art of Healing; or, Facts for Families. By Samuel Dickson, M.D. 3rd edition. London: George Routledge & Co.

The Local Application of the Vapour of Chloroform in the Treatment of Various Diseases, especially those of the Uterine Organs; with a description of an instrument

invented for this purpose. By S. L. Hardy, M.D. Dublin: Hodges & Smith.

The Gazette Hebdomadaire de Médecine et de Chirurgie (in exchange).

Hooper's Physician's Vade Mecum; or, a Manual of the Principles and Practice of Physic. 4th edition. considerably enlarged and improved, with an Outline of General Pathology and Therapeutics. By William Augustus Guy, M.B., Cantab. &c. London: Henry Renshaw. 1854.

#### BIBLIOGRAPHY.

NEW WORKS IN MEDICINE AND THE COLLETERAL SCIENCES, PUBLISHED FROM THE 31ST OF OCTOBER TO THE 14TH OF NOVEMBER.

Liebig's Agricultural Chemistry. 6s. 6d.

Mohr and Redwood's Pharmacy, 6s. 6d.

Reichenbach's Magnetism. 6s. 6d.

Walshe on Cancer. 6s. 6d.

Hallucinations; or, the Rational History of Apparitions, Visions, Dreams, Ecstasy, Magnetism, and Somnambulism. By A. Brierre de Boismont. 1st American edit. 8vo. (Philadelphia), pp. 553, cloth (London, Low, 13s.)

Recherches de Pathologie comparée. 2 vols. 4to. (Cassell) [published in Germany, at 30s.] 24s.

Müller. Lehrbuch der Physik u. Meteorologie. 2 vols. 8vo. 20s.

#### Reviews.

*The Pathology and Treatment of Pulmonary Tuberculosis; and on the Local Medication of Pharyngeal and Laryngeal Diseases, frequently mistaken for, or associated with, Phthisis.* By John Hughes Bennett, M.D., F.R.S.E., Professor of the Institutes of Medicine and of Clinical Medicine in the University of Edinburgh, &c. 8vo. pp. 140. Edinburgh, 1853.

It is certainly an extraordinary fact that phthisis, being as common a disease among the ancients as ourselves, and making no exception in favour of country or race, saving in degree, should have defied every mode of treatment that man has suggested almost to the present hour. But it is yet more extraordinary, and a fact that reflects no great credit on medicine, that, after a period of several thousand years of fruitless treatment, there still remain multitudes of untried agents for our successors to investigate, among which may possibly be discovered some one no less valuable than bark for ague, or colchicum for gout; for although the man of science has wearied in the inquiry, yet, so extensively distributed is the disease, that hardly an individual can be found who is not personally interested in putting an end to this wholesale destroyer of the human race, and who would refuse to assist in the investigation, were any method proposed—such as the establishment of an Experimental Hospital, for the prosecution of more searching inquiries into the treatment of this affection.

During the last few years some valuable light has been thrown upon this obscure subject. In the year 1840 Dr. Bennett, the Professor of the Institutes of Medicine in the University of Edinburgh, in a work on "The Therapeutical Properties of Cod-liver Oil," showed that it manifested not only a considerable power in controlling phthisis, but in some instances actually cured the disease. This work seems to have made but little impression at first, but gradually it effected its purpose: for, in the space of two or three years after its appearance, accounts of the value of the remedy began occasionally to appear in the medical journals, and Donovan, the Dublin chemist, earnestly interested himself in its preparation. This added considerably to the extension of its use; for so carefully was the oil extracted from the liver of the cod fish, that it became much more acceptable to the delicate stomach, and, consequently,



much more extensively employed than when only the brown oils could be procured, which were disgusting and offensive to most persons, from their nauseous taste and fetid odour. It was at a much later period that the oil was employed at the Brompton Hospital for consumption. The medical officers of that Institution soon became satisfied that it was an agent of great value in phthisis, as is shown in the different reports which have emanated from them; and it is to be regretted that nowhere in these reports do they acknowledge Dr. Bennett as the chief author of all this good.

The volume now before us contains the results of Dr. Bennett's labours on this subject, since the publication of the work in 1840, which may be said to have introduced the cod-liver oil into this country as an agent in the treatment of consumption. We consider Dr. Bennett has acted wisely in confining his observations chiefly to the treatment of the disease; he has, however, very clearly pointed out the nature of phthisis, as well as the means employed for its diagnosis, in the general symptoms, auscultatory signs, and microscopical appearances. His cases are most instructive and conclusive; so graphically described that we at once behold the sickly form of the consumptive before us, and we see the return to health as the treatment progresses. No conscientious and well-educated medical man can deny that the cases here detailed, from the symptoms and morbid appearances, are cases of phthisis; and, admitting this, he equally admits the arrest and cure of the disease. No one denies but that phthisis is very frequently an incurable disease, but what Dr. Bennett has substantially proved is, that it *does* admit of cure through the medium of treatment, and this fact cannot be too extensively known, for with most medical men so strong is the belief in the necessarily fatal nature of the disease, that when once phthisis has manifested itself, death is considered to be as certain as when sentence has been passed on the condemned felon.

Dr. Bennett is one of the advanced party in medicine, and a deep and lasting debt of gratitude mankind owes him for this volume, which we earnestly recommend to the careful perusal of our readers. Although it is chiefly confined to phthisis, he has devoted a few pages to the consideration of the modern treatment of laryngeal affections, so well described by Dr. Hastings, in his treatise on "Diseases of the Larynx and Trachea," to which the author refers.

Altogether, the work is one of great merit and of the highest interest.

*A Text-Book of Physiology.* By Dr. G. Valentine. Translated from the Third German edition. By Wm Brinton, M.D. Part Second.

We have already introduced the first part of this work to our readers in terms of praise, and we are pleased to say that we can bestow equal commendation on the second part, which has been just issued. There is no work on Physiology, more succinct, perspicuous, and comprehensive in our literature.

*An Account of some Cases of the Asiatic Cholera Successfully Treated by Hot Water Applications.* By Francis Arthur Bulley, F.R.C.S.

The principle upon which the treatment Mr. Bulley recommends in this *brochure* is based is that enforced by M. Brown Sequard, viz., that diminution of temperature is the proximate cause of death in cases of poisoning. The object of treatment, therefore, should be to maintain the temperature. Mr. Bulley having observed that in some instances great benefit had resulted in the cold stage of fever from the hot water packing, resolved to give the same method a trial in Cholera, the algidic or congestive stage of which closely resembles the cold stage of fever. Six cases are recorded by Mr. Bulley, in which this plan of treatment, conjoined with aromatic medicines, was successfully employed. The mode in which the packing was effected is thus described:

"The following is the method I adopted in this and the succeeding cases. The sheets and counterpane having been removed, two large and thick blankets were laid, one over the other, smoothly upon the bed. The patient was then laid upon these blankets, thus disposed, and a flannel pad, made of four thicknesses of coarse house-flannel, such as is used in cleansing floors (the pieces being sewn together round the edges to prevent their coming apart), was wrung out of hot water, as hot, indeed, as the patient could bear it, and rapidly laid over the pit of the stomach and upper part of the abdomen. This being done, the blanket nearest the body was carefully but quickly placed round him, one end being brought over his body, and tucked under on the opposite side; the other drawn over in an opposite direction, and likewise tucked under the body on the other side. The second or under blanket was then applied in the same manner, great care being taken so to bring them round the throat as to confine the heat generated by the process without any unpleasant constriction: the same care was used to enclose the feet; over these a number of other blankets sometimes as many as nine or ten, or even more, were laid, those being only lightly tucked round the patient. He was allowed to remain covered in this way until the perspiration appeared upon the face, when the outer coverings were carefully removed. Sometimes it was necessary to apply more than one pad over the abdomen; and in one of the worst cases, where the coldness and collapse were excessive, it was necessary to place one on each thigh of the patient. When it appeared to produce a little excitement of the brain, which it sometimes did, just previous to the production of the sweat, a small towel, wrung out of cold water, and placed round the head, immediately relieved this feeling."

The author does not consider that the hot water packing would be beneficial in extreme collapse, regarding this as a moribund state. Mr. Barwell reports similar success from the use of the hot wet sheet at St. Thomas's Hospital, and other gentlemen have communicated similar results. It is worth considering, therefore, whether the hot-water packing should not supersede the use of the warm bath which is very debilitating, disposing, as we believe, to increased relaxation of the bowels, and not more successful in raising the temperature and acting on the skin than the hot wet sheet: or, as described by Mr. Bulley, the hot water packing. Mr. Bulley's *brochure* is written in a simple, judicious, and unpretending style, and evinces the sound practitioner.

*Friendly Cautions regarding the European Disease called Cholera.* By T. Brown, Surgeon.

Mr. Brown is an advocate of the contagiousness of Cholera, and advises bloodletting as a remedy, endorsing the opinion of Mr. Bell, formerly resident at Tanjore, that "the best rule is to bleed until the blood assumes a red or arterial colour!" We cannot approve of this "friendly caution."

*Thoughts on Cholera.* By Edwin Hearne, M.B., London.

The chief characteristic of Mr. Hearne's work is this, that he regards the vomiting, purging, and sweating as symptoms of "increased vital activity;" or, in other, and more usual phraseology, an effort of nature to throw off the poison. In getting rid of the poison, however, other elements necessary to life may be eliminated from the system as well, and thus the increased vital activity constitutes a disease. There is no novelty in this view, as our readers will at once discover.

The treatment recommended is the maintenance of general warmth by the use of bottles of hot water, "heaps of clothing," mustard poultices, &c., large doses of opium, acetate of lead to support nervous power and restrain the rice-water purging, and hydrocyanic acid and blisters to allay vomiting.



## Original Communications.

### TREATMENT OF CHOLERA AND DIARRHŒA.

BY W. J. COX.

(Continued from page 403.)

WITH regard to the sulphuric acid, its value in the treatment of Asiatic cholera is chiefly manifested in cases of medium collapse of moderate intensity, and, above all, in the early stage of the malady. Herein its effects are almost magical, a few doses of this agent alone often sufficing to a complete and perfect cure. But when, as is frequently the case, medical aid is not sought until the patient is pulseless, it will not be safe to place entire reliance on this remedy.

But respecting the treatment of serous and choleraic diarrhœa, however, we need feel no hesitation which remedy to employ. The sulphuric acid in these cases is by far the most satisfactory remedy ever tried. During the past few months there have occurred in my own practice eighty-one cases of choleraic diarrhœa (I exclude those of a milder type, which are amenable to simpler remedies), which have been treated with sulphuric acid with a result of only one death. I hope I may be excused for remarking, that to the best of my belief I was the originator of the use of this agent (in cases of *cholera*) in the British Isles. At all events, I was the first who wrote on the subject in the medical journals. Dr. Cormack, in his recent paper on the subject, names me as the first who employed it.

As regards the employment of ice, I have a very high opinion of its usefulness, and think it indeed second only in value to the above-mentioned grand remedies. Its principal beneficial effects are a diminution of the burning heat of the epigastrium, of the thirst, and of the vomiting. The stomach is often thereby enabled to retain other more decided agents.

Much has been and still is said of the good effects of stimulants, from cayenne up to chloroform; but my experience has led me to protest in the strongest terms against their use. I boldly affirm that no man ever yet saw a case of real cholera cured by them, but I have seen scores terminate fatally obviously from their effects. I am not a teetotaler, but it is my firm opinion that the reckless and profuse use of alcoholic stimulants, in diseases of the alimentary canal, destroys more victims than medical science avails to save. The effects of stimulants in cholera are almost invariably a terrible increase of the vomiting, thirst, and general distress, speedily followed, of course, by an intensified state of collapse.

I feel I cannot do better in this place than quote the forcible and truthful language of your correspondent, Mr. Moss ("Medical Circular," Oct. 26th), as his sentiments on this important topic are in perfect accordance with my own. He says: "I believe *all stimulants* to be *injurious* in this disease, and *especially opium*, which, from its depressing effect, and tendency to suppress the secretions, is *the very worst*: indeed, if any case of collapse recovers under its use, it can only be *in spite of a medicine which prolongs the disease, and entails a lingering recovery*." The italics in this quotation are mine. It is much to be feared that the most obvious measures of defence against the pestilence have been much neglected. No careful analysis has yet been made of the results of various modes of treatment, as collected from the experience and labours of the great body of the profession, with a view to estimate their comparative value.

Were this once fairly done, I feel convinced that the treatment by calomel and sulphuric acid would soon supersede all other plans. Meanwhile I would respectfully beg the attention of my professional brethren to the following rules of treatment as a basis:—

1. In cases of diarrhœa, with watery or rice-water

purgings, give full doses of sulphuric acid (Acid S. Dil. m xx-xxx every two hours.)

2. In cases of cholera, with collapse of medium intensity, give calomel on Dr. Ayrce's system, and the acid (m xx every half-hour), until the saline evacuations become green.

3. In cases of cholera, with extreme (pulseless) collapse, trust to the calomel *alone*, until the heat and pulse return.

4. *Forbid stimulants* and opiates in all cases.

5. Give ice, or water ice-cold, freely.

6. Suffer no case of mere diarrhœa to persist unchecked during the prevalence of cholera.

Kensal-town, November, 1853.

## Hospital Reports.

### REPORT OF CASES OF EPIDEMIC CHOLERA FOR THE LAST FIVE WEEKS.

*University College Hospital.*—One case occurred in the first week of November. The patient, a middle aged man, was admitted in the stage of collapse, under the care of Dr. Parkes. The sulphuric-acid treatment, and the application of artificial heat, were tried, but without any good effect. About an hour before death, saline injection into the vein was practised, but it did not produce any effort at rallying.

*King's College Hospital.*—The case in which we mentioned that Dr. Todd had pursued the emetic plan of treatment (common salt) recovered; and in a second case, under the same remedy, a like favourable result ensued. The latter, however, was not a severe one.

*St. George's Hospital.*—No cases.

*St. Bartholomew's Hospital.*—No cases have been admitted since our last report. Mr. Wood informs us that diarrhœa is now quite infrequent, but that some severe examples of it still occur occasionally.

*Guy's Hospital.*—Edward Dean, a middle-aged labourer, was admitted, under the care of Dr. Hughes, on October 25th, and died, in the stage of consecutive fever, on the 31st. Charles Eagar, aged 21, a railway porter, was admitted in extreme collapse, on November 10th, and died on the following day. James Downing, aged 31, was admitted November 14th, and suffered a severe and well characterised attack, but recovered. John Edward Davey, aged 18, was admitted, for acute rheumatism, into Stephen-ward, on October 21st. He subsequently had pericarditis, for which he was placed under the full influence of mercury, and while so, on November 2nd, was attacked by cholera. He was removed to Petersham Ward, and after having been for more than a week in a very critical state, is now recovering. No cholera patients had been admitted into the ward in which this case began. Dr. Hughes's plan of treatment has been addressed to the symptoms present, consisting in the moderate use of astringents, opiates, and stimulants, conjoined with the sedulous application of artificial warmth.

*St. Thomas's Hospital.*—Thomas Steward, a labourer, aged 40, was admitted in the collapsed stage, under Dr. Barker's care, on November 16th. He died comatose in the consecutive fever, on the 26th. A *post-mortem* examination was made by Dr. Bristowe, who informs us that the blood in the right chambers of the heart was partially coagulated. In the intestines, the solitary glands, as also Peyer's patches, were enlarged.

*The Middlesex Hospital.*—Mr. Sibley, the Medical Registrar, has favoured us with the particulars of three cases which have occurred in this hospital, all under the care of Dr. Hawkins. They were all subjected to the saline treatment, chlorate of potash and table salt; and in none was any form of opium used. Case 1st, a girl, aged 7, admitted Nov. 8, in a collapsed state, having had a slight diarrhœa for fourteen hours, but only for half an hour any alarming



symptoms. She died without rallying, about thirteen hours afterwards. *Case 2nd*, a boy, aged 4, admitted Nov. 9, at 9 p.m., quite pulseless, but having been perfectly well until two hours previously. He died without having manifested any indication of improvement at half-past five on the following morning, the whole illness having been of less than eleven hours' duration. It is worthy of note, that this boy had lived up in a garret, and that none others in the house were ill. *Case 3rd*, a boy, aged 6½, admitted Nov. 9, in severe collapse, having been ill only nine hours. During the stage of consecutive fever into which he passed, for several days the urine was all but suppressed; it afterwards contained blood, albumen, and desquamative casts of the renal tubules. On the 19th, the secretion became more free, and amounted to four ounces in the day. It has since increased, and is not now albuminous. The boy, however, suffers much from vomiting, and his recovery is still doubtful.

*The London Hospital.*—No cases.

*The Westminster Hospital.*—No cases.

*Charing Cross Hospital.*—No cases.

*St. Mary's Hospital.*—In the first week of November, a young man, by trade a baker, and who had been living comfortably, was admitted, under the care of Dr. Sibson, suffering from well-pronounced symptoms of cholera. Under treatment by the dilute sulphuric acid, and the very assiduous application of external warmth, he recovered, and has been discharged.

*The St. Marylebone Infirmary.*—For the following report we are indebted to Mr. Filliter, the Resident Medical Officer. In respect to the important question of the sulphuric acid treatment, Mr. Filliter states, that his experience leads him to believe that it is of no use in any but the very first stage of the disease, and that even then it does not always arrest the diarrhœa. This opinion seems borne out by the following:—

*Case 1.*—Jeremiah F., an Irish lad, aged 7, admitted Nov. 6, in stage of collapse. Had been attacked with cholera eighteen hours previously, which was preceded by diarrhœa; no evidence of contagion. Died Nov. 8. *Treatment.*—Dilute sulph. acid in twenty doses, every two hours; changed on the approach of the congestive stage for stimulants and mild mercurials.

*Case 2.*—Susan S., aged 3, daughter of a labourer; admitted Nov. 7. Had suffered from diarrhœa for twelve hours; collapse set in about twelve hours after admission. Died Nov. 10. *Treatment.*—Dilute sulph. acid, in ten minim doses, every half hour for twelve hours; subsequently, hyd. c. creta and Dover's powder.

*Case 3.*—James W., aged 32, a labourer, admitted Nov. 7, in the stage of incipient collapse; had been treated for diarrhœa previously. Died Nov. 11. *Treatment.*—Dilute sulph. acid, in 3ss. doses every two hours, for twenty-four hours; afterwards, aromatic astringents; both alike ineffectual in checking the diarrhœa and vomiting. Calomel and opium and salines were also given with no better success.

*Case 4.*—Phillip S., a labourer, aged 32, admitted Nov. 7, in stage of complete collapse; seized with cholera two hours previously; diarrhœa ten hours. Was at work three hours before admission. Died Nov. 9, at 1 a.m., six hours after admission. *Treatment.*—Dilute sulph. acid, in 3ss. doses, of which he only took two doses; he sank, apparently, from shock to the system. *Post-mortem.*—Peritoneal coat of intestines somewhat injected; the contents a thin, gruel-like fluid, about two quarts; the mucous membranes, especially of ileum, finely injected; solitary glands of small intestine enlarged; stomach full of fluid, and slightly ecchymosed; urinary bladder empty and contracted; blood, dark-coloured, semi-coagulated, not inspissated.

Three of this patient's children, aged respectively 3, 6, and 8 years, and occupying one room in a house in a small court, died within two days of their father, of cholera.

*Case 5.*—Bridget H., aged 54, washerwoman, ad-

mitted Nov. 8, in the stage of incipient collapse. Had been attacked with cholera; twenty-four hours before with premonitory diarrhœa. A boy in the same house was attacked two days before and died; she had not been with him. Recovered on the 17th, after slight relapse. *Treatment.*—Dilute sulph. acid, in 3ss. doses, every half hour.

*Case 6.*—Mary W., aged 34, a shoe-binder, admitted Nov. 8, in stage of collapse, had suffered from diarrhœa for 10 days. She resided three doors from the house in which the four cases alluded to above had occurred. The cause of the outbreak of this disease appeared to be the effluvia from the sewers, which had just before been opened in four surrounding streets. Died, Nov. 10. *Treatment.*—Dilute sulphuric acid in the first instance, for about twelve hours; afterwards, opiates and stimulants.

*Case 7.*—Jeremiah M., aged 42, a labourer; admitted Nov. 11, in stage of collapse; seized twenty-eight hours before with cholera. Two cases of cholera had occurred in a house situated in the same court in which he resided; but it does not appear that he had any communication with them. Died, Nov. 15, of consecutive fever and pneumonia. *Treatment.*—Dilute sulphuric acid for about twenty-four hours, and occasional doses of chloroform (mxx), which somewhat relieved the cramps. Scarcely any beneficial effect resulting from the use of the acid, acetate of lead and opium were substituted; on the super-vention of symptoms of congestion, mercury and chalk, with salines.

*Case 8.*—Mary C., aged 38, charwoman, admitted Nov. 12, in stage of collapse; seized with cholera twenty hours before admission. No evidence of contagion. Recovered Nov. 20. *Treatment.*—Dilute sulphuric acid, with the addition of calomel and opium on second day.

The consecutive fever, where it occurred, was marked chiefly by symptoms of oppression and congestion. No general febrile re-action in any case.

In all cases assiduous fomentation with turpentine to legs and belly was maintained for some hours, and generally with restoration of warmth to surface.

Four severe cases of choleraic diarrhœa, treated during the month in the Infirmary with the acid in large doses, recovered.

It will be seen from the reports which we have given from time to time of the cholera, during the present epidemic, as exhibited in the practice of the London hospitals that it has been unusually fatal, since at least three-fifths of the cases admitted have died. It must be remembered, however, that cases of the worst kind, and in the worst stage, constitute the class usually taken to these institutions. We are informed on all hands that diarrhœa is not now in the least prevalent, and from the fact that we have now to record almost no cases occurring during the last three weeks, it may be judged that the disease is subsiding for the present. A manifest tendency to general prevalence in London may be noted to have existed during the first week of November. Several gentlemen who have had opportunities of making *post-mortem* examinations of cholera patients during the last few weeks, concur in stating that they have observed more of coagulation in the blood in the heart and large vessels, than was usually the case during former epidemics. It is difficult, however, to say, what the value of this observation may be, as there is a discrepancy among observers as to what the usual state of the blood in this respect was in former years.—*Medical Times and Gazette.*

PARKS FOR LONDON.—A Deputation from the Committee to Secure Parks and Open Spaces in London had an interview with Viscount Palmerston on Friday, Nov. 11, at the Home Office, to solicit the immediate grant of Albert Park for the central districts of London and the borough of Finsbury. The Deputation consisted of Mr. Tyler (Chairman), Messrs. Sandon, Vincent, Reynolds Downes, Thomas Dix, Bowerbank, Lloyd, Barnett Parson, and Leonard.



## The Anatomy of Quackery.

### QUACK MEDICINES,

#### THEIR HISTORY, COMPOSITION, AND QUALITIES.

NO. XXXVI.

WALTER DE ROOS AGAIN.

Walter De Roos! Walter De Roos! Alas the day when we soiled our pages by printing thy vile pseudonymic! The shadows of thy father and grandfather, and a whole host of thy East Anglian relatives, less impudent and less fortunate than thyself, start up before us in grim array, with menacing gestures and dark upbraidings. Ah! woe to us, that we should ever have passed thee over in such a slight and summary manner, or have questioned thy prodigious genius and university honours, or have forgotten thine own darling wife, the charming *Rosalie Coupelle*! Oh! our offence "is rank, it smells to heaven;" and "conscience, that makes cowards of us all," points with its relentless finger *first*, to the chronicles of thy glory, imperishable as thine advertisements; and *next*, to the luxurious hair that adorns our "form divine," muttering between its hideous teeth the terrible insinuation—*Crinutiar, CRINUTRIAR, CRINUTRIAR!*

We must pause—Gentle reader, we *must* pause! Our feelings are acute—our gallantry enormous—our anguish extreme! Greater than all, there is our *love of justice*. What shall we do? We feel, deeply feel, that we did a covert act of unfairness in passing over the immortal subject of this paper in only a few brief lines. Bad! very bad! It was a piece of injustice on our part, only equalled by our entire neglect of the bouncing damsel—not exactly "fat, fair, and forty," who so pertinaciously places before the newspaper reader her "surprising, efficacious, and elegant preparation, by which thousands who were once bald, utterly destitute of beard, whiskers, or moustache, have now splendid heads of natural hair, and all those attributes of manhood (hear that, ye gassoons!) in gorgeous luxuriance." The heinousness of our offence sinks deep into our souls. We have sneered at "poor Walter," ungallantly forgotten to introduce "fair Rosalie" to the public, and called down the ire of several of our correspondents on our devoted head. Truly we are on the "horns of a dilemma," and need the ingenuity of the notorious compounder and vender of "*Crinoline*," "*Exhibition Hair Dye*," "*Anti-Lumbago Tooth Powder*," to help us out of our difficulty. In this state of embarrassment we must again throw ourselves on our kind correspondents (De Roos says this is an "old dodge" of ours), and supply the reader with some of the information thus so opportunely sent us. But we must be brief:—

"To the Editor of the *Medical Circular*."

"SIR,—Perceiving by the last number of your journal that you are not thoroughly 'posted up' in the history of

that arrant quack, Samuel Barker, *alias* Walter De Roos, I beg to send for your further information an extract from the 'Weekly Dispatch' of January 4th, 1852, which will serve to complete your sketch of that worthy. In the same journal of the 7th and 21st December, 1851, and 11th January, 1852, you will find additional references to De Roos and others of that stamp. Enclosed are three advertisements emanating from De Roos. You will see that he is also in the "Beautiful Hair and Whiskers" line of business, carried on by his wife, under the name of 'Rosalie Coupelle.' You state in your article that De Roos refrains from mentioning the medical bodies with which he is connected. Such, however, is not *now* the case, for you will perceive, on reference to one of the enclosed advertisements, that he expressly announces himself as a member of the 'Faculté de Médecine de Paris; Matriculated Member of the Universities of London and Berlin,' &c., &c. (Bah!) I cannot believe that journals of such respectability as the 'Record,' the 'Globe,' and the 'Chronicle,' can ever have given the notices of his works for which he makes them answerable.

"A VICTIM.

"London, Nov. 18, 1853."

*Extract alluded to above.*

"Alfred Barker was formerly a shopboy at a chemist's at Lynn. . . Dr. De Roos is Barker's brother: his name is Samuel Barker. He is by trade a *baker*, and for a short time carried on business at Hemel Hempstead; but finding how well his brother succeeded, he quitted the kneading-trough and the making of early morning rolls, and came up to London, where he began to practise in the cure of *corns* and *bumions*, and carried on business in this line for some time; subsequently he became famous in the treatment of asthma. At length he gave good-bye to the name of 'Barker,' and adopted that of 'De Roos.' . . . 'Dr. Guthrie,' the eldest brother, was a tailor. Quitting the shop-board and flinging away the shears, he joined his brothers in London, and has ever since passed under the name of 'Dr. Guthrie,' although he is as ignorant of medicine and surgery as the pen in our hand, or the ink-stand before us."—*Weekly Dispatch*, Jan. 4, 1852.

The advertisements alluded to by our correspondent (for which we thank him), are astounding for their impudence, but otherwise possess little novelty. We are inundated with similar ones cut out of the local papers. The "Notices" published by quacks as those of respectable newspapers, will form the subject of a distinct article, ere we close this series of papers (a).

Next week we intend to pay a visit to a few of the "obscene M.D.s" in the provinces.

(a) Our other correspondents must excuse our not printing their communications, as that of "A VICTIM" appears to supply, in a short compass, all the information that can be desired by the public respecting Dr. Alfred Barker and Walter De Roos. For the same reason we must pass over "Dr. Goss" and "Doctress Goss," contenting ourselves with classing them with the herd noticed at page 381 of this journal.

## CAUTION.

Gentlemen ordering the Medical Directories through their booksellers, are requested to be particular in specifying the exact TITLE, otherwise a spurious imitation of these works may be imposed upon them:—

"THE LONDON AND PROVINCIAL MEDICAL DIRECTORY."

"THE MEDICAL DIRECTORY FOR IRELAND."

"THE MEDICAL DIRECTORY FOR SCOTLAND."

Published only at the Office of the "Medical Circular," 128, Strand; and by John Churchill, Princes-street, Soho.





PORTRAIT OF THOMAS BLIZARD CURLING, ESQ.

*From a Daguerreotype by Beard.*

(A Biographical Sketch of this gentleman appeared in our last number.)

### Biographical Notices.

#### DR. HENRY DAVIES.

The order of physician-accoucheurs may be divided into two generations,—the elder and the younger; the former chiefly characterised by a practical knowledge of the diseases of women in the parturient state; the latter mainly conversant with those forms of disease which may be called chronic, or which affect the uterine organs, independently of the function of gestation. Davies, Ramsbotham, Rigby, Ashwell, Waller, and others equally eminent, are comprised in the first class; Bennett, Smith, Tilt, and a few more of the younger generation, are included in the second. To the younger men we owe a more exact acquaintance with the diseases of the os and cervix uteri, and the ovaries, with the diagnostic differences observable in leucorrhœal discharges; and to them also we are indebted for the general use of the speculum—an instrument that has been more eulogised and

reprobated than any other in the *armamentarium* of the obstetrician. The doctrines taught by most of these gentlemen are of French origin, and we trust that by and bye, after a little winnowing, they will prove to be important additions to our stock.

Among the elder men, the representatives of the old, practical, sound, hard-working and operative school, Dr. Henry Davies holds a conspicuous place. At one time, while living in Savile-row, he enjoyed a considerable practice in this metropolis, and was regarded as a safe and judicious adviser. There were few men more frequently consulted, or whose opinion was more honoured. Some time ago, however, illness overtook him, and he returned to Brighton with little expectation of being able to resume his practice. Happily, he has returned to the Metropolis with his health restored, and resides at 6, Duchess-street, Portland-place.



Dr. Henry Davies became a Licentiate of the Royal College of Physicians in 1823, and a Fellow in 1839. He is also a Member of the Royal College of Surgeons.

During the earlier part of his career, from 1803 to 1818, he served as Surgeon in the army, where, of course, he was in good training for operative practice. After his retirement, and entry into private practice, he became Physician, and afterwards Consulting Physician, to the British Lying-in Hospital, and was for some years Lecturer on Midwifery at the St. George's Hospital Medical School.

As an author Dr. Henry Davies is known as the editor of an excellent edition of "Underwood on the Diseases of Children;" and since his return to the metropolis he has published a little work on the Diseases of Children, and the Management of the Sick Room, a volume full of judicious and practical observations, and deserving to be read by every mother—even medical practitioners might peruse it with advantage. It has already been reviewed in our columns. In parting from Dr. H. Davies, we can only express our respect for his attainments, and hope that they may be long enjoyed for the benefit of his numerous patients.

#### FRANCIS BENJ. DALTON, ESQ.

Mr. Francis Benjamin Dalton was apprenticed in 1822, to Mr. James Lomax, apothecary, of Dorset-street, Portman-square, and attended the classes at St. George's Hospital, where he acquired, under the well-directed instructions of Sir Benjamin Brodie, Mr. Keate, Mr. Tatum, Dr. Robert Hooper, and others, the basis of a considerable amount of practical knowledge. In 1828, Mr. Dalton was house surgeon in St. Marylebone Infirmary. In 1829 and 1831, he passed both College and Hall. An unsuccessful commencement in practice induced him to change his position, to go further, and fare better or worse; so, with a good constitution and cheerful disposition, India was resolved on as the field for his future exploits, where, in 1842 and 1843, his services were made available to the army in Seinde and other places. On his return to England he established himself in his present practice, which he conducts at No. 52, Leather-lane, Holborn. Mr Dalton holds the appointment of surgeon to the Royal East Middlesex Militia.

#### JOHN BAMFYLDE DANIEL, ESQ., M.D.

(A Biographical Sketch of this gentleman appeared in our 45th No.)

WM. THOS. DALBY, ESQ.  
THOS. MEE DALBY, ESQ.  
ALFRED JAS. DALE, ESQ.  
EDMD. DALE, ESQ.  
G. CORNELIUS DALE, ESQ.  
GEO. THOS. DALE, ESQ.  
JOS. DALTON, ESQ.  
NATH. JOHN DAMPIER, ESQ.  
BENJ. DANIEL, ESQ.  
GEO. DARLING, ESQ., L.R.C.P.  
JARRETT DASHWOOD, ESQ.  
HY. DAUBENEY, ESQ.  
ROBERT DAVEY, ESQ.  
JOHN DAVIDSON, ESQ., M.D.  
NATHL. DAVIDSON, ESQ.  
SIR DAVID DAVIES, K.G.H.  
DAVID DAVIES, ESQ.  
DAVID D. DAVIES, ESQ.  
FREDERICK DAVIES, ESQ.  
G. DAVIES, ESQ.  
HENRY DAVIES, ESQ.

(Vide "London and Provincial Medical Directory," 1853.)

## Correspondence.

### THE NON-RESTRAINT SYSTEM IN THE TREATMENT OF LUNACY.

To the Editor of the "Medical Circular."

SIR,—In a leading article of the last week's number of the "Medical Circular," I perceive you have inserted an extract from a letter of mine published, in 1841, in the "Times" newspaper.

That letter, allow me to state, was written with a very different intention to the warped construction put upon this extract, as I think you will yourself acknowledge, when you peruse it in connection with the context, which I now send you, and which I beg you will do me the justice to insert next week.

The "non-restraint" practice pursued at Lincoln, by holding the violent, excited, and refractory lunatics with the hands of "strong, tall, active, and powerful attendants," (a) was the substitution of muscular *instruments* for mechanical—not passive artificial contrivances, carefully adjusted to the person of the patient, but active physical agents, supplied by the impulsive and passionate grasp of hereculean keepers—in fact, *manual restraint*, the most unscientific, the most unjustifiable, the most pernicious, the cruelest, and the severest of all restraint!

To this system be assured, Sir, I make no claim. To call it "non-restraint" is an abuse of language. But, that an improved method of moral treatment of lunatics was practised under my superintendence in 1834 and 1835, the records of the Lincoln Lunatic Asylum sufficiently demonstrate. One of the chief features of that management consisted in the substitution of restraint, obtained by judiciously regulated seclusion, for mechanical restraint.

The pretensions of the author of "non-restraint," so called, to the invention of the means which caused the disuse of instruments of restraint, are perfectly preposterous, and they are untrue. He did no such thing, Sir. He invented manual restraint, and called it "non-restraint!" For this he deserves, not the laudations which he has received, but the severest reprehension, for he thereby brought great scandal and discouragement upon the improved moral treatment of the insane.

I also forward you an extract from a report written by my successor, in the office of Superintendent of the Lincoln Lunatic Asylum, which I hope in fairness you will also publish. You will there see, according to his own showing, the relative share of credit he at that time declared was due to me. When it was his wish to fix upon his predecessor the odium of a proportionate amount of abuse of the patients, he readily admits that I had not only carried the disuse of instruments to as great an extent as himself, *but even six times greater!* Need I add, that I by no means agree with his illogical conclusion.

Extract from the Letter in the "Times."

"Much misconception evidently exists upon the subject of restraint, as applied to the insane. Restraint forms the very basis and principle on which the sound treatment of lunatics is founded. The judicious and appropriate adaptation of the various modifications of this powerful means to the peculiarities of each case of insanity, comprises a large portion of the curative regimen of the scientific and rational practitioner; in his hands it is a *remedial agent* of the very first importance, and it appears to me that it is about as likely to be altogether dispensed with in the cure of mental diseases, as that the various articles of the *Materia Medica* will be altogether dispensed with in the cure of the bodily.

"The restraint to which lunatics are subjected may be

(a) See "Lectures on the Total Abolition of Restraint, &c." pp. 38, 44, and 52



divided into two kinds—general and special. The first, or general restraint, is in constant operation upon the persons of all lunatics, whether mild or refractory, and is accomplished by the lofty walls of the asylum, the constant watchfulness of diurnal attendants, nocturnal imprisonment under lock and key, confined and sparingly-furnished apartments, the removal from the patient of every, the most simple, article by which mischief might be committed, &c.; these things forcibly illustrate the system of general restraint in ceaseless operation. Special restraint is of two kinds, one of which I shall call membral, or instrumental, and the other incarcerative. The first, or membral, consists in the occasional imposition of such instrumental contrivances as the violence, uncontrollable excitement, or other urgent necessity of the patient may render indispensable for the confinement or limitation of the motion of his limbs. It is effected by various means, viz., the strait-waistcoat, the belt, the muff, the sleeves, the manacles, by which the arms and hands are confined, the hobbles, footsocks, ankle-straps, chairs, &c., which restrain the legs, by the forcible manual confinement accomplished by the grasp or embrace of the attendants, applied to the limbs or the whole frame. The second, or incarcerative, consists of solitary confinement in dark and confined apartments. General restraint is in incessant action, and may be compared to the general domestic regulation of the patient suffering from bodily disease. Special restraint occurs, or should occur, only at intervals of short duration, varying according to the necessity and peculiarity of the case, and is analogous to the employment of the various medicinal agents prescribed in general practice—in fact, it is a remedy for mental disease.

“There appears no probability of dispensing with special restraints. The advocates of a system singularly designated ‘non-restraint,’ make no pretensions to this; they direct the refractory patient to be held, *i.e.*, restrained, by the powerful grasp of an attendant, a ligature to the compressing force of which there is no limitation, except the muscular exhaustion of the irascible wrestler into which this system converts him; if one attendant be not sufficient to control him, as many as may be required gather round him, and it not unfrequently happens that the maniacal excitement of the unhappy sufferer is more than a match for all these living and vindictive, and therefore most objectionable instruments, that can be brought to bear upon him. In such a case the solitary cell is next resorted to, and in this patients have spent weeks and months in succession. In many cases solitary confinement has been employed at once, without a previous trial of manual coercion. The contest, therefore, is not about the possibility or propriety of dispensing with special restraints, but about the *eligibility* of those to be employed. The individual who rejects one form or modification of special restraint, selects another; one discards the waistcoat, but uses the belt or sleeves, &c. Another banishes all mechanical means and prefers the hands of his attendants, or complete seclusion; but, with what degree of consistency the latter practitioner appropriates to his method the designation, ‘*humane*,’ or ‘*non-restraint*,’ in contradistinction to the other, the public must judge.”

Extract from the Minute Book of the Lincoln Lunatic Asylum, July 8th, 1840.

“If the patients have, since my appointment, undergone numerous and daily abuses, as endeavoured to be impressed, for want of restraint, they must have been in the same manner abused during my predecessor’s superintendence, for he reduced the number of restraints from 7 to 1—I merely from 1 to 0.”

I exult greatly, Sir, in the triumph of the moral treatment of lunatics over instrumental restraint, and have done more towards the accomplishment of that result than, I presume, you can possibly be aware of. Manual restraint

forms no part of the true management of the insane, and has ever been held by me in abhorrence.

I am, Sir,

Your most obedient servant,

SAM. HADWEN.

Lincoln, Nov. 29th, 1853.

(We have published Mr. Hadwen’s letter in accordance with our rule, to show both sides of a question, and it clearly shows that Mr. Hadwen is not entitled either to the praise or blame which attaches to the origination of the doctrine of “non-restraint,”—understanding thereby the disuse of mechanical appliances. Mr. Hadwen strives to show that Mr. Hill substituted “manual restraint” for “instrumental restraint.” We have referred to pp. 38, 44, & 52, of Mr. Hill’s Lecture, but we cannot find any authority for such an opinion. At page 38, Mr. Hill says, “there must be also a sufficient number of strong, tall, and active attendants.” At page 44, he assigns as his reason, because “the system of watchfulness is one that cannot be dispensed with. They must not be employed in any other way—their whole time and attention must be occupied with their charge.” And again, “*They must not speak angrily to the patients.*” At page 52 he gives his reasons why the attendants should be strong and tall, “because,” he says, “a diminutive person would be liable to be attacked: not so with the former, for a lunatic is perfectly aware (as is a sane person) with whom he has to deal. The attendants should be able to keep control without *even the appearance of anger.*” This, it is obvious, is merely moral restraint, and is consistent with humanity and common sense. The pages referred to give no sanction to Mr. Hadwen’s inferences, for we do not find one word about manual coercion. Nevertheless, we will not aver more than we know; and it is possible that, although the lecture to which Mr. Hadwen refers us, as his authority, is silent on the point, yet “manual restraint” may have been habitually resorted to in the Lincoln Asylum. We should, therefore, like to know the number of hours, and the proportion of cases, in which it was employed. For our own part, we consider the general application of “manual restraint,” continued for lengthened periods, impracticable. Mr. Hill’s entire lecture is a vigorous protest against restraint in all its forms; and, in answer to a hypothetical question, “What mode of treatment do you adopt in place of restraint?” he says, “The answer may be summed up in a few words, viz., ‘classification—watchfulness—vigilant and unceasing attendance by day and by night—kindness—occupation, and attention to health, cleanliness, and comfort, and the total absence of every description of other occupation of the attendants.’”—ED. MEDICAL CIRCULAR.)

#### THE “NON-RESTRAINT” SYSTEM OF TREATMENT IN LUNACY.

To the Editor of the Medical Circular.

SIR,—With reference to the well-merited tribute about to be paid to the memory of the late Dr. Charlesworth, who contributed so greatly to the amelioration of the condition of the insane, I beg to correct an error, very generally received, to the effect that the celebrated Pinel was the first to direct attention to and put in practice the non-restraint system in treating insane persons.

With no desire to detract in the slightest degree from the praiseworthy and untiring efforts of so good and so great a man as was Pinel, but with a view of “rendering unto Cæsar the things that are Cæsar’s,” I take this opportunity to state that the non-restraint system was first propounded and carried practically out by M. Joseph Daquin, Docteur en Médecine de l’Université de Turin, Médecin des Hôpitaux Civile et Militaire, Associé Honoraire de l’Athénée de Lyon, &c., who published his work entitled “*La Philosophie de la Folie*” some *twelve* years before Pinel wrote, and who dedicated his second edition (published



some three years after Pinel's first work) to Pinel; wherein he observes that he feels happy to find *one* so talented and experienced as Pinel concurring in all that he had advanced as regarded the non-restraint mode of treating the insane. Daquin further gives directions as to the mode of construction of asylums, deprecating the *dens* then in use.

The humane tendency of Daquin's writings may be gathered from the various passages in his work; in his introductory portion he writes thus:—"Venez donc, hommes fiers et hautains qui méprisez vos semblables. Entrez avec moi dans ces réduits horribles, et là vous apprendrez où peut aller finir votre morgue insolente? Venez, vous ambitieux, qui courez aux honneurs et à la domination? Je vous y monterai un de vos semblables, qui naguères suivait votre même carrière; et vous verrez à quel état l'a réduit sa passion démesurée."

I may as well perhaps, by the way, add, for the information of "*the would-be British originator of the non-restraint system*," who so vauntingly places himself before the public, that our illustrious Cullen inculcated by his writings the non-restraint system in the treatment of the insane. "Palmar qui meruit," say I.

Your obedient servant,

E. BASCOME, M.D.

2, Westbourne Villas, Paddington, Nov. 19, 1853.

[We cannot perceive that our correspondent's quotation from Dr. Daquin's work supports the opinion, that Dr. Daquin was the originator of the "non-restraint" system. Dr. Daquin was evidently a benevolent man, but he does not appear to have propounded any system.—ED. MED. CIR.]

## Medical Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Nov. 22, 1853.

DR. BARKER, Vice-President, in the Chair.

A paper was read

#### ON INFLAMMATION,

by T. S. Statham, Esq., assistant-surgeon to University College Hospital. The author divided inflammation into two types—*sthenic* and *asthenic*. He stated his opinion that the latter was always due to the presence of a morbid animal poison, which must be the result of decomposition. He acknowledged that the essence of this poison had not been discovered, but stated that its presence was shown by its effects,—*viz.*, weakening of the vital forces, increase of the watery secretions, prevention of the formation of fibrin. He remarked its specific effect upon the inflammatory process which it creates, and likewise modifies, causing effused plasma to take a less developed form. He described its progress through the body by contiguity, and stated that a special character of the disease consisted in the absence of any prominent local symptom. An account of the phenomena attending pyæmia was given, and the appearances shown by *post-mortem* examinations in this disease were described. The author gave his opinion, that absorption of animal poison was caused by glandular imbibition rather than by venous absorption, and gave the results of experiments on rabbits to prove the correctness of his opinion. He denied the existence of any peculiar odour of the breath accompanying pyæmia. He differed from Dr. Jenner as regards the theory of pyæmic fever, stating his opinion, that if the blood had been so polluted as to produce suppuration in an uninjured part of the body, death would have ensued to the patient. The causes of purulent deposits were fully discussed, and great reference was made to the works of Hunter and others. General tonic treatment, with local depletion, was recommended as the best under all circumstances.

Mr. Henry Lee gave his opinion, that no pathological specimens existed to show that this poison was imbibed

into the system through the lymphatics. He described the mode in which pus corpuscles were formed in the blood, namely, that by the specific action of this poison fibrin was effused from the serous coats of veins, which exudation, not being properly organised, softened, and was carried through the system by the blood.

Mr. Erichsen remarked, that low inflammations were greatly on the increase, and that treatment now ceased in many cases, in consequence, to be antiphlogistic. He stated his belief, that pyæmia and low inflammation were not synonymous, inasmuch as in the former the morbid action was diffused throughout the body, while in the other it seemed to be more local. He agreed with Mr. Lee upon the subject of venous absorption. He differed with Mr. Statham upon the subject of the odour of the breath in pyæmia.

Dr. Simpson made some severe remarks upon the paper just read, giving it as his opinion that it was deficient in practical value; and concluded by exhorting the surgeons and physicians of the different hospitals to bestow great attention upon the subject.

Mr. Carter referred the Society to a work by William Clowes, who lived in the reign of Queen Elizabeth, and to his opinions upon the general belief that then existed as to the poisonous nature of gun-shot wounds, and their general effect upon the system.

Dr. Schulhof wished to know what microscopical or chemical proof existed of any such poison as described. He expressed doubt as to the philosophy of reasoning and drawing deductions from that which all the previous speakers acknowledged was a mere hypothesis.

Dr. Mayo complimented the author upon his paper, and administered a severe rebuke to those who seemed disposed to check the spirit of inquiry exhibited in it.

Mr. Statham, in reply, stated, that he was fully aware of the imperfections of the paper, as he had been more accustomed to the knife than to the pen. He stated that his opinion was formed after nine years' study, and after close attention to the natural phenomena observed in experiments upon animals. As regards the peculiar odour of the breath in pyæmia, he had totally failed in discovering it.

### MEDICAL SOCIETY OF LONDON.

November, 26, 1853.

FORBES WINSLOW, M.D., D.C.L., President, in the Chair.

Mr. H. Lee exhibited the preparation of a case mentioned by him at the last meeting of the Society, in which the profunda femoris vein, with its branches, was plugged with a mass of fibrin. This had resulted from the introduction of purulent matter into the blood from an abscess on the inner side of the thigh; and, in order to show that morbid products have such an action, he detailed certain experiments performed on animals by M. Gaspard. M. Gaspard injected into the right jugular vein of a moderate sized dog two and a-half ounces of thick fetid fluid, derived from the maceration of cabbage-leaves in water at 77° Fahr. The dog became faint, and vomited several times. Some hours afterwards, there was great uneasiness and oppression, with recurrence of the vomiting and continued faintness during the day. A most copious, fetid, and black evacuation took place in nine hours afterwards, consisting of a little faecal matter, with a large quantity of corrupted blood and mucus. This was repeated some time afterwards. On the following day the animal had lost strength, and lay on its side, or staggered as it walked. The most remarkable symptom, however, was palpitation of the heart, accompanied by a very extraordinary force and sound, such as would occur from long-continued hypertrophy of the heart, or of aneurism of the large arteries. The animal was better on the third and fourth days, but still there were great thirst, fever, and vomiting. On the fifth day the symptoms were aggravated with extreme weakness,



a tottering gait, excessive thirst, red eyes filled with gum, nostrils swollen and obstructed, and the mucous membrane of the mouth tumid, and of violet-red colour. In the middle of the day there was a liquid, greyish-white evacuation, resembling pus in its odour, consistence, and appearance, mixed with some clots of putrefied blood. Death occurred during the following night. On a *post-mortem* examination the lungs were found of a dark colour, with some black patches, but still crepitant. The left ventricle of the heart presented several brown stains, resembling ecchymosis, infiltrating its tissue. Its internal surface was of the colour of lees of wine, and offered a singular contrast to that of the right side. The right ventricle contained a hard fibrinous concretion, two drachms and a-half in weight, of a light yellow colour, and having the external appearance of grease. It was of the same consistence throughout, and was free at all points, except a small portion of it which was attached to an inflamed spot on the inner surface of the ventricle. No appearance of the injected fluid could be detected in the clot. It was prolonged into the pulmonary artery, vena cava, vena azygos, axillary vein, and even into the right jugular vein.

Dr. Routh remarked that, while such results had followed from some of the experiments, they were not found in all. Putrid pus had been injected into rabbits without injury, and it is well known that wounds from dissection are usually innocuous. The results mentioned by Mr. Lee must arise from other circumstances, as those of epidemic influences and bodily weakness. It is well known that hectic fever, a symptom of purulent infection, does not usually follow the introduction of pus within the system, since large abscesses are daily observed to be absorbed without any evil effects whatever following.

Mr. Lee admitted that the results from experiments were not always consistent, but since certain symptoms had followed in numerous instances, he believed that they were due to the cause indicated.

Dr. Mackenzie fully corroborated Mr. Lee's statements, and affirmed that a vitiated state of the blood and an altered condition of the vein do induce stagnation of the blood, closure of the vessel, and phlebitis.

Dr. Tilt then read a paper on

#### INTERNAL METRITIS AND UTERINE CATARRH.

The object of Dr. Tilt's paper was to draw attention to the more obscure forms of uterine disease which have their seat in the mucous membrane which lines the neck and the body of the womb. He described subacute inflammation of the mucous membrane of the neck of the womb, contending, that to that disease alone the term uterine catarrh should be applied; and showed, that by giving it to acute inflammation of the neck of the womb, the French pathologists had been led to use uterine injections into the cavity of the womb, to the danger of the patient's life, and for a complaint amenable to much milder treatment. Subacute inflammation of the mucous membrane lining the womb was said to be characterised by the usual uterine pains and hysterical phenomena, and by inconsiderable swelling, if any, of the neck of the womb, which was sometimes only painful on pressure laterally applied, the discharge being rarely muco-purulent, generally mucous, and sometimes sanious; and Dr. Tilt detailed several cases in which this occurred for years. In addition to the known means of treatment, Dr. Tilt strongly advocated the topical application of tincture of iodine to the inner and outer surface of the womb,—the dressing to be repeated every four or five days. Dr. Tilt stated, that acute inflammation of the mucous membrane of the body of the womb could not be distinguished from the inflammatory affections of the whole organ, but that in some cases of menorrhagia this mucous membrane was alone affected, and threw off a false membrane, different from the decidua which have been hitherto described. Dr. Tilt proved his assertion by exhibiting a morbid specimen, taken from a young woman who died of menorrhagia under Dr. Watson. Dr.

Tilt thought that future researches would show that there was a chronic inflammation of the body of the womb going on in most of those cases of dysmenorrhœa which were accompanied by exfoliation of the mucous membrane of the womb. He suggested this as a matter of inquiry, and spoke in praise of hypogastric issues in this tedious complaint. Dr. Tilt then described a form of internal metritis, to which he gave the name of hemorrhagia, to mark the symptom by which it was habitually accompanied. He illustrated this variety by a case in which the treatment usually employed was useless to arrest the disease, astrigent injections, cauterization of the neck of the womb with the nitrate of silver, as well as internal remedies being without avail; whereas, when large doses of morphia, two grains per diem, were given to allay pain and calm hysterical symptoms, the sanguineous and semi-purulent discharges were checked, and the patient recovered. Another variety of internal metritis was described under the name of "fibro-plastic," because it was characterised by the growth of fibro-plastic vegetations on the surface of the womb—these vegetations giving rise to sanguineous discharges and uterine symptoms, developed to an unusual degree of severity. With regard to the local treatment of the various forms of internal metritis, Dr. Tilt deprecated the use of uterine injections on account of the uncertainty of their action, either in a similar set of cases, or even in the same patient—admitting, however, that they might, perhaps, be useful in some cases of the fibro-plastic variety. In that disease he recommended the careful introduction of Recamier's curette, a uterine sound a little larger than Dr. Simpson's, somewhat curved at its extremity, and hollowed out under its curvature, so as to remove the vegetations by gentle abrasion. Dr. Tilt had also found this instrument very useful in removing portions of retained placenta, the presence of which were indicated long after parturition, by flooding, by an enlarged body of the womb, and by uterine symptoms. He also mentioned sundry improvements in the construction of this instrument, which he had confided to the known dexterity of Mr. Coxeter. In exhibiting this instrument he also showed another larger instrument, which had been used by Recamier for the same purpose as the smaller, when the internal neck of the womb was widely dilated by inflammatory action—a circumstance of rare occurrence. Dr. Tilt next brought forward another plan of treatment, which he had found very successful in one case of the fibro-plastic variety, which was, after the application of the speculum, to introduce into the cavity of the body of the womb Dr. Simpson's uterine sound, carefully surrounded by cotton-wool, saturated with tincture of iodine. The vegetations came away with a sero-purulent discharge after a few days; the operation was again repeated, and the patient was in a short time relieved of a sero-sanguinolent discharge which had lasted for years, and her health was restored.

In conclusion, Dr. Tilt insisted on the very numerous instances of disease in which tincture of iodine had been with perfect impunity introduced into the tissues of the body, and from that, and still more from the results of known practice, he inferred that tincture of iodine and iodide of iron, were the topical applications from which practitioners would derive the greatest assistance in the treatment of uterine diseases.

Mr. Streeter expressed his horror at the use of a large curette which the author had exhibited and Recamier had invented, for the removal of portions of retained placenta, and considered it to be a most dangerous instrument.

Dr. Henry Bennett did not understand why the mucous membrane of the neck of the uterus should be infinitely more prone to inflammation than that of the body of that organ; and since Recamier, and the French writers in general, had failed to make this distinction, he could place no confidence in their statements. He had most rarely met with the latter disease, but believed that it would be indicated by exalted sensibility of the organ, enlargement of



the cavity, a patulous state of the os uteri, a sero-purulent or bloody discharge, and a marked reaction on the general health. The mere presence of hæmorrhage, or of fibrinous casts, would not prove its existence, since the former attends many uterine diseases, and is a characteristic of certain idiosyncrasies, while the latter may simply be a thickening of the membrane which is usually present at the menstrual period. The treatment of inflammation of the mucous membrane of the canal of the cervix is simple and effective, while that of the body is beset with difficulty and some danger. He had known the introduction of a bougie, with the intent of dilating the canal, not only give intense pain, but induce abscess of the broad ligaments, and in general he would hesitate to manipulate on the cavity of the womb. He had employed the nitrate of silver and the acid nitrate of mercury.

Dr. Greenhalgh had frequently met with cases in which muco-purulent discharge was accompanied by symptoms of disease of the cervix uteri, and believed that uterine catarrh is due to inflammation of the mucous membrane of both the body and the canal. He also referred to Dr. Churchill's authority in support of the statement that uterine catarrh is distinct from disease of the os uteri. In the acute forms of the disease, he would employ the hot bath, with mercury and Dover's powder; and in the chronic states would direct a change of air and improvement of the general health. He would not affirm that the application of potassa fusa and other local remedies was improper, but he believed it to be rarely called for. As a rule, he objected to local interference.

Dr. Mackenzie stated, that all mucous discharges proceed from the neck, while those which are serous or bloody proceed from the body of the womb. He had attended a case of inversion of the uterus, and had observed that irritation was not followed by a mucous secretion, but by an effusion of the elements of the blood. Fibrinous casts may be formed by the solidification of this effused substance, without the presence of inflammation. He believed that true metritis is quite distinct from catarrh, and that the catarrh may be observed in connection with a pale, soft, smooth, and cool os uteri. He believed catarrh to be due to general causes, and to be most readily removed by the exhibition of steel and other remedies to improve the health. He had found local astringents, as alum and nitrate of silver, to fail, although they had been assiduously and properly applied.

## THE CHOLERA.

### THE METROPOLIS.

Cholera, it is gratifying to observe, subsides, and last week was fatal to only 46 persons. In the first 14 weeks of the epidemic of 1848-49 (reckoning from 1st October), it destroyed 529 persons; in the same number of weeks of the present attack, commencing 21st August, it has carried off 744, or 215 persons more than in the former. But the epidemic beginning at an earlier season in 1853, the mean temperature has been, on an average, 5° higher; and, making allowance for this circumstance, there does not appear any sufficient ground to conclude that the distemper now prevailing is of a more virulent character than that of 1848.

### IRELAND.

The "Cork Examiner," of Tuesday evening, says:—"We regret to state, from accounts we have received, that Asiatic cholera has made its appearance in this city. Last evening an order was given by the Mayor for the burial of a man who was attacked on Friday, and died yesterday. He was attended by Dr. Fowler, who states that the case was one of decided Asiatic cholera. Another case occurred in Lag-lane, and we have been just informed of the occurrence of a third. All the cases have been in those localities which are distinguishable for their filth and squalor."

### CHOLERA ABROAD.

The "Union Médicale," of November 19th, contains the announcement of some cases of Cholera at Paris:—"The first case in Paris occurred on the 11th of November. Since that time, several other patients, male and female, have been admitted into the different hospitals. Moreover, there have been observed some cases disseminated in the ninth and eleventh arrondissements. Some died; others, when heard of, were in a dangerous state. But for two whole days no new cases were admitted into the Hôtel-Dieu. Premonitory diarrhoea was a constant phenomenon."

The "Union," of November 22nd, contains the following:—"The number of cases in Paris presents no alarming features. It has varied between five and nine a-day, since the appearance of the last number of the journal. A very few cases have come from the town; the patients admitted into the hospitals have come from the fifth, eighth, and ninth arrondissements. On the 21st (Sunday), there were fewer cases than on the preceding day."

*Erratum.*—In our last Number, the attacks and deaths from cholera were stated as 1328 of the former, and 1607 of the latter. The attacks should have been 3328. We took the numbers from the "Deutsche Klinik." They would show that the mortality has varied from 23 per cent. at Stettin to 65 per cent. at Christiana, which is about the per centage in our own provinces.

PROBABILIY OF DURATION OF FATAL CHOLERA CASES.—Of 19,232 fatal cases of cholera (1849) in males, 315 terminated in six hours, leaving 18,917 alive; 3030 died in the next six hours, leaving 15,887 alive at the end of the twelfth hour; 4965 died in twelve and less than eighteen hours, leaving 10,922, or rather more than half the number of those who die, alive at the end of eighteen hours. If a man is to die of epidemic cholera, it is probable that he will die in the first day (twenty-four hours), as out of 19,232 males who die, 10,117 die within, and 9045 survive that period.—*Registrar-General.*

## Obituary.

April.—WILLIAM DRAPER, Esq., M.R.C.S., in the Canterbury settlement, New Zealand, aged 25.

Nov. 12.—RICHARD LANYON, Esq., M.R.C.S. Eng. 1832; L.S.A., after a short but severe illness, at Camborne, near Redruth, Cornwall. Mr. Lanyon held the appointment of Surgeon to the Camborne Dispensary, and was the author of Prize Essay on Diseases of Cornish Miners, given by the Polytechnic Society of Cornwall, and published in their "Reports." His loss will be long and deeply regretted by numbers both of the rich and the poor, to whom his professional skill and unfailing kindness rendered him an invaluable friend.

21.—JOSEPH BENSON, Esq., M.R.C.S. Eng. 1803, late of Brudenell Place, New North Road, deeply lamented, aged 73.

24.—JOHN KENDRICK, Esq., M.R.C.S. Eng. 1816, at his residence, 11 Robert street, Hampstead Road, aged 58. Mr. Kendrick was surgeon to the 3rd Royal Lancashire Militia, and a Member of the Medical Society of London. He contributed two papers to the "Medical Times and Gazette," on "Case of Hæmorrhage, after extraction of Tooth," and on "Prolapsus Uteri."

DAVID COWAN, Esq., many years a Surgeon of Portsmouth Dockyard, at Southsea, where he had resided since his retirement from duty. Mr. Cowan served as Assistant-Surgeon of the "Superb," at the taking of St. Domingo, and was for many years Surgeon to the household of His late Majesty William IV., when Duke of Clarence.



## Medical News.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen having undergone the necessary examinations for the diploma were admitted members of the College at the meeting of the Court of Examiners on the 25th ult.:—John Joseph Coghlan, Old Cavendish-street; Samuel Delpratt, Hon. East India Company's Service, Bengal; Edward Dowson, Whitby, Yorkshire; Henry William Freer Lomas, Derby; William Roberts, Mynyddy-gof, Anglesea; Henry Morris Simmonds, Lindfield, Sussex; Alfred Stevens, Hammersmith; John Thomson, Belfast; Philip Vincent, Camborne, Cornwall.

**COURT OF QUEEN'S BENCH, NOV. 25.—THE QUEEN v. THE REGISTRAR OF THE PHARMACEUTICAL SOCIETY.—MANDAMUS.**—Sir F. Kelly moved for a rule for a *mandamus* directing the registrar of the Pharmaceutical Society to remove certain names from that association. By the 15 and 16 Vic., c. 56, it was provided that no person should be placed upon the register of the society who was not already established as a chemist and druggist, and who had not become a member of the society, or who had not undergone an examination and obtained a certificate of qualification. The governing body of the society had, however, framed some additional bye-laws, by which any person could be placed upon the register, and become a member who was practising as a chemist and druggist, and who could obtain a certificate of qualification from two members of the society. The effect of these bye-laws was that 650 persons had been admitted as members of the society, and allowed to share in the privileges to which all members were entitled, who had no other qualification than that required by such bye-laws, which bye-laws, he contended, were in direct contravention of the Act of Parliament. Lord Campbell said the court would not grant a rule to strike the names off the register, but would direct that under the *mandamus* a complete register of the members and associates of the society should be made in the terms of the Act.—Rule accordingly.

**NOV. 26.—PARKES v. HARDWICK AND OTHERS.**—The plaintiff in this case is a member of the medical profession, and the defendant one of the trustees of the Metropolitan Omnibus Servants' Provident Society. He had brought the present action to recover the sum of £75 for services he had performed as the medical officer of the society. It appeared from the evidence of the witnesses who were called on the part of the plaintiff, that the society in question had been established for the purpose of assisting persons who were in the employ of omnibus proprietors, that the management of the affairs was entrusted to a certain central committee, under which several district committees were appointed, and that plaintiff made an application to the Camden-town district committee to be appointed the medical officer of that district. The remuneration he required for his services was a subscription of 1s. a quarter from each member of the society. On the 28th of October, 1851, he obtained the appointment he sought by a resolution of the district committee, which was afterwards confirmed by the central committee. He continued to discharge the duty he had undertaken until March, 1853, when, not being able to obtain payment for his services, he was under the necessity of instituting the present proceedings. Mr. Bramwell addressed the jury on the part of the defendant, and contended there was no case for them to decide on, as the rules of the society did not give the central committee power to appoint a person to discharge the duty undertaken by the plaintiff; but, this point having been reserved, witnesses were called, who proved that the society by which the plaintiff had been appointed was altogether distinct from that of which the defendant was a member, it being denominated the "sick and burial fund," and was a mere branch of the other society; the provident society ceased to exist in June, 1852, but no application was made with respect to

the plaintiff's claim until April, 1853. The jury returned a verdict for the defendant.

**BAIL COURT, NOV. 25.—THE QUEEN v. O'SHEA AND OTHERS.**—Mr. Serjeant Shee moved for a rule to show cause why a criminal information should not be filed, at the instance of Dr. William O'Connor, against Michael Keating O'Shea, Thomas Clayton, the elder, and Thomas Clayton, the younger, for a libel, which appeared in a paper called the "Weekly Telegraph," published in Dublin. The libel contained statements that the applicant was not entitled to put "M.D." at the end of his name, and imputed, generally, that he was an impostor. The affidavits denied all the imputations in the libel, and stated that, in October, 1832, the applicant was examined for three days before the University of St. Andrews, in Scotland, as a candidate for the degree of M.D.; and that, after such examination, he had been declared to have passed his examination, and he received the degree of M.D.; and the applicant denied that he was a saunterer about the House of Commons, as imputed in the libel, but he occasionally went there to see members. Mr. Justice Crompton said he thought the article libellous; perhaps the object would be attained by publicity.—Rule granted.

**ACCIDENTAL POISONING BY ACONITE.**—A sad and fatal accident occurred lately at Bristol by the accidental use of the aconite root in mistake for horseradish. A bookseller at Chard, Somersetshire, named Russell, repaired a few days since, to Bristol, to receive a legacy, and, while there, dined with his brother on roast beef. A remark being made that there was not any horseradish, the servant was sent to the garden to pull a root. On her return, Mr. Russell scraped it into a plate, and observed that it was very dead and devoid of taste. Both brothers partook of it, and also noticed its want of strength, but had no suspicion. Some time after dinner, the legatee complained of a strange tingling of the lips, which soon increased and extended around the neck. He then went to call on another brother, the one he had dined with accompanying him, but, before he had arrived there, he became much worse, and, on entering the house, said he was sure he had taken poison, the deadness was creeping all over him. Some brandy was then given, but the symptoms increased, and soon the sight was lost. Medical assistance was sought, and a mustard emetic ordered, but in vain, the victim expiring in a little while. The remainder of the root was examined by Dr. Taylor, who at once recognised it to be the aconite. Similar cases have occurred before, particularly one, some ten years since, in Lambeth, where the root of the aconite was mistaken for that of horseradish, a fatal result following. The aconite should not be cultivated in private gardens, as this, and other cases, show it to be a very dangerous root, so many persons being unacquainted with its botanical and physiological qualities.

## Notices to Correspondents.

**A MEDICAL PUPIL (Manchester).**—"Sclecta à Prescriptis."

**MEDICUS (Manchester).**—We prefer Canada. 1st. Because under British rule; but if this motive be considered unimportant—because, 2nd. less jealousy of English surgeons is said to exist there than in the States. On the whole, we think the chances of success greater.

**INDOCTUS.**—We are quite in the dark as to the cause of "Epilepsy;" and its treatment is entirely empirical. Irritation will produce it, it is true; but there is not any pathological condition that has been found with uniformity, and to which the disease can be referred.

**MAGUS.**—The "obscure" print is rapidly making its way into the light, while its opponent is as rapidly becoming "obscure." If phrases like these be the only weapons with which the "Lancet" can resist our arguments, the world will soon be driven to laugh at its imbecility. Our answer will appear next week, to the confusion of the miserable scribbler.



**POLITZER** thanks us for the castigation we administered to a certain Editor last week. If it bring reformation, we shall be satisfied.

**MR. J. W.**—1st. Thom's Directory; 2nd. Yes; but it is not likely to be continued.

**A SUBSCRIBER.**—The M.R.C.S. must be able to prove that he was *in practice* before August, 1815.

**JUSTICE TO ALL** sends us a disgusting handbill, of which the following is a copy, and which has been audaciously circulated by, we regret to say, a member of our profession. Comment is unnecessary. We believe that giving these gentry what they want—publicity, is the best way to expose their misconduct. We thank Mr. Gibson for reminding us that his name is contained in the "London and Provincial Medical Directory," because we will take care to deprive the Edition for 1854 of the authority upon which he trades:—

"45, Liquorpond-street, Gray's Inn-lane, London. Notice! Gibson *versus* Quackery! The irreparable ravages produced by the Venereal Disease from improper treatment, or an imperfect cure, renders it imperatively necessary that those afflicted should be fully convinced how to act and where to apply for proper medical advice, as the disease is as insidious in its ravages upon the constitution, as the Extortionate Quack is upon the pockets of his unfortunate victims. Mr. Gibson, Surgeon and Apothecary, 'that well known established practitioner in medicine, having given up the other lucrative branches of his profession, from his extended practice in Diseases of the Generative Organs, trusts the public will no class him amongst those vile Imposters, ignorant and dangerous pretenders to medical skill, as he is opposed to them in every sense of the word, as his diploma and certificates inside the dispensary window will always prove to the afflicted, that they may not only avoid the *snake in the grass*, but appreciate the practical experience of a learned profession.' N.B. The 'London and Provincial Medical Directory,' placed inside the dispensary window, containing the names only of those legally qualified to practise medicine and surgery, should be referred to, and may be referred to gratuitously by all patients at Mr. Gibson's Dispensary, before they allow their constitution and offspring to be diseased and ruined for life, by the baneful practices of self-styled doctors, extortioners under false pretences. 45, Liquorpond-street, Gray's Inn-lane, late of 20, Melton-crescent, Euston square."

**MR. S.**—The publisher will communicate with you.

To the Editor of the "Medical Circular."

**SIR,**—Would you be good enough to mention in your Journal, if you know what was done with the various Remarks on Vaccination and Small Pox obtained from the different Medical Officers in India, and sent to the Epidemiological Society by the Honourable Boards in India, at the request of that Society in 1851?—Yours most truly, F. J. WILLIAMS. Summerville, Finca, Ireland, Nov. 22nd, 1853.

[We hope some member of the Epidemiological Society will answer the foregoing inquiry.]

**SIR,**—I hail with great joy your opportune remarks on the administration of chloroform, in the last number of the

"Medical Circular," and I am convinced, if your suggestions are carried out practically, of their being of infinite satisfaction to the profession, and of service to the public. In confirmation of your views, I beg to send you for publication, should you deem it deserving the honour, a copy of a letter to Professor Simpson, of Edinburgh (dated as under), embracing some of my views on the administration of chloroform at that period. Ample opportunities of observation, during a period of five years, coupled with the experience of many others, warrant me to think, if not to say, that my hints were not altogether too premature.—To administer chloroform to deaden nervous sensibility, and facilitate surgical operations to patients, irrespective of their peculiar state of health, age, temperament, and the recumbent posture, is, in my opinion, the work of ignorance, and cannot be too strongly denounced.—Yours, &c.,

ALEX. CURRIE.

Bowmore, Islay, 16th Nov. 1853.

[The letter to Professor Simpson reiterates the sentiments so strongly expressed in the foregoing note; the necessity of its publication is therefore superseded.]

\* Our correspondent BETA sends us the subjoined communication, in which the tricks of an advertising Aurist are exposed:—"I send you a slip, cut out of a provincial paper, 'The Tipperary Reporter,' as perhaps you might think it worth recording, and as I do not perceive you have as yet noticed the country impostors in your instructive and able 'History of Quackery,'—a Canterbury tale for the winter fireside.—[To the Editor of the Reporter and Vindicator.—Recess, Outerard, 28th October, 1853. Sir,—From an advertisement which I read in your paper from Doctor Thomas, 60, Burgale-street, Canterbury, relative to his curing deafness, I was induced to send him 7s. 6d. in postage-stamps on the 21st instant, and have not since received a reply, which leads me to believe that it is only an imposition on the public. I will take it as a favour by your letting me know how the paragraph was sent you for insertion, or by whom. I beg to apologise for trespassing so far on your valuable time. Very truly yours, SUSANNA MURRAY.—In reply to the above, we have only to state that the advertisement came to us through the ordinary channel."]

**MR. MOSS's** letter, a "Cure for Quackery," shall appear next week.

**A CONSTANT READER, F. L. S.**—By obtaining the recommendations of six Fellows. The Secretary will give you all the information you require.

**A WOMAN.**—We have received your sensible letter, and if we have space will do you justice by inserting it next week.

**MR. WALSH'S** letter on "Irish Dispensary Practice" shall be inserted in an early number.

**ERRATUM.**—In "Medical Men of the Three Kingdoms," Part VI., page 246, line 46, for *revolution* read *resolution*; and in the article "Swallowing False Teeth," page 404, line 12, for *drops* read *doses*. By an error of the press, a false heading appeared last week to our report of the proceedings of the "Medical Society of London," which title should be substituted for "Royal Medical and Chirurgical Society."

## ADVERTISEMENTS.

### Arrowroot, 8d. per lb., in 14lb. Tins,

warranted genuine, imported direct from the West Indies. Finest Brazilian Isinglass, 8s. 6d. per lb. Samples per post on receipt of two stamps. Delivered free to any part of England.—H. WARREN & CO., 302, Regent-street, London.

### Genuine Wines.—Pale or Brown

Sherry, 33s. per dozen. A very superior Amontillado Sherry 42s. per dozen. Old Crusted Port, 34s., 42s., and 48s. Hock, 36s. Moselle, 36s. Claret, 30s. Champagne, in splendid condition, 40s. per dozen. THE FINEST BLACK TEA imported, 4s. per lb. H. WARREN & CO., Importers of Continental and Colonial Produce, 302, Regent-street (nearly opposite the Polytechnic), London.

### To Invalids and those desirous of

PRESERVING HEALTH.—The Sanitary Commission instituted by THE LANCET having pronounced the Cocoa purchased at 15, Rathbone-place, Oxford-street, to be "entirely free from deleterious admixture," the attention of the public is directed to EDMONDS and Co's HOMOEOPATHIC COCOA, at 1s. 6d. per lb. Edmonds and Co., Tea Dealers, &c., 15, Rathbone-place, Oxford-st.

### Soyer's Aromatic Mustard.—"M.

Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration."—LANCET.

Sole Agents: Messrs. GROSSE AND BLACKWELL, 21, Soho-square, London.

### Scarlett's Portable Invalid Soup.—

SCARLETT and SON respectfully inform the public that the SOUP made by them expressly for invalids, so strongly recommended by Dr. Marshall Hall and other medical gentlemen, will be found very beneficial. 2s. 6d. per quart, or 1s. per lb. 26, King William-street, London-bridge.

### THOMAS SALT and Co.

EAST INDIA PALE ALE BREWERS, BURTON-ON-TRENT.

STORES.	
London.....	21, Hungerford-wharf.
Liverpool.....	52, Henry-street.
Manchester.....	37, Brown-street.
Birmingham.....	26½, Bull-street.
Bristol.....	Back Hall, Baldwin-street.
Nottingham.....	14, Milton-street.
Dublin.....	4, Crown-alley.
Edinburgh.....	17, Downie-place.
Dundee.....	13, New Inn Entry, High-street.



TO SURGEONS, CHEMISTS, &c.

## Sulphate of Quinine (without

Alcohol). Patented 28th of July, 1853, by EDWARD HERRING, Chemical Works, Trinity-street, Southwark, London.

These Sulphates of Quinine are prepared by extracting the coloring of the bark by means of a caustic solution of Soda or Potash; thus avoiding the necessity of the usual bleaching Agent, impure Animal Charcoal—and dispensing with the use of Alcohol. The Patent has, therefore, the advantage of manufacturing a Sulphate of a Quality very superior to that produced by the ordinary Spirit process.

The WHITE (Bleached) SULPHATE is the usual article of commerce, but being manufactured by the patent Caustic Alkali process, requires the agency only of pure Animal Charcoal, for the perfect bleaching of the Salt, producing a whiteness which is scarcely possible to be attained by the hitherto known processes. Put up in the usual 10z. bottles; also in 40z. bottles (free).

THE UNBLEACHED SULPHATE, although of such recent introduction, has not only been chemically attested and approved, but already put into extensive application by the large London and Provincial Hospitals and Dispensaries.

The Crystalline form is the same, and is, in every respect, identical with the usual white article, with the exception of the one being bleached and the other unbleached.

Independently, therefore, of its commercial points, the vast saving of about 20 per cent. in price, is not the least of its recommendations. Put up in bottles (free) of 3 oz. each, also 1 oz. sample bottles.

The PATENTED SULPHATES to be had of the leading Drug-gists in London and the United Kingdom, and in quantities of not less than 100 ounces, from the Manufactory, Chemical Works, Trinity-street, Southwark, London.

July 23, 1853.

STAYS SUPERSEDED:

## Great Exhibition Elastic Bodice.

—Stiff Stays destroy natural grace, produce deformity, and implant disease. Curvature of the spine, consumption, and a host of evils arise from their use. MARTIN'S ELASTIC BODICE is without whalebone or lacing, at the same time furnishing a sufficient support, and imparting to the figure that natural elegance, which is quite impossible under the pressure which is the great aim, as mischief is the certain end, of all kinds of stays. The time and patience of the wearer are also spared, by a simple fastening in front, to obviate the trouble of lacing. As there are several imitations of these celebrated Bodice, it is necessary to inform the Public that they can be obtained only of the Inventors and Manufacturers, E. AND E. H. MARTIN, 504, New Oxford-street.

A Prospectus, &c., on receipt of a stamp, can be sent by post.

## American Invention for the Pre-

VENTION of SPINAL CURVATURE, &c.—An apparatus, not intended for the support but prevention of spinal deformity, has recently been invented in America, by means of which the habit of stooping, rounding the shoulders, &c., is immediately corrected, without the wearer feeling the least restraint. It is instantly applied, without any fastenings whatever, can be worn beneath or above the dress; is simple in its form, and in weight only a few ounces. It is especially recommended for young ladies during drawing, music, equestrian exercise, &c., and to adults whilst reading, writing, or following any sedentary pursuit. To be procured only from HENRY BIGG and SON, anatomical machinists, 29, Leicester-square. Price £1 1s. The apparatus is patented in England, France, and America.

## The Respirator.—The extensive

use of Mr. JEFFREYS'S Respirator by sufferers from irritation in the air passages and lungs, renders it desirable that the attention of the profession should be invited to the different forms of the instrument. These are—for the mouth, THE FIXED ORAL RESPIRATOR, and the HAND ORAL—the latter so convenient in form as to supersede in many cases a necessity for the former. The NASAL for the nostrils, and the ORINASAL to cover both orifices, are instruments used chiefly at night, to promote rest by allaying cough and irritation. The earlier and more steadily the Respirator is employed in the forms needed, the sooner does the patient cease to require it. There can be no greater mistake in therapeutics than to defer the employment from a fear of inducing a dependence on it, the very contrary being true in theory and in all experience. A pamphlet, entitled "Answers to Objections, &c.," and procurable at all the Depots, may be worth the attention of medical men, as containing philosophical replies to mistaken views. West-end Depot, 25 Holles-street, Oxford-street.—S. Griffiths. Wholesale Office, City, 25, Bucklersbury. The leading Chemists and Instrument Makers are Agents for Mr. Jeffreys's Respirators.

## Rumble's Improved Elastic Bodice,

recommended by eminent Physicians.—This superior and much improved Elastic Bodice can with confidence be offered to ladies, as surpassing any yet made; it fastens easily in front, retains its firmness and elasticity, and by a peculiar system, adopted by Mrs. Rumble, a perfect fit is ensured. To be obtained only of the manufacturer, M. Rumble, 2, Welbeck-street, Cavendish-square, opposite the Savings Bank.

## For Varicose Veins & Weakness.—

SURGICAL ELASTIC STOCKINGS, AND KNEE-CAPS on a New Principle, pervious, light in texture, and *inexpensive*, yielding a permanent, efficient, and unvarying support under any temperature, without the trouble of Lacing and Bandaging: likewise, a Strong, Low-priced Article for Hospitals and the Working Classes: ELASTIC NET CORSETS of the same beautiful fabric, ABDOMINAL SUPPORTING BELTS, for both sexes, those for ladies' use before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instructions for measurement, and prices on application, and the articles sent by post, from the Manufacturers,

POPE and PLANTE, 4, WATERLOO-PLACE, PALI-MALL, LONDON.

The Profession, Trade, and Hospitals supplied.

## By Her Majesty's Royal Letters

Patent.—DR. CAPLIN'S ORTHO-CERVICO SPINALIS, or NECK MONITOR and SPINAL ERECTOR, for the prevention and cure of the poking of the head, and stooping of the body. Dr. Caplin's Newly-invented Ortho-Rachidic Couch for the cure of Lateral Curvature, now exhibited at the Society of Arts, John-street, Adelphi, London. The above may be procured at Dr. Caplin's Royal Hygienic Gymnasium Orthopedic Electro Kinesitherapeutic Institution for the Cure of Deformities of the Spine, Strawberry-hill, Pendleton, Manchester. Prospectuses may be obtained at 58, Berners-street, Oxford-street, London.

## New Truss for Hernia.—F. Walters

begs to call attention to his NEW TRUSS, with improved *water-pad*. The advantage of water is, extreme softness and the certainty of the pressure being always in the proper place. This truss has received the approbation of the most eminent surgeons, many of whom pronounce it the most perfect ever yet produced. F. W. can, therefore, confidently recommend it to all those requiring such assistance. Manufactured only by F. Walters, of whom can be had the new double-action Cycloidal Enema Syringe; also Walters's celebrated Railway Convenience for Ladies and Gentlemen. —F. Walters, 16, Moorgate, City.

## The Electric Rubber for the Skin.—

The valuable properties of this Rubber are still but little known. It has received the valuable testimony of many of the first Members of the Medical Profession, and also Private Gentlemen. The utility of a daily application, particularly after the cold bath, or sponging, both in restoring the heat of the blood and skin, without in any way injuring the skin, will be self-evident upon the inspection, or one trial, of the Elastic Rubber, made solely for LUDLAM'S, 159 and 160, Oxford-street.

## Cook and Williams's Respiratory

Organ, and Chest Protector for Fog, Cold, and Night Air. "A good and inexpensive substitute for Mr. Jeffery's Respirator. It is either stock or scarf of most ready and convenient adjustment. The one for Ladies is manufactured in fine stuff, of various colours, and forms a neck-tie of elegant appearance; the elastic band which covers the mouth falls into the fold when not required."—MEDICAL TIMES, January 4, 1851. "Cheap, elegant, and effective."—LANCET, November, 30, 1851. Patentees, 10, Princes-street, Hanover-square, and of the Principal Chemists in the United Kingdom.

RUPTURES.—BY ROYAL LETTERS PATENT.

## The Moc-Main Lever Truss is allow-

ed by upwards of 200 Medical Gentlemen to be the most effective invention in the curative treatment of HERNIA. The use of a steel spring, so often hurtful in its effects, is here avoided; a soft bandage being worn round the body, while the requisite resisting power is supplied by the MOC-MAIN PAD and PATENT LEVER, fitting with so much ease and closeness that it cannot be detected, and may be worn during sleep. A descriptive circular may be had, and the Truss (which cannot fail to fit) forwarded by post, on the circumference of the body two inches below the hips being sent to the Manufacturer, Mr. WHITE, 228 Piccadilly, London.

## Elastic Stockings for Va-

RICOSE VEINS, and all cases of Weakness and Swelling of the Legs, Sprains, etc. They are porous, light in texture, and inexpensive, and are drawn on like an ordinary Stocking. Price from 7s. 6d. to 16s.

MANUFACTORY—228 PICCADILLY, LONDON.





## W. Twinberrow begs to draw the attention of the Medical Profession to his

### EXTRACT OF INDIAN HEMP,

Prepared expressly for him at Calcutta, its peculiarly sedative properties being so beneficial where opiates are inadmissible; also to his

#### MEDICINAL EXTRACTS.

Prepared from the fresh plants (*Hyoscyamus Niger*, *Conium Maculatum*, *Atropa*, *Belladonna*, *Cotyledon Umbilicus*, &c.), also to his *Liq. Taraxaci*, *Liq. Galli Aparinis* (a valuable alterative), *Liq. Parietaræ* (diuretic), and *Liq. Belæ* (prepared from the *Egle Marmelos* or *Indian Bael*), for Dysentery and Diarrhœa.

W. T. has a large supply of *INDIAN BÆL*, and *PURE COD'S LIVER OIL* of his own manufacture on hand.  
2, Edwards-street, Portman-square.

### BROWN'S CANTHARIDINE BLISTERING TISSUE, Prepared from pure Cantharidine.

## An Elegant Preparation, Vesicating

in much less time than the *Emp. Lyttæ*. P.L., easily applied and removed, and will not produce stranguary or troublesome aftersores. It has received the sanction and commendation of the most eminent practitioners in the kingdom.—In Tin Cases, containing twelve square feet, 6s. 6d.; and small Cases of six feet, 3s. 6d. each.

### BROWN'S TISSUE DRESSING,

An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the "New York Journal of Medicine," March 1st, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the *Emp. Cantharidis* are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the medical profession.

"Accompanying this article is a very simple and neat dressing."

From the "Medical Examiner and Record of Medical Science," for May, 1850, published in Philadelphia.

"We have received from Mr. George D. Phelps of New York, specimens of Brown's Cantharidine Blistering Plaster and Dressing, with which our readers are doubtless familiar as a new and exceedingly neat preparation, easy of application and certain in their effects. We have given them a fair trial, and find they fully answer our expectations."

"Army Medical Department, January 16th, 1847.

"The Principal Medical Officer of the General Hospital, Port Pitt, Chatham, reports that Mr. Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of stranguary.

ANDREW SMITH, M.D.

"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist."

Prepared by THOMAS B. BROWN, PHARMACEUTICAL CHEMIST, 42, ADMIRAL-TERRACE, VAUXHALL-BRIDGE-ROAD, LONDON and sold by the Sole Consignee, Mr. William Bailey, Wolverhampton, and all Wholesale and Retail Druggists and Medicine Agents throughout the British Empire.

## The Most Certain Prevention of

Cholera yet Discovered.—Further Great Reduction in Price.—CREW'S DISINFECTING FLUID is the Best and Cheapest. The improved Chloride of Zinc for the purification of Dwelling Houses, Stables, Dog Kennels, Ships' Holds, Cess-pools, Drains, Water Closets, &c., the Disinfection of Sick Rooms, Clothing, Linen, and for the Prevention of Contagion and Bad Smells.

The extraordinary power of this Disinfecting and purifying Agent is now acknowledged, and its use recommended by the College of Physicians. Unlike the action of many other disinfectants, it destroys all noxious smells, and is itself scentless. The manufacturer, having destroyed a monopoly fostered by the false assumption of the title of a patent, has to warn the public against all spurious imitations. Each Bottle of Crew's Disinfecting Fluid contains a densely concentrated solution of Chloride of Zinc, which may be diluted for use with 200 times its bulk of water. Vide instructions accompanying each bottle. Sold by all Chemists and Shipping Agents in the United Kingdom. Imperial quarts at 2s.; pints at 1s.; half pints, 6d.; larger vessels at 5s. per gallon. Manufactured at H. G. GRAY'S, Commercial Wharf, Mile End, London.

## Blake's Aerated Citrate of Potash

Water.—SANDFORD and BLAKE, 47, PICCADILLY, have recently prepared an Aerated Solution of Citrate of Potash, which they beg to introduce to those members of the profession who may desire it for the use of their patients. It will be found a valuable auxiliary in the treatment of Gout and Rheumatic Affections, as well as the Lithic acid Diathesis and Dyspepsia. Their Potash Water, as usual, contains 18 grains of the Bi-carbonate in each bottle; Soda, 15 grains; Magnesia, 12 grains; and Ammonia, 10 grains. Seltzer, Vichy, and other foreign waters from the respective analyses.

## Davenport's Syrup of the Iodide of QUININE and IRON.

FROM DR. GOLDING BIRD.—"48, Russell-square.—I have now for some time employed pretty largely the triple Compound of Iodide, Quinine, and Iron, prepared by Mr. John T. Davenport, in the form of Syrup. I do not hesitate to express my opinion of its great value as a therapeutic agent. It has appeared to me, that the Quinine assisted the assimilation of the Iron, and I have found it to be of very great value in cases in which the Iodide of Iron is recognised. This triple Compound possesses many advantages over the simple Iodide, and not the least of them is, the satisfactory manner in which it is tolerated by the stomach, especially if administered (as all preparations of Iron ought to be) immediately after a meal.—"GOLDING BIRD, A.M., M.D., F.R.S., Fellow of the Royal College of Physicians, Physician and Professor of Materia Medica at Guy's."

FROM DR. GEO. P. MAY.—"Having for some time past extensively used the ternary compound of Quinine, Iodide, and Iron, prepared by Mr. J. T. Davenport, I can with confidence testify to its marked efficacy in cases of Struma and Anæmia, and, indeed, in all instances in which the exhibition of Iron and its compounds is indicated. This preparation appears to combine all the therapeutic powers of its constituents without their nauseous qualities, which renders it an admirable medicine in the treatment of some of the disorders of childhood.—GEO. P. MAY, M.D.—Maldon."

SYRUP OF THE IODIDE OF ZINC, as prepared for Dr. Barlow, of Guy's Hospital.

TARAXACUM (Davenport's) LIQUOR, or FLUID EXTRACT, Prepared by Spontaneous Insipitation, possesses every characteristic of the fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm. 6s. per lb.

CITRATE OF QUININE AND IRON. 25 per Cent. Quinine, 4s. 6d. per oz.

SYRUP OF THE IODIDE OF IRON. P. L. 3s. per lb.

BIMECONATE SOLUTION OF OPIUM. Professional testimonials acknowledge this preparation to be the most efficient sedative extant. The unpleasant effects of ordinary opiates are entirely obviated. Dose, fifteen to thirty drops. 8d. per oz.

COTYLEDON UMBILICUS. The Solid and Fluid Extracts, 1s. 3d. and 1s. per oz.; also, the Preserved Juice, 5s. 4d. per lb., as recommended by Mr. Salter, of Poole, in Epilepsy.

J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 33, Great Russell-street, Bloomsbury. A List of Preparations forwarded on application.

## Cod Liver Oil.—His Excellency the

Governor, and her Majesty's Council of Newfoundland having authorised letters patent to CHARLES FOX and CO., granting to them the exclusive right of manufacturing Cod Liver Oil by the process described in the said letters patent, they respectfully intimate to the medical profession and to the pharmaceutical chemists, that several importations of the produce of this season have been already received from Newfoundland, and have passed into the hands of the principal wholesale druggists in the kingdom. CHARLES FOX and CO. have also the satisfaction to state, that the oil of this season is pronounced by the trade to be of the finest quality ever introduced into this country.

Scarborough, 27th Sept., 1853.

## Jozeau's Copahine-mege, or Sac-

charated CAPSULES, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhœa, Gleet, and Leucorrhœal Discharges, on an average of six days (see "Lancet" of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by G. Jozeau, sole French Chemist, 49, Haymarket, London; and Jozeau, Pharmacien, 161, Rue Montmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with the name of Gabriel Jozeau printed thereon.

## Indian Bael.—"As to the Bael Fruit,"

says a professional friend in Calcutta, "I consider it the most certain remedy we possess for Dysentery and Diarrhœa. I have frequently seen it arrest the progress of these diseases in twenty-four hours, after all other medical treatment had failed.—See "Practical Observations," by J. R. Martin, Esq. F.R.S., "Lancet," July 16.

The Bael is imported and sold Wholesale, both in the ripe and unripe state, and in the form of Concentrated Decoction, by M. POUND, Chemist, 198, Oxford-street.

## Drug Price Currents forwarded, free

of Postage, on application, by Messrs. HEWLETT and GODDARD, Wholesale Druggists, 6, Arthur-street West, Upper Thames-street, near London-bridge, containing the ready-cash prices for Drugs and Pharmaceutical Preparations of the purest quality. Messrs. H. and G. solicit the attention of the Medical Profession resident in the Provinces, Infirmary Committees, Dispensaries, &c., &c., to the advantages attendant upon the above Price Current.



## Allen's Illustrated Catalogue, con-

taining Size, Price, and Description of upwards of 100 articles, consisting of Portmanteaus, Travelling Bags, Ladies' Portmanteaus, Despatch Boxes, Writing Desks, Dressing Cases, and other travelling requisites, forwarded on the receipt of two stamps. Messrs. ALLEN'S Registered Despatch Box and Writing Desk, their Travelling Bag (with the opening as large as the bag), and the new Portmanteau, containing four compartments, are the best Articles of the kind ever produced.—J. W. and T. ALLEN, Manufacturers of Portable Furniture and Military Outfits, 18, & 22, WEST STRAND.

## Dissecting and all other Surgical

Instruments, best quality, and lowest price. ELASTIC STOCKINGS from 5s.; URINALS, for Railway or Night use, from 12s. ENEMAS at all prices, at

**PRATT & CO'S**

420, OXFORD-STREET, LONDON.

## Henry Simpson, No. 55, Strand,

London, Manufacturer of SURGICAL INSTRUMENTS, of every description. Enema, and other Syringes, Trusses, Bandages, Crutches, Splints, Improved Extension Splints, Elastic Stockings, Knee Caps, &c., &c., &c. Surgical Instrument and Truss Maker to the ROYAL NAVAL HOSPITALS, &c., Manufacturer of Table Knives, Razors, Pen and Hunting Knives, and every description of Fine Cutlery. Cases of Razors, Scissors, Needles, Cutlery, &c. in great variety.—Prize Medal, Exhibition of 1851.

## Blackwell, Surgeon's Instrument

and Truss Maker, and Cutler, 3, Bedford-court, Covent-garden, and at the Royal Panopticon of Science and Art, Leicester-square, London, Inventor and Maker of the Registered Guard Razor, the Boston Razor.—Ellis's Belts and Splints for Fractured Clavicle Improved Ear Speculum, Belts for Lunatics, Invalid Removing Seat, Cylinder Bandage Roller, Revolving Head-Spring extending Crutch. Patent Elastic Stockings, 7s. each; Knee-caps, 4s.; Anklets, 4s.; Calf-pieces, 5s. Urgently recommended by the Faculty, for the prevention of Varicose, and to all using violent exercise.

## Horne, Thornthwaite, and Wood,

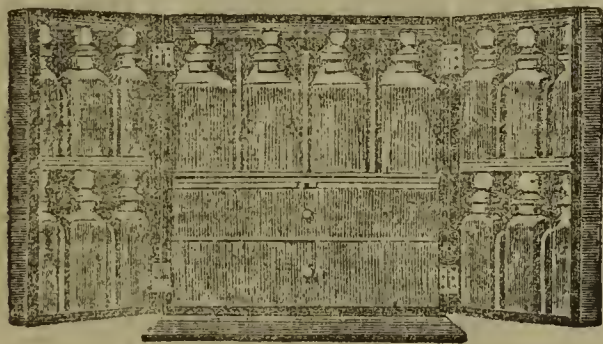
PHILOSOPHICAL and CHEMICAL INSTRUMENT MAKERS, 122, and 123, NEWGATE-STREET, LONDON.

Medical Achromatic Microscopes, in Case, for Anatomical Urinary Deposits, &c., £2 2s., £5 5s., and upwards.

Electro-Galvanic Machines, giving a uniform Current of Galvanism of great quantity, in one direction only, and of the only form and construction suitable for medical application, in portable case, £3 3s., £5 5s., and £8 8s.

Urinometers, gilt metal, 14s.; glass, 4s. 6d.; in case for pocket with Thermometer, Acid, &c., 21s. and 35s.

Apparatus and Tests for Analyses of Urine, and Toxicology. In Cases, £3 3s., £5 5s., and £10 10s.



## To Chemists and Druggists.—

FREDERICK THOMPSON, late of the firm of SPRINGWEILER and THOMPSON, begs respectfully to return his thanks to those Gentle-men who have kindly given him the preference in their business since the death of his late step-father, Mr. Andrew Springweiler, and trusts, by attention to their interests, economy in charges, and superior finish in workmanship, to merit their continued patronage.

MANUFACTORY, 26 & 27, BARTLETT'S-BUILDINGS, HOLBORN, LONDON.

Medicine Chests in every variety of quality and style of finish, embracing nearly one hundred different patterns, at prices from 6s. 6d. to £12. Ladies' and Gentlemen's Dressing Cases and Writing Desks. Despatch Boxes, Jewel Cases, Plate Chests, and Canteens. Wholesale and for Exportation. Ship Medicine Chests fitted according to Act of Parliament, at very reduced prices.

P.S.—Many customers of the late firm of SPRINGWEILER and THOMPSON, having forwarded their orders to the old address in error, F. T. begs that all future commands may be sent to the above address, Bartlett's-buildings, Holborn.

## Baths.—Sulphur, Chlorine, Mer-

curial, and other Fumigating and Vapour Baths recommended as aids for various diseases that do not readily yield to medicine alone. In daily use from 1822 at DR. GREEN'S, 40, GREAT MARLBOROUGH-STREET, REGENT-STREET, opposite Messrs. Barthes and Lowell, Foreign Booksellers.

## Railway Travellers are invited to

inspect W. S. SPARK'S Stock of URINALS, both Male and Female, of the most approved forms, and at reduced prices; also, Water and Air Pillows, Cushions, Mattresses, Bed Pans, Surgical Bottles, Bandages, and every article made in India Rubber or Gutta Percha for Invalids. W. S. S. also manufactures Waterproof Coats, Capes, and Overalls, in Silk, Alpaca, Cambric, &c., of the lightest and best description, Fishing Boots, Stockings, Driving Aprons, &c., warranted not to crack, and to stand all climates.

List of Prices and Circulars forwarded on application to W. S. SPARKS, India Rubber Manufacturer, 115, New Bond-street.

The Trade and Country Dealers supplied on the best terms.

## Medical Glass and Fixture Ware-

house.—W. HAY, 25, Little Queen-street, Lincoln's-inn-fields, Manufacturer and Fitter of every description of Medical Shop Fixtures, Glass Cases, Soda-water Stands, &c., begs to inform Gentle-men commencing Business in the above Profession, that he has a large Assortment of Drawers, Bottles, Sepcia Jars, and every requisite for fitting up Shops on moderate terms. Drawers, from 1s. 9d.; Medical Labelling, 3s. per dozen. Estimates and Plans Furnished. Valuation of Stock and Fixtures.

## Warmth and Ventilation.—The

PATENT PORTABLE SUSPENSION STOVE will warm and ventilate at the same time, and is recommended by eminent medical men as the only stove suitable for the chamber of the invalid. It is made in sizes suited for the largest building or the smallest office. To those who study health, comfort, and economy, it offers advantages which no other possesses. No. 3, price 20s., will burn ten hours without attention, at a cost of three farthings. Prospectuses, with prices and instructions, post free. In operation daily, at DEANE, DRAY, and COMPANY'S Show-rooms, &c., London-bridge.

## Stringfellow's Patent Electro-Gal-

VANIC PORTABLE BATTERY.—These Batteries, being the size of a lady's card-case, easy in their application, and certain in their action, afford the most complete method yet known of applying, for curative purposes, a mild, continuous, Electro-Galvanic Current, and have been most successfully applied. Price One Guinea; by post 22s. "Its principle is the same as Pulvermacher's Chain; but it is more effective and energetic, &c."—ASSOCIATION MEDICAL JOURNAL.—W. ELLIOTT and SONS, Opticians, 56, Strand, London.

## Spirits of Wine for the Faculty

may always be obtained from us, of extraordinary Strength and Purity, at the lowest remunerative prices, for Cash on delivery, subject to variations in the market.

Our EAU DE VIE is at present 16s. per Imperial Gallon, or, in French bottles, 34s. per Dozen, bottles included.

HENRY BRETT & CO, Old Farnival's Distillery, Holborn.

## Advance in the Price of Pale Ale.

—The principal firms of Burton having advanced the prices of East India Pale Ale 6s. per barrel, Messrs. TETLEY and SON think it necessary to inform their friends that they do NOT intend to alter the price of their Ales on orders registered before Christmas next. The quality and condition shall be such as to maintain the character it has heretofore sustained.

The Brewery, Leeds; City Stores, 26, Crosby-hall Chambers.

Oct. 24, 1853.

## To the Lovers of Fish.—Christmas

Presents for Country Friends.—100 Real Yarmouth Bloaters, delivered in London, or sent to any part of the Kingdom, for 6s. Also, 100 highly dried and smoked American Herrings for 7s., which will keep for years, and are well adapted for emigrants and residents in the Colonies. 100 Kipperd Herrings for 8s.; these are a delicious treat for all who have not tasted them. 12 bundles of fine Aldborough Sprats for 1s. 6d. Fine Real Finnon Haddocks, 4s., 5s., and 6s., per dozen. A barrel of the best Native Oysters for 5s. 6d.; warranted to contain 120 Oysters: and a bag containing one half bushel of Superior Oysters for 10s. All the above articles are to be had only of WILLIAM DEEKS, 7, BOW-STREET, COVENT-GARDEN. Orders immediately attended to. Post-office Orders to be made payable as above, at the Strand Money Order Office. Country residents may ensure a daily supply of fresh fish of the best quality, on the lowest possible terms, by forwarding their orders as above. The Trade supplied.



## ADVERTISEMENTS.

### Medical Agency & Lunatic Asylum

REGISTRATION.—MESSRS. LANE AND LARA, 14, JOHN-STREET, ADELPHI (Established A.D. 1828), have always for disposal, Practices, Partnerships, Asylums and such Businesses as are usually carried on by Professional men, of all kinds, in every locality. Commission is charged only to vendors for successfully conducting a negotiation, payable out of the purchase money. Any description of business transacted for medical gentlemen at a fixed and moderate cost. Assistants are provided without expense to principals.

Messrs. LANE and LARA have also much pleasure in respectfully inviting the attention of the profession to their LUNATIC ASYLUM REGISTRY, by which the friends of the Insane and of Invalids may obtain, gratuitously, the Terms and Prospectuses of establishments adapted to every class of the community, and the fullest information on every point connected with them. A list is kept of Superintendents, Medical Officers, Matrons, and Male and Female Attendants.—(Vide "The Lancet," May 10, and "Medical Times," May 17, 1851.

\* \* Office hours from Twelve till Four.

### Royal College of Physicians, Degree

OF M.D., APOTHECARIES' HALL, &c.—DR. COOKE continues to assist (personally or by correspondence) Gentlemen desirous of Graduating in Medicine or Surgery, or of Matriculating at British or Continental Examining Boards.—For terms, &c., apply to DR. COOKE, East Temple Chambers, 2, Whitehall-street, Fleet-st.

### Bass's East India Pale Ale.—That

large portion of Medical Men who use and recommend this celebrated Ale, as supplied from our Stores, are informed that the October Brewings are in excellent condition, in Casks from 18 gallons upwards. In the usual Wine-bottles and Imperial Pints, a good stock of Last Season's ale can still be selected from. Much beer being sold for BASS'S which is not brewed by them, every Bottle sent out from our stores is sealed and labelled, and every cork branded with our names.

BERRY, BROTHERS, & CO., 3, St. James's-street, London.

### Clerical, Scholastic, and Governess

AGENCY OFFICES (late Valpy, Established 1833), 7, TAVISTOCK-ROW, COVENT-GARDEN, LONDON. The gentry and families requiring Tutors, Governesses, or Companions, for either residence, travelling, or daily attendance, on making known their requirements to Messrs. MAIR and SON, will at once be introduced, FREE OF CHARGE, to qualified and experienced applicants with good testimonials. Schools recommended, and Ecclesiastical and School property transferred. A prospectus forwarded on application.

### The London Assurance.—Incorporated

by Royal Charter in the Reign of King George the First, A.D., 1720. Offices—7, Royal Exchange, and 7, Pall Mall.

Governor—Edward Burmester, Esq.

Sub-Governor—John Alves Arbuthnot, Esq.

Deputy Governor—Samuel Gregson, Esq., M.P.

Actuary—Peter Hardy, Esq., F.R.S.

This Corporation has effected Assurances for a period exceeding ONE HUNDRED AND THIRTY YEARS, on the MOST FAVOURABLE TERMS.

ALL POLICY STAMPS and the FEES OF THE MEDICAL REFEREES are PAID by the Corporation.

JOHN LAURENCE, Secretary.

### Dr. Pereira.—This late Eminent

Physician's opinion of HARDS' FARINACEOUS FOOD for Infants and Invalids:—

"I have carefully examined, and repeatedly prescribed 'Hards' Farinaceous Food' (See Pereira's 'Treatise on Food and Diet,' pp. 309 and 473, &c.), which is prepared from the most nutritious of the cereal grains. It combines both nitrogenised and non-nitrogenised alimentary principles, and forms a very valuable food for children and invalids.

"JOHN PEREIRA, M.D., F.R.S.,

"Assistant-Physician to the London Hospital.

"47, Finsbury-square, July 1, 1843."

Sold by Chemists and Druggists, Patent Medicine Vendors, Tea Dealers, and Italian Warehousemen, in 1s. and 2s. packets, and tin cases, 7s. 6d. each. Observe—all genuine packets and cases are marked "Jas. Hards," and manufactured at the Royal Victoria Mill Dartford, Kent.

### Mayall's Daguerreotype Portrait

GALLERIES, 224, Regent-street, corner of Argyle-place, and 443, West Strand.—Mt. Mayall invites inspection of his newly patented process for producing crayon effects in daguerreotype miniatures, also his extensive collection of original portraits of parliamentary, scientific, literary, and theatrical celebrities. Portraits taken daily in the highest style of art, "Mr. Mayall's crayon pictures are much distinguished for the beauty of their execution, the tint being harmonious and neutral, the various textures of flesh, hair, drapery, &c., discriminated with a painter's taste, and an entire absence of a certain commonness of aspect which has tended hitherto to disparage this art."—Athenæum.

### Medical Agency, 50, Lincoln's-inn-fields, Conducted by

MR. BOWMER, M.R.C.S.L.

All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.

(OFFICE HOURS, 11 TILL 4.)

ALL POLICIES INDISPUTABLE.

### Sovereign Life Assurance Company.

49, St. James's-street, London.

No Charge for policy stamps.

Sums may be assured payable on attaining the age of 50, 55, or 60, or at death, should that event occur previously.

H. D. DAVENPORT, Secretary.

### Anglo-Australian and Universal FAMILY LIFE ASSURANCE COMPANY.

Incorporated under Act of Parliament, 7 & 8 Vict., cap. 110.

For granting Infantile, Adult, and Matrimonial Assurances, Annuities, Endowments, Loans and Guarantee; and for the purchase of Reversionary Property, Life Interests, etc., with special application to INFANTS, EMIGRANTS, and GOLD MINERS.

Seventy-five per cent., and eventually One Hundred per cent. of the entire profits divided on a new and most equitable principle among the Members.

CAPITAL FUND £150,000, IN 15,000 SHARES of £10 EACH.

First Call £1 per Share. The Paid-up portion of the Capital, with its accumulations, to bear a Dividend at the Rate of not less than £5, nor more than £10 per cent. per annum, with a Bonus of 25 per cent. of the Profits.

NO COMMISSIONS PAID TO AGENTS OR OTHERS.

NO PREMIUMS FORFEITED THROUGH INABILITY TO CONTINUE THEM.

This Company has not been established as a rival to other Assurance Societies, as there are none at present founded which comprise its peculiar objects. Its design is original.

The operations of the Company will embrace every improvement calculated to be permanently beneficial to its Members, who will be protected from liability and loss by the peculiar features of its constitution.

Particular attention is earnestly requested to the system of granting Annuities and Assurances on Infant Lives, originated by this Company.

The chief objects of the Company are comprised under the following heads, viz.:—1. Infant Assurance; 2. General Assurance; 3. Matrimonial Assurance; 4. Emigration Assurance; 5. Australian Assurance; 6. Gold Mining Assurance; 7. Guarantee Assurance; 8. Universal or Whole World Assurance.

A brief summary of some of the advantages offered is presented below:—

1. ASSURANCES, ENDOWMENTS, and ANNUITIES, specially adapted to educational and other purposes, granted on Infant Lives, from the age of three months to fourteen years. 2. PREMIUMS for all Deferred Assurances, Annuities, and Endowments, Returned in Full on death before the given Age. 3. All INFANT ASSURANCES effected under ten years of age carry UNIVERSAL POLICIES. 4. REVERSIONS, LIFE INTERESTS, and POLICIES, purchased at their full value. 5. ASSURANCES and ANNUITIES of every description granted on Adult Lives from fifteen to ninety-five years of age. 6. PROFITS determined and distributed among Policy Holders upon a NEW and MOST EQUITABLE PLAN. 7. All POLICIES of this Company rendered safe by a valuable principle of indisputability. 8. LOANS granted upon personal and other security, on an improved system. 9. No charge for Policy Stamps, or Medical Fees. 10. POLICIES granted from £25 to £15,000, and made payable to Registered Holder. 11. INVALID and Diseased Lives Assured upon an equitable principle. 12. AN INVALID FUND, for granting Free Annuities to afflicted Policy Holders. 13. PREMIUMS payable in one or more fixed sums, or by yearly, half-yearly, or quarterly payments. Proposals for Assurance, Prospectuses, and further information, can be had on application to

JOHN NEWTON, Secretary.

\* \* \* Medical men are particularly invited to a consideration of the liberal dealing of this Company towards the profession, and their attention is specially directed to the confidential communication which has been forwarded to them. Full particulars of this Office will be found both in the "Post Magazine Almanack," and the "London and Provincial Medical Directory," for 1854.

LONDON OFFICES—5, CANON-STREET WEST, CITY.

The Publisher of the "MEDICAL CIRCULAR," in answer to several enquiries from the country, begs to state that the following are the terms for inserting Advertisements:—

Four lines and under	£0 2 6
Every additional line	0 0 6
Whole Column	2 15 0
Whole Page	5 5 0

London: Printed by WILLIAM TROUNCE, at his Office, No. 9, Cursitor-street, Coancery-lane, in the Parish of St. Andrew, Holborn, in the County of Middlesex; and published by CHARLES JAMES HARRIS, at No. 123, Strand in the City of Westminster.—December 7th, 1853.



# THE MEDICAL CIRCULAR

AND

## General Medical Advertiser.

No. 50, NEW SERIES. }  
No. 76. }

WEDNESDAY, DECEMBER 14, 1853.

{ THREEPENCE  
{ STAMPED, 4d.

### TABLE OF CONTENTS.

Leading Articles:	Page		Page
Address to our Subscribers ... ..	447	Contents of the Medical Journals ... ..	461
Bribing the "Lancet" ... ..	447	Deaf-Dumbness ... ..	462
An Investigation into the Saline Treatment of Cholera ... ..	449	Correspondence ... ..	463
Biographical Notices ... ..	457	Medical News ... ..	463
The "London and Provincial Medical Directory" and the		Notices to Correspondents ... ..	464
"Lancet" opposition ... ..	459		

On the First of January next will be published, most carefully revised, and with many new features, which will add greatly to the utility of the Works,

**THE LONDON AND PROVINCIAL MEDICAL DIRECTORY.** Price to Subscribers, 6s.; Non-Subscribers, 7s. 6d.

**THE MEDICAL DIRECTORY FOR IRELAND.** Price to Subscribers, 4s.; Non-Subscribers, 5s.

**THE MEDICAL DIRECTORY FOR SCOTLAND.** Price to Subscribers, 4s.; Non-Subscribers, 5s.

OBSERVE, that the above are the only Medical Directories, published by Mr. John Churchill, Princes-st., Soho, one of which (the London and Provincial) has been the Index to the Profession for the last eight years, and has received the warmest commendations both from the medical and general press. The utmost pains are taken in the compilation of these works, which are found in all Public Offices, Scientific Institutions, &c., and are constantly referred to in the Courts of Law. Office, 128, Strand, where all communications are to be addressed. C. J. Harris, Secretary.

Recently published, Third Edition, 8vo, price 6s.,

### On Curvatures of the Spine: Their

Causes and Treatment. By SAMUEL HARE, F.R.C.S., etc.

"The author has had much success in his plan of treatment, and we are of opinion that the principles upon which he acts in the treatment of these affections are correct."—*Lancet*.

"We unhesitatingly commend his work as a truthful and trust-worthy statement of the power of scientific surgery and medicine over some of the most grievous hindrances to human activity and industry."—*London Medical Gazette*.

"Mr. Hare may take credit to himself for having effected much good in the treatment of the cases described."—*Provincial Association Journal*.

By the same Author, 8vo., price 2s.,

On the PHYSICAL EDUCATION of CHILDREN, especially as regards the PREVENTION of SPINAL and other DEFORMITIES  
London: J. Churchill, 46, Princes-street, and all Booksellers.

Price 5s. 6d. by Post.

### On Consumption. By Dr. Burslem.

"Original and important observations on the treatment of phthisis in the female. . . . Dr. Burslem is evidently a practical physician."—*LANCET*.

"Useful facts on the treatment of Consumption."—*MEDICO-CHIRURGICAL REVIEW*.

### Now Ready, in fcap. 8vo., cloth,

price 12s. 6d., HOOPER'S PHYSICIAN'S VADE MECUM: Or a Manual of the Principles and Practice of Physic. Fourth edition: much enlarged and improved by Dr. Guy, of King's College. London: Henry Renshaw; Whittaker and Co.; Simpkin and Co.; J. Churchill; S. Hingley; Houlston and Co. Edinburgh: A. and C. Black; MacLachlan and Co. Dublin: Fannin and Co.

### Dr. Little on Deformities.—In 8vo.

with 160 Engravings and Diagrams, price 15s. cloth. ON THE NATURE AND TREATMENT OF THE DEFORMITIES OF THE HUMAN FRAME. By W. J. LITTLE, M.D., Physician to the London Hospital, Founder of the Royal Orthopaedic Hospital, &c.

"We cordially recommend it to our readers as a sound and judicious practical treatise."—*MEDICAL CIRCULAR*.

".....This extract will give a good idea of the useful and practical manner in which Dr. Little's book is written."—*MEDICAL TIMES AND GAZETTE*.

"Dr. Little has brought together from all sources the existing knowledge of the profession regarding the nature and treatment of deformities; and he has also contributed not a little information from the stores of his own abundant and enlightened experience."—*ASSOCIATION MEDICAL JOURNAL*.

"Dr. Little's labours have largely contributed to the extension and perfection of the modern methods of healing the deformities of the human frame. In all that relates to the pathology and cure of these affections he is second to none as an authority, and the present edition will enhance his already high reputation. We unreservedly commend Dr. Little's production as the best treatise on the subject in any language."—*THE LANCET*.

"This is a great work; great, because it is a practical treatise on every possible form of distortion and malformation to which the body is liable, with minute instructions as to the remedy of such as can be benefited by art.....Dr. Little in this edition presents himself, laden with experience, and fortified at every point by a careful series of observations, the value of which is apparent to the reader in passing from one page to another."—*BOSTON (U.S.) MEDICAL AND SURGICAL JOURNAL*.

London; Longman, Brown, Green, and Longmans.

### Now Ready, Sixth Edition, fcap.

cap, cloth, price 12s. 6d., DR. DREWITT'S SURGEON'S VADE MECUM: A Manual of Modern Surgery. The sixth edition, re-written, enlarged, much improved, and illustrated by 211 wood engravings. London: Henry Renshaw, 356, Strand, and John Churchill, Princes-Street, Soho.



## Fourth Edition, Just Published,

illustrated, price 1s., GILBERT ON THE EXTRACTION OF TEETH; being a work descriptive of a new and much less painful method of operating, by means of GILBERT'S PATENT FULCRUM. The jaw cannot be fractured, or the gums lacerated; there is less danger of breaking the diseased tooth, and of hæmorrhage, &c.

Mr. Gilbert invites the profession to inspect his invention from eleven till four. 3, Suffolk-street, Pall-mall.

"We can confidently direct attention to it as a boon to the profession and the public."—THE LANCET, Dec. 2nd.

"It allows of the extraction of teeth in the most scientific and easy manner; and in performing certain other surgical operations the chair will prove of inestimable value to the surgeon."—MEDICAL TIMES, Feb. 10th. London: Henry Renshaw, 356, Strand.

Just published, 8vo, in cloth, price 5s. free by post, 5s.

## On True and False Spermatorrhœa;

With a view to the Correction of wide-spread Errors in relation to the Treatment and Cure of the Impuissant and Sexual Hypochondriacs, in general. Translated from the German of Dr. PICKFORD. Baillière, 219, Regent-street, & 290, Broadway, New York.

## Operative Ophthalmic Surgery.—A

Treatise by HAYNES WALTON, Esq., F.R.C.S., Surgeon to the Central London Ophthalmic Hospital, Assistant-Surgeon to St. Mary's Hospital, &c., &c. 8vo. p.p. 628; illustrated by 169 engravings by the Messrs. Bagg, London. John Churchill, Princes-street, Soho. 1853. Price 18s.

"It is some time since we had the pleasure of perusing an off-hand, manly book or paper on eye-surgery: and some time too since we met one conspicuous for its honesty. The work is, in fact, a fair, intelligible account of the operations required in eye surgery, with no small amount of illustrative comment on the diseases which render them necessary, and the treatment which contributes to their success. Something of the kind was just now wanted, and we rejoice to see the want so well supplied."—DUBLIN MEDICAL PRESS.

"Of the work, then, as a whole, we can pronounce most favourably; and conclude by wishing him and his literary offspring every possible success."—THE DUBLIN QUARTERLY JOURNAL OF MEDICAL SCIENCE.

"It must have cost Mr. Walton much labour, but he has already been rewarded, for it stamps his character at once as a sound and experienced ophthalmic surgeon."—MEDICAL TIMES AND GAZETTE.

Just Ready,

## Pharmacopœia of the London Hos-

PITAL for DISEASES of the SKIN, Interleaved for Notes. Second Edition. Price 1s.

SAMUEL HIGHLEY, Fleet Street.

Just published, with ten coloured Engravings, price 5s.,

## Notes on Aquatic Microscopic

SUBJECTS of Natural History, selected from the "Microscopic Cabinet." By ANDREW PRITCHARD, M.R.I.

Also, in 8vo.; pp. 720; Plates, 24; price 21s., or Coloured, 36s.

A HISTORY of INFUSORIAL ANIMALCULES, Living and Fossil, containing Descriptions of every species, British and Foreign; the methods of procuring and viewing them, &c., illustrated by numerous Engravings. By ANDREW PRITCHARD, M.R.I.

"There is no work extant in which so much valuable information concerning Infusoria (Animalcules) can be found, and every Microscopist should add it to his library."—Silliman's Journal.

Also, price 8s. 6d.,

MICROGRAPHIA, or Practical Essays on Reflecting and Solar Microscopes; Eye-Pieces; Micrometers, &c.

Also, edited by the same, price 18s.,

ENGLISH PATENTS; being a Register of all those granted in the Arts, Manufactures, Chemistry, &c., during the first forty-years of this century.

London: Whittaker and Co., Ave Maria-lane

## Chromo-Lithography.--Shakspeare,

from an ORIGINAL PICTURE, formerly in the collection of John Lord Lumley, Lumley Castle, Durham. PRINTED IN CHROMO-LITHOGRAPHY by VINCENT BROOKS. Uniform in Size, Style, and Colour, with the Original; price £2 2s. London: Published by J. Hogarth, 5, Haymarket.

Just published, post 8vo, cloth, 4s. 6d.,

## Asiatic Cholera; its Symptoms,

Pathology, and Treatment. By RICHARD BARWELL, F.R.C.S., late House-Surgeon and now Demonstrator of Anatomy at St. Thomas's Hospital. To which is added a Translation of its Morbid Anatomy, General and Minute, from a Paper by Messrs. REINHARDT and LEUBUSCHER.

London: JOHN CHURCHILL, Princes Street. Soho.

Just published, with Plates, 8vo, cloth, 7s. 6d.

## Clinical Lectures on Pulmonary

CONSUMPTION. By THEOPHILUS THOMPSON, M.D., F.R.S., Physician to the Brompton Hospital for Consumption and Diseases of the Chest.

London; JOHN CHURCHILL, Princes Street, Soho.

Just published, foolscap 8vo, cloth, price 4s. 6d.

## Popular Errors on the Subject of

INSANITY EXAMINED and EXPOSED. By JAMES F. DUNCAN, A.M., M.D.

London; John Churchill; Dublin: James M'Glashan.

Just published, with Plates, 8vo, cloth, 10s.

## Stricture of the Urethra, its Patho-

LOGY and TREATMENT. The last Jacksonian Treatise of the Royal College of Surgeons. By HENRY THOMPSON, M.B., Lond. F.R.C.S., Surgeon to the Marylebone and to the Blenheim Dispensaries, formerly House-Surgeon to the University College Hospital.

London: JOHN CHURCHILL, Princes Street, Soho.

Just published, post 8vo, cloth, 7s. 6d.

## Elements of Psychological Medi-

CINE. An Introduction to the Practical Study of Insanity. Adapted for Students and Junior Practitioners. By DANIEL NOBLE, M.D., F.R.C.S., Medical Officer to the Clifton Hall Retreat, near Manchester.

"The book is, indeed, full of instruction. Every student and every practitioner who reads it will be charmed with the clearness and elegance of the diction. No one can close it without forming a high estimate of the intellectual capacity, and the soundness of the practical views of the author."—Lancet.

London: JOHN CHURCHILL, Princes Street, Soho.

Just published, Vol. VIII., Part II., with Plates, price 7s.

## Guy's Hospital Reports.

CONTENTS:

On the Treatment to be Adopted in Wounds in Arteries and Traumatic Aneurism. By the late Bransby B. Cooper.

Cases of Bright's Disease, with Remarks. By Samuel Wilks, M.D. Case of Foreign Body introduced into the Bladder. By C. Steel. With Plate.

Saccharine Matter; its Physiological Relations in the Animal Economy. By Frederick William Pavy, M.B. With Plate.

On Dentine of Repair, and the Laws which Regulate its Formation. By S. James A. Salter, M.B., F.L.S. With plates.

Notes on the Development and Designs of Portions of the Cranium, being a Selection from the Lectures on Anatomy by John Hilton, F.R.S. With Plates.

Cases of Laceration of the Perinæum and Procidencia of the Uterus and Rectum, remedied by Operation. By John C. W. Lever, M.D.

Half-Yearly Report of all the Cases admitted into Guy's Hospital from the commencement of April to October, 1853. Medical Report by Samuel Wilks, M.D., Surgical Report, by A. Poland, Esq.

Conclusion of a Case of Intestinal Obstruction treated by Operation. By J. Hilton, F.R.S.

London: John Churchill, Princes Street, Soho.

## Indian Bael.—"As to the Bael Fruit,"

says a professional friend in Calcutta, "I consider it the most certain remedy we possess for Dysentery and Diarrhœa. I have frequently seen it arrest the progress of these diseases in twenty-four hours, after all other medical treatment had failed.—See "Practical Observations," by J. R. Martin, Esq. F.R.S., "Lancet," July 16.

The Bael is imported and sold Wholesale, both in the ripe and unripe state, and in the form of Concentrated Decoction, by M. POUND, Chemist, 198, Oxford-street.

## Blake's Aerated Citrate of Potash

Water.—BLAKE, SANDFORD & BLAKE, 47, PICCADILLY, have recently prepared an Aerated Solution of Citrate of Potash, which they beg to introduce to those members of the profession who may desire it for the use of their patients. It will be found a valuable auxiliary in the treatment of Gout and Rheumatic Affections, as well as the Lithic acid Diathesis and Dyspepsia. Their Potash Water, as usual, contains 18 grains of the Bi-carbonate in each bottle; Soda, 15 grains; Magnesia, 12 grains; and Ammonia, 10 grains. Seltzer, Vichy, and other foreign waters from the respective analyses.

## Drug Price Currents forwarded, free

of Postage, on application, by Messrs. HEWLETT and GODDARD, Wholesale Druggists, 6, Arthur-street West, Upper Thames-street, near London-bridge, containing the ready-cash prices for Drugs and Pharmaceutical Preparations of the purest quality. Messrs. H. and G. solicit the attention of the Medical Profession resident in the Provinces, Infirmary Committees, Dispensaries, &c., &c., to the advantages attendant upon the above Price Current.



**Jozeau's Copahine-mege, or Sac-**  
 charated CAPSULES, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhoea, Gleet, and Leucorrhoeal Discharges, on an average of six days (see "Lancet" of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by G. Jozeau, sole French Chemist, 49, Haymarket, London; and Jozeau, Pharmacien, 161, Rue Montmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with the name of Gabriel Jozeau printed thereon.

**Cod Liver Oil.—His Excellency the**  
 Governor, and her Majesty's Council of Newfoundland having authorised letters patent to CHARLES FOX and CO., granting to them the exclusive right of manufacturing Cod Liver Oil by the process described in the said letters patent, they respectfully intimate to the medical profession and to the pharmaceutical chemists, that several importations of the produce of this season have been already received from Newfoundland, and have passed into the hands of the principal wholesale druggists in the kingdom. CHARLES FOX and CO. have also the satisfaction to state, that the oil of this season is pronounced by the trade to be of the finest quality ever introduced into this country.

Scarborough, 27th Sept., 1853.

## Davenport's Syrup of the Iodide of QUININE and IRON.

FROM DR. GOLDING BIRD.—"43, Russell-square.—I have now for some time employed pretty largely the triple Compound of Iodide, Quinine, and Iron, prepared by Mr. John T. Davenport, in the form of Syrup. I do not hesitate to express my opinion of its great value as a therapeutic agent. It has appeared to me, that the Quinine assisted the assimilation of the Iron, and I have found it to be of very great value in cases in which the Iodide of Iron is recognised. This triple Compound possesses many advantages over the simple Iodide, and not the least of them is, the satisfactory manner in which it is tolerated by the stomach, especially if administered (as all preparations of Iron ought to be) immediately after a meal.—GOLDING BIRD, A.M., M.D., F.R.S., Fellow of the Royal College of Physicians, Physician and Professor of Materia Medica at Guy's."

FROM DR. GEO. P. MAY.—"Having for some time past extensively used the ternary compound of Quinine, Iodide, and Iron, prepared by Mr. J. T. Davenport, I can with confidence testify to its marked efficacy in cases of Struma and Anæmia, and, indeed, in all instances in which the exhibition of Iron and its compounds is indicated. This preparation appears to combine all the therapeutic powers of its constituents without their nauseous qualities, which renders it an admirable medicine in the treatment of some of the disorders of childhood.—Geo. P. MAY, M.D.—Maldon."

SYRUP OF THE IODIDE OF ZINC, as prepared for Dr. Barlow, of Guy's Hospital.

TARAXACUM (Davenport's) LIQUOR, or FLUID EXTRACT, Prepared by Spontaneous Insipissation, possesses every characteristic of the fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm. 6s. per lb.

CITRATE OF QUININE AND IRON. 25 per Cent. Quinine, 4s. 6d. per oz.

SYRUP OF THE IODIDE OF IRON. P. L. 3s. per lb.

BIMECONATE SOLUTION OF OPIUM. Professional testimonials acknowledge this preparation to be the most efficient sedative extant. The unpleasant effects of ordinary opiates are entirely obviated. Dose, fifteen to thirty drops. 8d. per oz.

COTYLEDON UMBILICUS. The Solid and Fluid Extracts, 1s. 3d. and 1s. per oz.; also, the Preserved Juice, 5s. 4d. per lb., as recommended by Mr. Salter, of Poole, in Epilepsy.

J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 33, Great Russell-street, Bloomsbury. A List of Preparations forwarded on application.

## The Official and General Life ASSURANCE SOCIETY, 15, FINSBURY-PLACE SOUTH, LONDON.

Life Assurance business, comprising all sound and practical provisions contingent on human life or for terms certain, is transacted by this Society on the most equitable scale.

JAMES A. BIRD, A.I.A., Manager.

## The London Assurance.—Incorporated by Royal Charter in the Reign of King George the First, A.D., 1720.

Offices—7, Royal Exchange, and 7, Pall Mall.

Governor—Edward Burnester, Esq.

Sub-Governor—John Alves Arbuthnot, Esq.

Deputy Governor—Samuel Gregson, Esq., M.P.

Actuary—Peter Hardy, Esq., F.R.S.

This Corporation has effected Assurances for a period exceeding ONE HUNDRED and THIRTY YEARS, on the most FAVOURABLE TERMS.

ALL POLICY STAMPS and the FEES OF THE MEDICAL REFEREES are PAID by the Corporation.

JOHN LAURENCE, Secretary.

## NEMO SIBI VIVAT. Medical, Legal, and General Mutual LIFE ASSURANCE SOCIETY. 126, Strand, London. FOR HEALTHY AND DISEASED LIVES. Established A.D. 1846.

TRUSTEES.

JAMES COPLAND, M.D., F.R.S., 5, Old Burlington-street.

VERE FANE, Esq., 189, Fleet-street.

JOHN B. PARRY, Esq., Q.C., Lincoln's-inn.

THE RIGHT HON. THE MASTER OF THE ROLLS, Hyde-park-terrace.

JAMES RUSSELL, Esq., Q.C., Lincoln's-inn.

DIRECTORS.

John B. Parry, Esq., Q.C., Chairman.

\*George H. Barlow, M.D., Guy's Hospital.

Daniel Cornthwaite, Esq., 14, Old Jewry Chambers.

\*F. J. Farre, M.D., St. Bartholomew's Hospital.

T. W. Greene, Esq., 2, New-square, Lincoln's-inn.

Richard Jebb, Esq., Greek-street, Soho.

\*J. C. W. Lever, M.D., Guy's Hospital.

\*William J. Little, M.D., London Hospital.

John Parrott, Esq., Clapham-common.

\*R. Partridge, Esq., F.R.S., King's College Hospital.

\*R. Quain, Esq., F.R.S., University College Hospital.

R. Smith, Esq., Eudleigh-street, Tavistock-square.

F. F. White, Esq., Stone-buildings, Lincoln's-inn.

J. H. Whiteway, Esq., Lincoln's-inn-fields.

Policies never disputed in the absence of wilful fraud; they are a sure and safe provision for settlements, renewal of leases, security of debts, &c.

The Medical Attendant consulted as the Medical Adviser and Examiner of the Society, and awarded a fee of £2 2s. when the sum assured amounts to £250, and £1 1s. when under that sum. The Medical Practitioner also receives for business introduced by him, the usual commission of ten per cent. on the first payment, and five per cent. on the payments of subsequent years.

The Society also claims the support of the Medical Profession on the following grounds:—

1. For several years the "Medical Legal and General" was the only MUTUAL Life Assurance Society connected with the Medical Profession.

2. The Rates are lower than those of any other Medical Life Office.

3. This is the only MUTUAL Life Assurance Society now actually declaring its bonuses once every year.

4. Persons desirous of assuring Diseased or Rejected Lives will find that from the experience acquired by this Society it is enabled to accept such lives at rates both equitable and safe.

5. From the outset the expenses of management have been kept within the narrowest limit consistent with the efficient working of the establishment.

Annuities, endowments, and every form of assurance contingent upon Life transacted at moderate rates.

Annual Premium for assuring £100 at death, with profits.

Age.	Premium.	Age.	Premium.	Age.	Premium.	Age.	Premium.
15	£1 10 10	30	£2 6 2	45	£3 12 3	60	£6 19 0
20	1 15 0	35	2 13 0	50	4 7 8	65	8 17 6
25	2 0 1	40	3 1 2	55	5 9 11	70	11 10 6

Prospectuses, forms, and any further information may be obtained of FREDERICK JAMES BIGG, Actuary and Secretary.

\* The Directors marked with an asterisk are the Medical Examiners of the Society, one of whom is always in attendance, on Mondays at 3 o'clock, and on Fridays at 4 o'clock.

## General Annuity Endowment ASSOCIATION. Established 1829.

For securing Annuities to Nominates, Widows, Children, Sisters, &c. &c., at very Moderate Premiums.

Present Capital Invested with Government ... £268,607 5 6

Annuities paid since 1834 ... 139,329 5 0

Expended this Year in Annuities ... 15,713 0 0

93 Cheapside. PHILIP CURTIS, Secretary.

N.B.—Public attention is called to this Society as being one of the cheapest and best modes of providing for Families.

## Mutual Loan Fund Association.

Incorporated by Act of Parliament. Paid up Capital, £10,000. 14, Great Russell-street, Covent-garden.

LOANS from £10 10s. to £500 in Town or Country. Gentlemen in official situations, tradesmen, and the public generally, requiring immediate pecuniary accommodation, are invited to obtain a prospectus, gratis, before proceeding to any other office (or will be forwarded, post free, on receipt of two postage stamps.)

This Company having special advantages over all others, one of which is, that the advance is made at a low rate of interest, without any deduction, being repayable by weekly, monthly, or quarterly instalments. All transactions conducted with the utmost privacy and promptitude.



## MENTOR. LIFE ASSURANCE COMPANY, No. 2, OLD BROAD-STREET, LONDON.

PRESIDENT.  
His Grace the DUKE of RUTLAND, K.G.  
VICE-PRESIDENT.  
The Right Hon. the EARL FITZWILLIAM, K.G. F.R.S., F.S.A.  
TRUSTEES.  
The Right Hon. Lord Viscount Sidney.  
The Hon. Edward Mostyn Lloyd Mostyn, M.P.  
The Hon. John Henry Thomas Manners Sutton.  
Sir William George Hylton Jolliffe, Bart, M.P.

DIRECTORS.  
CHAIRMAN.—Sir John Dean Paul, Bart.  
DEPUTY-CHAIRMAN.—George Berkeley Harrison, Esq.  
Robert Makin Bates, Esq.     Sir Wm. Gore Ouseley, K.C.B.  
William Charles Caldwell, Esq.     Lieut-Gen. Harry Thompson.  
Samuel Whitfield Daukes, Esq.     Capt. Wetherall, R.N.  
Sir George Graham Otway, Bart.  
PHYSICIAN.—Protheroe Smith, M.D.  
SURGEON.—Barnard Wight Holt, Esq., F.R.C.S.  
CONSULTING ACTUARY.—W. Barwick Hodge, Esq.

*Some of the Advantages of this Institution:—*  
A Subscribed Capital of £250,000, embracing in its security the Mutual as well as the Proprietary Branch.  
STAMP DUTY.—Assurers exempt from this charge.  
MEDICAL FEES Paid by this Company.  
Credit given for Half the Premiums for the first Seven Years.  
Economical Rates of Premium.  
PREMIUM TO ASSURE £100 AT DEATH.

EQUAL.	Age 25.	30	35	40	45
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Yearly .....	1 17 4	2 1 9	2 8 1	2 16 7	3 7 11
Half-yearly .....	0 18 9	1 1 2	1 4 5	1 8 9	1 14 7
Quarterly .....	0 9 5	0 10 8	0 12 4	0 14 6	0 17 8
INCREASING.					
First Seven Years.....	1 6 0	1 7 10	1 10 7	1 14 10	2 1 9
Remainder of Life.....	2 2 4	2 8 10	2 17 7	3 9 3	4 5 3

By recent Act of Parliament the Income Tax is abated on such portion of the Income as may be devoted to the Payment of Premiums for Life Assurances.

Prospectuses, with Tables of Premium for the above and other modes of Assurance, will be forwarded on application being made to the

Manager, F. ALLAN CURTIS.

\*\* The usual Commission allowed to Medical Men,  
Solicitors, and Agents.

## United Kingdom Life Assurance COMPANY.—Established by Act of Parliament in 1834 Waterloo-place, Pall-mall, London.

HONORARY PRESIDENTS.  
Earl of Courtown.     Lord Elphinstone.  
Earl of Leven and Melville.     Lord Belhaven and Stenton.  
Earl of Norbury.     W. Campbell, Esq. of Tillichewan  
Viscount Falkland.

LONDON BOARD.  
CHAIRMAN.—CHARLES GRAHAM, Esq., F.S.A.  
DEPUTY-CHAIRMAN.—CHARLES DOWNES, Esq.  
H. Blair Avarne, Esq.     J. G. Henriques, Esq.  
E. Lennox Boyd, Esq., RESIDENT.     R. H. Macdougall, Esq.  
Charles Berwick Curtis, Esq.     F. C. Maitland, Esq.  
William Fairlie, Esq.     William Ralston, Esq.  
D. Q. Henriques, Esq.     Thomas Thorby, Esq.

MEDICAL OFFICER.

Arthur H. Hassall, Esq. M.D. 8, Bennett-street, St. James's.  
The Bonus added to Policies from March, 1834, to December 31, 1847, is as follows:—

Sum Assured.	Time Assured.	Sum added to Policy in 1841.	Sum added to Policy in 1848.	Sum payable at Death.
£	Yrs. Mts.	£ s. d.	£ s. d.	£ s. d.
5,000	13 10	683 6 8	787 10 0	6,470 16 8
*1,000	7 0	. . . .	157 10 0	1,157 10 0
500	1 0	. . . .	11 5 0	511 5 0

\* EXAMPLE.—At the commencement of the year 1841 a person aged 30 took out a policy for £1,000, the annual payment for which is £24 1s. 8d.; in 1847 he had paid in premiums £168 11s. 8d.; but the profits being 2½ per cent. per annum on the sum insured (which is £22 10s. per annum for each £1,000), he had £157 10s. added to the policy, almost as much as the premiums paid.

The premiums, nevertheless, are on the most moderate scale, and only one-half need be paid for the first five years, when the Insurance is for Life. Every information will be afforded on application to the Resident Director.

**Money received on Deposit at five**  
per cent. interest, payable half yearly, on the 1st of April and 1st of October. HOUSEHOLDERS' LIFE ASSURANCE COMPANY. Capital £250,000. The funds of the Company are lent upon freeholds and life securities, accompanied always by an Assurance on Life, which yield a high rate of interest with perfect safety. 15 and 16, Adam Street, Adelphi. J. HODSON, Sec.

**City of London Life Assurance**  
Society. 2, ROYAL EXCHANGE BUILDINGS, LONDON. Every description of business connected with Life Contingency transacted in the most Liberal and Equitable manner. Medical Referees remunerated.

Physician—Dr. James Risdon Bennett.  
Do., (West-end)—Dr. C. J. B. Aldis.  
Surgeon—G. W. Macmurdo, Esq.  
Do., (West-end)—R. L. Thorn, Esq.  
EDWARD FREDERICK LEEKS, Secretary.

ALL POLICIES INDISPUTABLE.

**Sovereign Life Assurance Company.**  
49, St. James's-street, London.

No Charge for policy stamps.  
Sums may be assured payable on attaining the age of 50, 55, or 60, or at death, should that event occur previously.

H. D. DAVENPORT, Secretary.

## Anglo-Australian and Universal FAMILY LIFE ASSURANCE COMPANY.

*Incorporated under Act of Parliament, 7 & 8 Vict., cap. 110.*  
For granting Infantile, Adult, and Matrimonial Assurances, Annuities, Endowments, Loans and Guarantee; and for the purchase of Reversionary Property, Life Interests, etc., with special application to INFANTS, EMIGRANTS, and GOLD MINERS.

Seventy-five per cent., and eventually One Hundred per cent. of the entire profits divided on a new and most equitable principle among the Members.

CAPITAL FUND £150,000, IN 15,000 SHARES of £10 EACH.

First Call £1 per Share. The Paid-up portion of the Capital, with its accumulations, to bear a Dividend at the Rate of not less than £5, nor more than £10 per cent. per annum, with a Bonus of 25 per cent. of the Profits.

NO COMMISSIONS PAID TO AGENTS OR OTHERS.

NO PREMIUMS FORFEITED THROUGH INABILITY TO CONTINUE THEM.

This Company has not been established as a rival to other Assurance Societies, as there are none at present founded which comprise its peculiar objects. Its design is original.

The operations of the Company will embrace every improvement calculated to be permanently beneficial to its Members, who will be protected from liability and loss by the peculiar features of its constitution.

Particular attention is earnestly requested to the system of granting Annuities and Assurances on Infant Lives, originated by this Company.

The chief objects of the Company are comprised under the following heads, viz.:—1. Infant Assurance; 2. General Assurance; 3. Matrimonial Assurance; 4. Emigration Assurance; 5. Australian Assurance; 6. Gold Mining Assurance; 7. Guarantee Assurance; 8. Universal or Whole World Assurance.

A brief summary of some of the advantages offered is presented below:—

1. ASSURANCES, ENDOWMENTS, and ANNUITIES, specially adapted to educational and other purposes, granted on Infant Lives, from the age of three months to fourteen years. 2. PREMIUMS for all Deferred Assurances, Annuities, and Endowments, Returned in Full on death before the given Age. 3. All INFANT ASSURANCES effected under ten years of age carry UNIVERSAL POLICIES. 4. REVERSIONS, LIFE INTERESTS, and POLICIES, purchased at their full value. 5. ASSURANCES and ANNUITIES of every description granted on Adult Lives from fifteen to ninety-five years of age. 6. PROFITS determined and distributed among Policy Holders upon a new and most equitable PLAN. 7. All POLICIES of this Company rendered safe by a valuable principle of indisputability. 8. LOANS granted upon personal and other security, on an improved system. 9. No charge for Policy Stamps, or Medical Fees. 10. POLICIES granted from £25 to £15,000, and made payable to Registered Holder. 11. INVALID and Diseased Lives Assured upon an equitable principle. 12. AN INVALID FUND, for granting Free Annuities to afflicted Policy Holders. 13. PREMIUMS payable in one or more fixed sums, or by yearly, half-yearly, or quarterly payments. Proposals for Assurance, Prospectuses, and further information, can be had on application to

JOHN NEWTON, Secretary.

\*\* Medical men are particularly invited to a consideration of the liberal dealing of this Company towards the profession, and their attention is specially directed to the confidential communication which has been forwarded to them. Full particulars of this Office will be found both in the "Post Magazine Almanack," and the "London and Provincial Medical Directory," for 1854.

LONDON OFFICES—5, CANON-STREET WEST, CITY.



ON WEDNESDAY, JANUARY 4, 1854,  
WILL COMMENCE THE FOURTH VOLUME OF

# THE MEDICAL CIRCULAR,

IN CONNEXION WITH

THE LONDON AND PROVINCIAL MEDICAL DIRECTORY; THE MEDICAL  
DIRECTORY FOR SCOTLAND; THE MEDICAL DIRECTORY FOR IRELAND.

The MEDICAL DIRECTORIES are a Register of the qualified Members of the Profession. The MEDICAL CIRCULAR is a Record of their Sayings and Doings, and a compendium of British and Foreign Literature, in relation to the practice of Medicine and Surgery, the study of Physiology, Chemistry, and the Collateral Sciences.

The unparalleled success of this Journal in its earliest days, which already counts its Subscribers by *thousands*, is a guarantee for its future, and fully justifies the outlay involved in the following Programme of the new volume.

Its distinguishing features will be continued, namely:—

**LEADERS**, in which the principal Professional Topics of the day are freely discussed.

**MIRROR** of Periodical Medical Literature, in which is carefully collated all that is worthy of being held in remembrance from the Weekly Journals.

**INDICES** of the Journals, giving at a glance all that is published therein.

**BIBLIOGRAPHY**, or List of Works published during the previous week or fortnight, connected with Medicine or the Collateral Sciences.

**REVIEWS** of new Works, which invariably appear within one month of their receipt.

**BIOGRAPHICAL SKETCHES** of the more prominent Members of the Profession, and occasionally a Portrait of the gentleman selected for the week's Memoir.

**CORRESPONDENCE**, controversial, practical, and anti-empirical.

**MEDICAL NEWS**, including changes, new appointments; who have come into the Profession, who have died, &c.

**MEDICAL NOTES AND QUERIES**, under which head many points in Medical Science and Practice are elucidated, which otherwise might remain unexplained. Lastly,

**NOTICES TO CORRESPONDENTS** who desire information on any points relating to the economy of the Profession.

The New Departments of the Journal and the Improvements in existing features will comprise

1st.

**MECHANICAL SURGERY**, being a History and Description of every mechanical appliance in relation to the Art and Practice of Surgery, illustrated by numerous Engravings on Wood.

2nd.

**TRANSLATIONS** from the more practical portions of the works of distinguished authors, published in France and Germany during the year 1853.

3rd.

**HOSPITAL REPORTS**, prepared expressly for the MEDICAL CIRCULAR, under the sanction of the Medical Officers of the eleven recognised London Hospitals. Prizes, hereafter to be explained, will be awarded for these Reports.

4th.

**THE PORTRAITS**, which have hitherto appeared bi-monthly, will for the future appear weekly, and will include many of the most eminent members of the profession in England, Ireland, and Scotland.

5th.

**NEW WORKS** sent for review will be invariably acknowledged in the following number, and noticed within a month of their receipt.

6th.

**SHORT COMMUNICATIONS** will always meet with attention and obtain insertion in the columns of the CIRCULAR, but lengthy and verbose contributions are recommended to be forwarded to one or other of our contemporaries, and on receiving intimation of the same, their practical points will be noticed in the columns of the CIRCULAR.

7th.

Every department of the Journal will be conducted with increased care, in order that it may maintain successfully its character as the most honest, independent, truthful, and practically useful Journal of the Medical Profession.

## THE MEDICAL CIRCULAR

*Is Published every WEDNESDAY on the following Terms:*

If ordered of any Bookseller, Price 3d., or 13s. 8d. per annum.

If sent from the Office, 128, Strand, by post, stamped, Price 4d., or 17s. 4d. per annum.

If paid in advance, 16s. per annum, sent direct from the Office, post free.

*The Trade supplied by GILBERT & CO., Paternoster Row.*

From this scale it will be observed that the MEDICAL CIRCULAR is less than *half the price of its contemporaries*, nevertheless it is the mirror of all and of every passing medical event.

### TO ADVERTISERS.

From the peculiar nature of its contents, no Medical Journal is so generally read as the "MEDICAL CIRCULAR." It therefore presents a most desirable channel for advertisements addressed to the Medical Profession.

#### New Scale of Charges.

Space of Four Lines and under	...	...	...	...	...	...	...	...	...	2s. 6d.
Every Additional Line	...	...	...	...	...	...	...	...	...	6d.

128, Strand—Office hours from 9 till 6.

[OVER



Programme of the New Volume of the Circular, continued from preceding Page.

FORM TO BE FILLED UP BY NEW SUBSCRIBERS AND SENT  
To the Publisher of the MEDICAL CIRCULAR.

SIR,—Please send me the MEDICAL CIRCULAR from this date until countermanded.

Name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Post-office Orders to be drawn in favour of THOMAS RELFE, and made payable at Charing-cross.

### CAUTION.

Gentlemen ordering the Medical Directories through their booksellers, are requested to be particular in specifying the exact TITLE, otherwise a spurious imitation of these works may be imposed upon them:—

“THE LONDON AND PROVINCIAL MEDICAL DIRECTORY.”

“THE MEDICAL DIRECTORY FOR IRELAND.”

“THE MEDICAL DIRECTORY FOR SCOTLAND.”

Published only at the Office of the “Medical Circular,” 128, Strand; and by John Churchill, Princes-street, Soho.

### London and Provincial Medical Directory.

NOTICE.—Gentlemen are requested immediately on the issue of the Volume for 1854, to see that their names, &c., are correctly printed, and, where errors are found, to give *immediate* intimation of the same to the Editors, 128, Strand

### Notice to the Union Medical Officers of England and Ireland.

Those gentlemen who have not yet returned the Circular lately forwarded to them by the Editors of the “London and Provincial Medical Directory” and the “Medical Directory for Ireland,” are requested to do so IMMEDIATELY. The information asked for is—1. Name; 2. Name of District; 3. Name of Union; 4. Population; 5. Extent; 6. Average Number of Patients; 7. Salary. This information will be tabulated in the forthcoming Directories, and its publication is expected to lead to most important advantages to the Poor-law Medical Officers of the United Kingdom.

NOTICE.—The articles on the ANATOMY OF QUACKERY will be continued in the new volume as often as the other arrangements of the Journal will permit. Any facts which will tend to the effectual exposure of the miscreants who prey upon the credulity of the public, are requested to be forwarded to the Editor of the “Anatomy of Quackery,” 128, Strand.

Advertisements.—All Advertisements relating to the sale or purchase of Medical Practices and Medical Property generally, will, for the future, follow the Notices to Correspondents. The new volume of the “Circular” will commence with a circulation far larger than any existing Medical Journal, and offers by far the best medium for such announcements.

The Medical Benevolent College.—For want of space we are under the necessity of postponing the advertisement relating to this excellent Institution, but we cannot allow this number of the “Circular” to go out without urging upon our readers its claim to their support. To him, who is in all human probability beyond the reach of poverty, we would say *give*, for the benefit of your less fortunate brethren. To him who has not reached that happy state we would say *give*, for by doing so you will have a claim on the Charity should you ever require its assistance.

NOTICE.—Inventors of Surgical Instruments, Appliances, and Apparatus of any description employed in the amelioration of human suffering, are invited to assist in the compilation of a Series of Papers about to be published in the “Medical Circular,” by forwarding descriptions, engravings, &c., to the Editor, with a view to their Inventions being noticed in the course of the History of Mechanical Surgery. (See Prospectus of New Volume.)



## The Medical Circular.

WEDNESDAY, DECEMBER 14, 1853.

### ADDRESS TO OUR SUBSCRIBERS.

As the year draws to a close, the duty arrives of interchanging a few thoughts with our subscribers, on the incidents of our management during the past twelve months. Having spared no pains to make the "Medical Circular" acceptable to every reader of an independent mind and of just and honourable feeling, we approach our duty with a strong confidence that our efforts have won general approbation. In pursuance of our promise last year of giving leading articles, we have commented on every subject of professional interest that has transpired during the twelve months; we have expressed our opinions unequivocally, and disregarded the minor and indirect influences which are usually apt to qualify editorial decisions. We commenced our duties with an entire exemption from private predilection, class bias, and historical obligations, and, in forming our estimate of public men and measures, were resolved to consider but one object—the permanent good of our profession. It is possible that in pursuing this straightforward course, we may occasionally have irritated cherished prejudices, and ruffled the temper of partizans, but we are well assured that we have commanded the sympathy and support of nine-tenths of our professional brethren. The course we took during the negotiations to introduce a Medical Reform Bill, and during the passage through the legislature of the Lunacy and Vaccination Acts, must be still fresh in the minds of our readers, and it is only necessary to appeal to their recollection for a ratification of our judgment on all these measures.

One feature for which our journal has been conspicuous is its IMPARTIALITY. There is not another medical paper that will admit either criticisms or correspondence adverse to its pledged views or apparent interests; on the contrary, we established this journal on the principle of "fair play," we have adhered to it, as our pages prove, and we have seen reason to be proud of the wisdom of our determination.

During the past year, many articles of exceeding interest have appeared in our pages. Besides our usual MIRROR OF PERIODICAL LITERATURE, we have given a series of HOSPITAL REPORTS, selecting for this purpose the most interesting cases that have occurred, and have provided our readers with comprehensive REPORTS of the proceedings in the two principal MEDICAL SOCIETIES of the metropolis.

We have also exposed Quacks and Quackery with uncompromising hostility, in a series of admirable articles that have appeared under the title of the ANATOMY OF QUACKERY, and have also supplied our readers with an

excellent compendium of TOXICOLOGY. It is intended that both these series of papers shall be re-published, that they may receive more general circulation.

Our PORTRAITS and BIOGRAPHICAL SKETCHES have been faithfully continued, and, we are happy to say, have formed an interesting department of our journal, and have given general satisfaction. The PORTRAITS will, for the future, be published weekly instead of fortnightly, as heretofore,—an alteration necessitating a great additional outlay, which nothing but the extraordinary success of our Journal could justify.

In the department of REVIEWS we have noticed each treatise as soon as possible after its publication, and our readers have thus been made acquainted with the merits of a large number of important medical works.

The subject of CHOLERA, so instructive to the profession and momentous to the public, has received a large share of our attention and of our space, and, in order to show our interest in this subject and in the cause of truth, we have devoted a considerable portion of this number to an INVESTIGATION OF THE TREATMENT OF CHOLERA BY SALINES IN THE PRISON OF COLD-BATH FIELDS. We trust that this investigation will be the means of settling for ever a great medical controversy, and of doing justice to the name of Dr. STEVENS, the acute and accomplished originator of the practice.

In consequence of the large amount of space occupied by the article on Cholera, nearly the whole of the ordinary matter of the journal has been necessarily omitted, and this number is, therefore, but an imperfect representation of the "Medical Circular" to those gentlemen who are yet unacquainted with its varied merits. We, however, refer the occasional reader, and our regular subscribers likewise, to a summary published in another page, of the additions and alterations proposed to be made in the "Medical Circular" during the ensuing year, by which they will see that while this journal embraces all the important topics treated of in other medical periodicals, it also contains departments which are peculiarly its own, and which give it an interest its rivals cannot possibly possess.

The improvements contemplated will necessarily involve a large expenditure, and we trust that the profession will respond to the liberal enterprise of the proprietor, by a large increase of the subscription list—the most effectual and satisfactory mode of proving their admiration of the work.

### BRIBING THE "LANCET."

Our readers will recollect that a few weeks since the "Lancet" published a leading article, in which it unfairly attempted to depreciate the claim of Mr. Robert Gardiner Hill to be considered the originator of the "non-restraint" system of treatment in lunacy, and subsequently refused that gentleman the right of exposing the deceptive arguments, and of defending himself against the slanderous aspersions that had been cast upon his character. Indignant at the mingled injustice and meanness of this conduct, we published in the "Medical Circular" the reply of Mr. Hill, with some editorial observations, explaining the facts of the question and supporting his claim.

That the course we pursued stung the conductors of the "Lancet," and rebuked the individuals who secretly stimulated its hostility to Mr. Robert Gardiner Hill, is not surprising, but we must confess that we hardly expected that the "Lancet" would be foolish enough to assail us with the elegant epistle it published in a recent



number, duly authenticated with the illustrious names of "Wm. Pierce" and "James Snow." We give a transcript, verbatim, of this literary curiosity:—

"To the Editor of the *"Lancet."*

"SIR,—Our attention has been directed to an article in an obscure medical print, in which the Committee for raising a Memorial to the late Dr. Charlesworth are indirectly charged with having paid for a leading article in the *"Lancet"* of the 5th inst., with a view to raise subscriptions for that memorial.

"Had such a base and unfounded charge been confined to the pages of the low print in question, it might have been safely treated with contempt; but, as it has been industriously circulated, by means of advertisements in various papers, I trust you will allow us to give the charge our most unqualified and indignant denial.

"We are, Sir, your obedient servants,

"WM. PIERCE, A.M., } Honorary

"JAMES SNOW, F.R.S.E., } Secretaries

"to the Charlesworth Memorial Committee.

Lincoln, November 28th, 1853."

We confidently believe that neither Mr. Pierce nor Mr. Snow wrote this letter, but that it was concocted in the *"Lancet"* office for the purpose of puffing that journal, which is rapidly and deservedly decaying both in credit and circulation. We believe so, because the language applied to us is exactly that which the vulgar genius of the *"Lancet"* is in the habit of using in connexion with the name of the *"Medical Circular;"* and because, too, the Rev. Mr. Pierce, if he be a sane man, never could have been so indiscreet as voluntarily to indite such a letter while retaining a recollection of one he had previously written to ourselves.

It is distinctly asserted that we have charged the *"Lancet"* with receiving a bribe for its leading article. We cannot deny what every literary medical man knows to be true, that the *"Lancet"* is pre-eminently a venal paper; but we are puzzled to understand what good reason the *"Lancet"* had for seeking for and publishing the contemptible certificate of character which we have quoted. The article to which the letter refers runs thus:

"Two months ago, a certain gentleman sent to us for publication a series of printed documents, containing a letter and appendices, which had been put into circulation more than two years prior to our being favoured with the communication, and which, had they been accepted, would have occupied together about a dozen columns of the *'Medical Circular;'* and in a letter accompanying the documents offered to *pay* US for the accorded privilege of publication. On perusing the papers we discovered that they disclosed an elaborate attempt to expose and degrade the character of Mr. Robert Gardiner Hill, Mayor of Lincoln; we therefore disdained to accept the paltry bribe, and resolved that our pages should never be made the medium of purchased vituperation. Our advertising sheet is the proper place for a marketable transaction."—*Medical Circular*, No. 45, p. 354.

Our charge is, that a certain gentleman offered to pay US—not the *"Lancet"*—and we observed, at the end of the following paragraph:—"We should like to know how much has been paid into its (the *'Lancet's'*) treasury, in requital of the slavish service it has rendered to the

miserable faction whose cause it espouses." Every sensible man will see that this was no charge at all, but a question, arising out of a very natural and obvious inference; and will suspect, with us, that the *"Lancet,"* painfully conscious of many offences of this shameful kind, was glad of the opportunity of making a merit of one possibly exceptional act of public virtue. The letter then is a mere Bobadil brag;—a farcical piece of bluster, assumed to screen a career of habitual corruption.

This impudent letter, our readers will remark, is signed by a WM. PIERCE, who is a reverend gentleman of the church, and, for his benefit and for ours, we append another epistle, rather more oily in its style, signed by the same gentleman:

To the Editor of the *"Medical Circular."*

"SIR,—My attention has been directed to a paper in your last publication, and I am induced to send you a copy of a letter I felt it right to publish some time since upon a subject incidentally introduced into that paper (a biographical sketch of Mr. G. Hill), and you will oblige me if you can find space for it in your next *'Medical Circular.'*

"Allow me to add, that if articles of THIS KIND are required to be PAID FOR, I shall cheerfully meet your demand.

"I have no intention to re-open a controversy which I feel is for ever settled, and still less any desire to deprive the late house-surgeon of the Lincoln Lunatic Asylum of his fair share of praise and honour in connexion with the subject of my letter, but I feel that the cause of truth, and the memory of Dr. Charlesworth, require this at my hands.

"I take the liberty, also, to enclose an extract from a lecture lately delivered by Dr. Connolly on the subject of the Treatment of the Insane; likewise a short memoir of the late Dr. Charlesworth, which appeared in the *'Lancet,'* with a list of subscriptions for the purpose of placing a statue of Dr. Charlesworth in the grounds of the Lincoln Lunatic Asylum."

"I shall be in London for a few days, when a line will find me if addressed to No. 43, Tredegar-square, Bow-road.

"I have the honour to be your obedient servant,

"W. M. PIERCE.

"West Ashby, Horncastle, Sept. 12th, 1853."

Can the Rev. Wm. Pierce hold up his head in Lincoln after the publication of this letter? Is he the man to be *"indignant"* at a charge of bribery? Did he never offer to pay a journalist for the insertion of articles, "with a view to raise subscriptions for Dr. Charlesworth's Memorial;" or even for a less creditable object? Publish this letter, Mr. Pierce, of which being signed with your own name, you ought not to be ashamed.

We can prove that this is not the first time that this reverend gentleman has performed before the world in a similar questionable character.

We now leave the Rev. Wm. M. Pierce and the Charlesworth Testimonial to the people of Lincoln, who, we trust, will deal with both according to their deserts.

As for the *"Lancet,"* it has already fallen too low to sink to deeper ignominy.



## AN INVESTIGATION INTO THE MERITS OF THE SALINE TREATMENT OF CHOLERA.

There have been few points in the history of medical science more warmly debated than the value of the "Saline Treatment" in cholera. Assertion and contradiction have been liberally advanced; letters, essays, volumes, have been published abundantly on both sides, without, as yet, any further result than that of increasing the confusion into which the whole of this most important subject has been unhappily thrown. There are many enthusiastic advocates of the saline treatment, as there are some deniers of its value. The former assert that the beautiful series of pathological facts discovered by Dr. Stevens is sustained by the successful results observed after the administration of salines in actual practice; the latter, without denying the pathological facts, which are incontrovertible, oppose, that the employment of salines, remedially, has not been attended with that advantage which they had been led to expect from the statements in favour of this new practice.

In order to clear away the misconceptions surrounding this subject, and to endeavour to elicit the truth, we have resolved upon placing before the profession a full and explicit account of the saline treatment, from the period of its first introduction by Dr. Stevens to the present hour. We owe this service to the public for reasons which will be made manifest in the course of this article.

There is probably nothing more difficult than to establish a practical truth in the art of medicine. In some forms of disease the advanced state of medical science has enabled us to determine by physical signs the exact condition of the internal organs, and thus one of the most important difficulties—that of diagnosis—is removed. This is not the case in many other forms of disease; and in cholera, especially, a difficulty is found in discriminating between cases of common diarrhoea easily checked by ordinary means, and those of the real cholera, in which ordinary remedies are of no value.

Many gentlemen have reported cases of severe diarrhoea and sporadic cholera—which, in our experience, recover in nearly all cases without resorting to specific remedies, as cases of cholera, meaning thereby "epidemic cholera;" and arrogate to themselves and their nostrums the credit of the cures. Others, again, having really to deal with the true "epidemic cholera" in its earlier stages, refuse to consider these cases as such, if they recover without running into actual collapse, and designate them either as diarrhoea or premonitory cholera; under which terms suspicion is thrown upon the efficacy of the remedies that may have been administered. So difficult is it to draw the line: so often is the line come short of or overstepped! We make these remarks in explanation of some of the contradictions we shall be obliged in the course of this article to expose.

With the view of bringing the treatment by salines fully and impartially under the notice of our medical brethren, we intend to give an analysis of the treatment as pursued in 1832 in the Coldbath-fields Prison, because the facts connected with this portion of its history constitute the basis of the evidence in its favour. These facts have in a most extraordinary manner been obscured by mystification, and, as we have reason to believe, by intentional misrepresentation.

Before, however, we analyse the evidence relating to the treatment of cholera by salines, it may be as well to state the facts established by Dr. Stevens respecting the condition of the blood in cholera. This gentleman, who is admittedly one of the best physiologists of our day, showed that the black colour, the spissitude, and diminished vital properties of the blood in this disease, were owing to a deficiency of its saline ingredients, and by a very simple experiment proved that the "oxygenation" of the blood, as it is called, was not due so much to the oxygen in the atmosphere as to the presence of the saline matter of the circulating fluid. Thus, after remov-

ing the salt by distilled water from coagulated arterial blood, it became black, and then even pure oxygen possessed no power in restoring the red colour; but when the clot was immersed in a clear saline fluid, the colour instantly changed from black to a beautiful bright arterial hue. This was a great physiological fact, and unquestionably opened a new era in scientific research. It did more; for it pointed out a line of practice in cases exhibiting similar morbid phenomena to those manifested in death by narcotic poisons, which promised the most important results.

We cannot give a clearer account of Dr. Stevens' physiological discoveries in respect of the blood, than by quoting a few paragraphs from a work which he has recently published, and in which his views are elaborately stated. The five propositions are copied from his original "Treatise on the Blood," published in 1832:—

"1. All the acids give a dark colour to the globular matter of healthy blood, and, in proportion to their strength, they change its colour from red to black, as certainly as they change vegetable colours from blue to red. When any one of the acids was diffused in a small quantity of water, and then mixed with the fluid arterial blood, the colour of the whole was immediately changed from bright red to black. Even the vegetable acids so completely blackened the blood, that the addition of a little water enabled even the citric acid to convert the whole into a fluid exactly resembling the black vomit.

"2. The pure alkalies have a similar effect with the acids in changing the colour of the blood from red to black, though not in the same degree.

"3. The whole of the neutral alkaline salts immediately changed the venous blood from a dark modena red to a bright arterial colour.

"4. Even those salts which contain an excess of alkali—the sub-carbonate of soda, for example—immediately changed the venous blood to a beautiful bright arterial colour.

"5. When the neutral salts were mixed with the dark and dissolved blood that had been taken from the heart, of those who had died from yellow fever, even this black and dissolved fluid was immediately changed from black to a colour that was highly arterial."

"From those facts Dr. Stevens concluded that black is the original hue of the colouring matter, consequently that the blood owes its arterial or scarlet colour to the saline matter which it contains. The blood taken from cholera patients, like that of those in yellow fever, is black, but it is also capable of recovering its natural tint when treated with an artificial serum; hence he conceived that this, as well as the dark colour of the blood in yellow fever and other pestilential diseases, is the effect of a specific poison in the vital fluid. It was proved also that the black colour in the last stage of the disease is produced by the loss, or the great diminution, of the saline ingredients of the blood, or of the vital electricity contained in the saline matter and the air, which constitutes, according to his new views of vitality, one of the two electric lives of the blood and also of the solid structures of the material body."

The observation with which the foregoing quotation concludes, respecting the two electricities in the body, will be reserved for future discussion.

Soon after this great discovery was made known, Dr. Stevens was invited to put his new method of treatment to the test of experiment in the prison of Coldbath-fields, where cholera was then committing its ravages; and it is the contradiction in the evidence hitherto adduced with respect to the facts of the treatment in that institution that has thrown so much obscurity and uncertainty on the efficacy of the new practice. It will therefore be our object in the course of this exposition to place these facts in their true light, to remove errors and misrepresentation, and to apply the credit and fix the blame wheresoever they may seem to be deserved.

The reports made to the Privy Council by the Govern-



ment Commissioners, Sir D. Barry, Dr. Mc Cann, and Dr. Maling, were in contradiction not only to the statements put forth by Dr. Stevens, but also, as we shall show, to the reports of Mr. Wakefield, the surgeon, the governor, and other most respectable individuals connected with the prison. What Dr. Stevens asserted, the Commissioners denied; and Mr. Wakefield, we are sorry to say, appears to have equivocated, asserted, and mystified, as circumstances seemed to require. It would not be very easy to reconcile these contradictions, but that, fortunately, we are now in possession of copies of the entries in the prison journal—the only authentic source of evidence that can be adduced on this important subject.

Dr. Stevens has very recently published a work setting forth the history of the saline treatment in the Coldbath-fields prison, at the period in question; in which he states that he was prompted to this undertaking by the injurious view given of the new practice by Mr. Ross, in his lectures on the Asiatic Cholera, published in the "Medical Times," in 1848. Mr. Ross had altogether omitted from his tables the statistics of the saline treatment in the prison, under the impression that there was no evidence within reach of sufficient trustworthiness to settle the disputed statements. A long correspondence on this subject took place in the same journal, between that gentleman and Dr. Turley, of Worcester, who endeavoured to explain the misconceptions, and to remove the misrepresentations that existed. This correspondence was ably conducted by Dr. Turley, but not being sufficiently conclusive, chiefly owing to the want of positive and reliable evidence, Dr. Stevens saw Mr. Wakefield, and, pointing out to him the results arrived at by Mr. Ross, and at the same time accusing him of having allowed false statements to go forth, on this subject, requested that he would take instant measures to publish the truth, as contained in the records of the prison journal. Mr. Wakefield evaded the demand; but, by an immediate application to the magistrates, Dr. Stevens obtained a verified copy of those important records; and of these we shall make liberal use in order that the most complete evidence may be adduced on the subject of this important controversy.

In dealing with this subject, we shall not endeavour to strengthen statements by mere assertion or ratiocination, being satisfied that the truth can never be substantiated by such means, and that the value and efficacy of the saline treatment cannot be established by argument, but by general experience, and by a calm and unprejudiced induction from facts. The important documents, therefore, on which we rely, and on which our examination and conclusions will be based, are copies of the entries in the prison journal, which were daily verified by Mr. Wakefield himself. The most important and comprehensive of those documents is signed by Mr. Chesterton, the governor, as well as by Mr. Brennan, the infirmary warden of the prison, in authentication of its truth. This document will, however, be too long for publication in these columns, and therefore we must refer the reader to Dr. Stevens' late work on the cholera. The other documents are also signed by Mr. Brennan. With respect to the accuracy of the entries in the prison journal, we may remark that the journal was signed daily by Mr. Wakefield immediately after he had seen the patients, it was also open for the inspection of the visiting justices, and at stated intervals it was examined and signed as correct by the chairman of the visiting magistrates. Documents that are thus verified afford evidence that cannot be controverted without accusing the prison officers, and especially Mr. Wakefield, either of incompetence or of fraud. It is hardly to be supposed that Mr. Wakefield would allow to be entered as cholera what were not cases of the cholera, or as "confirmed cholera," cases that bore no characters of collapse, for upon such a supposition he would deprive himself of all moral title to hold the responsible office he now fills. We are bound, therefore, to accept the records of this journal as the most authentic evidence

existing on this disputed and important subject.

It were idle and unprofitable in this place to detail the disingenuous and unfair part taken by the "Lancet," at the time the controversy commenced and while it continued; or to reveal the sinister influences stated to have been brought into play to prevent the truth from being established with respect to the efficiency of salines in the treatment of cholera.

The mode in which the saline treatment was carried out in the prison was doubtless an important element of its success; for it can be easily shown that when the salines were administered in an imperfect manner, or alternated with other remedies, the success expected from their use was not realised: thus, while Dr. Stevens superintended the treatment of the patients at the prison, and the practice was steadily prosecuted, the deaths were so few as to excite the utmost surprise of the governor, the magistrates, and other eye-witnesses; but when the treatment was committed to other hands the mortality immediately increased. In order to give our readers accurate information on the plan of treatment adopted in the prison, we will again quote from the work which Dr. Stevens has recently published.

"The saline treatment in yellow fever was based on supplying the lost saline ingredients to the blood, by imparting to the lacteals and absorbents of the stomach, and the whole of the internal intestinal surface, in an aqueous medium, abundance of that vital electric ingredient that is, in truth, the electric life that the body and the saline matter of the blood receive from the air that we breathe as the breath of life. The poison of cholera occasions great thirst, and the saline agents readily enter the circulation, mix with, and become part of the blood. The vital electricity contained in the saline portion of the vital fluid is the natural stimulus of the heart, and hence the active non-purgative salts decidedly add to its stimulating power. When given early in active doses, by increasing the stimulating power of the vital fluid, the electric salts enable it to act with more force on all the vascular organs, and in this way they rouse the patients from the state of torpor in which, under every other mode of treatment, they generally soon die.

"The saline remedies employed by Dr. Stevens in the yellow fever were chiefly solutions of muriate and carbonate of soda and nitrate of potass, and the result was most satisfactory. In the island of Trinidad alone, from 1828 to 1832, there were upwards of 1000 cases of yellow and other West India fevers, treated on the saline plan, with only eleven deaths, and of these three were not justly ascribable to failure of the treatment, the patients having succumbed to other causes of death than the fevers for which they were treated.

"The similarity observed in the morbid blood in the last stage of cholera and yellow fever, induced Dr. Stevens to believe that the non-purgative saline medicines were the most likely to be useful in the then new disease; for they not only redden the colour of the blood, but, by increasing its fluidity, and adding to the stimulating power of the vital current, they render it better fitted to serve the important functions which it is intended to perform in the system. (a) Hence, also, he concluded that the first effort towards a cure should be directed to assist nature in throwing off the poison from the blood *per vias naturales*, and, at the same time, supplying the necessary saline stimuli on which the action of the heart and its vessels depend. It is, therefore, not only necessary to expel the poison, but the normal state of the blood must be restored, if the treatment is to succeed in saving the patient from this fell disease.

"The following is an outline of Dr. Stevens' saline treatment, as used on a large scale in the prison of Coldbath-fields, in 1832, under its author's personal superintendence, as well as by the medical officer of that prison.

(a) Communicated by Dr. Stevens to the public in a letter to the Editor of the "Medical Gazette," published Sept. 5, 1831.



Patients presenting merely the first stage of premonitory symptoms, diarrhoea and vomiting, were removed into an observation ward, where an even temperature was kept up by night and day; great attention was also paid to ventilation and cleanliness. On their admission, a seidlitz powder was administered, and if sinking was felt, but without bowel complaint, more active purgatives were then employed; or three or four teaspoonfuls of Epsom salts were added to the seidlitz powder. On the bowels being moved, plenty of thin beef-tea, well seasoned with salt, was given; if much irritability of the stomach prevailed, a sinapism was applied to the gastric region, and thirst was relieved with seltzer, soda, or pure water *ad libitum*. This simple treatment was so successful that a great number of the patients had no further complaint, and were generally dismissed cured in a few days.<sup>(a)</sup>

"If cramps, coldness, or sinking of the pulse were present, the patients were considered as cholera cases in the second stage. The non-purgative salts were administered every half-hour, or more or less frequently, according to the severity of the symptoms, and in the following dose: Muriate of soda, ʒj; carbonate of soda, ʒss; chlorate of potass, gr. viij. When irritation of the stomach was very severe, a large sinapism was applied; and when the patient complained of heat or burning at the stomach, an additional quantity of the carbonate of soda was added to the saline powder.

"In cases where life seemed rapidly ebbing, the collapse stage having been reached, a strong solution of the same salts, at a temperature of 100°, was thrown into the bowels. In extreme cases of collapse this latter method succeeded far better than the injection of the vital electric salts into the veins. The saline mixture was administered half-hourly; and in severe cases the muriate of soda was increased to a drachm, or even more, as circumstances seemed to require. When the stomach was extremely irritable, it was found that the carbonate of soda given by itself, or the tartrate of soda, in a state of effervescence, was the most effective remedy that could be employed for allaying the irritation, so as to enable the stomach to retain the stronger salts. The first object was to remove the excess of acidity in the stomach, as one cause of the intense burning and local irritation—amounting even to inflammation, or the gastro-enterite of Broussais. This species, however, of the enterite cannot be cured either by gum-water, taken internally, nor by leeches applied to the pit of the stomach. The irritation is produced by a local cause, and can only be removed by local means. At this period of the disease the alkaline carbonates are of infinite value; for example, by exhibiting the carbonate of soda, the fixed acids of the stomach are immediately neutralized. A large quantity of carbonic acid is evolved by the mouth, and the irritation of the stomach disappears almost as fast as if it had been removed by a charm. The fixed acids are immediately neutralized by the alkali of the carbonate; the muriate of soda and the other natural salts of the blood are instantly formed in the stomach itself, and enter the circulation; that is, they mix with and become a part of the circulating blood, changing its properties, and remedying its morbid condition, thereby restoring the stimulating power of the circulating current, thus enabling the now electrified blood to keep up the action of the heart, and all the capillary vessels in every part of the material body.

(a) It must be borne in mind, however, that not one of these patients were entered as cholera cases in the journal of the prison. At one time, during the first irruption, there were about eighty prisoners suffering under premonitory symptoms, but from April the 5th to May the 11th, eighteen is the largest number entered in the prison journal on any one day during the first irruption. Mr. Chesterton, the governor of the prison, states that in one day during the second irruption, about one hundred of the prisoners were simultaneously attacked. Still, twenty-two is the greatest number entered in the prison journal on any one day during the second irruption in 1832.

"The enema, exhibited and found so valuable, was composed of a large tablespoonful of muriate of soda dissolved in warm water, sometimes with the addition of sugar or starch, and administered every two or three hours at as high a temperature as the patient could well bear. Sinapisms were also applied as early as possible to the region of the stomach, betwixt the shoulders, &c.; in the cold-stage, frictions were frequently used with warm towels; and a pure air for the patient to breathe was considered as a matter of the greatest importance to the person whose blood has been contaminated with poisoned air."

The reader has now before him the most complete statement that can be offered of the physiological views taught by this accomplished physician, and likewise of the mode of treatment he has recommended and pursued, through good report and evil report, in cases of cholera, yellow fever, and other febrile maladies.

We have now to consider the results of this treatment, as evidenced in the great experiment that was made in 1832 in the prison of Coldbath-fields.

According to the entries in the prison journal, a copy of which, certified by Mr. Brennan, the infirmary warden, is now under our eye, there appears to have been 504 cases of cholera in that prison during the year 1832. These cases occurred during two irruptions, and were thus grouped:—

	Total Cases.	In Collapse.	Deaths.
1st Irruption, April 5 to May 11, 1832 ...	165	39	7
2nd Irruption, June 3 to Dec. 27, 1832 ...	339	162	34
Grand total.....	504	201	

This table gives the grand aggregate of cases; also of those in collapse and of deaths, as treated in the prison during the progress of the epidemic in 1832.

This aggregate, however, showing a loss of about 8 per cent., does not truly present the efficiency of the saline treatment, inasmuch as in many instances other remedies were had recourse to, the salines being omitted; and a large number of deaths thereby occurring, the aggregate mortality from this disease was unduly aggravated. So much discussion and altercation have taken place on the accuracy of the reports made by Mr. Wakefield, the medical officer, by Drs. Barry and the other Government Inspectors, that it will be impossible to settle the controversy without referring to the actual entries as they are extracted from the prison journal. These documents afford the only reliable authority, the only testimony to fall back upon of the value or inefficacy of the saline treatment.

Dr. Barry, for example, stated in the "Lancet," on the authority of Mr. Wakefield, that during the first irruption, there were only 24 cases of cholera, and 7 deaths; whereas there were in reality 165 cases, with 39 cases of collapse and 7 deaths! How can we prove to the satisfaction of our readers that Dr. Barry was guilty of making a false report? Manifestly, by referring our readers to a letter from Mr. Wakefield, dated April 25th, and published in the "Medical Gazette" on the 28th of that month. In that letter Mr. Wakefield states:—

"We have now upwards of twelve hundred persons in this prison; and, from the commencement of the disease up to this date, there have been nearly a hundred cases where individuals have been, more or less, evidently labouring under the influence of the Cholera poison. Twenty-five of these assumed the malignant character of the disease, having the majority of the symptoms described in the printed document issued by Dr. McCann. Four of the first cases, as before observed, were treated in the common way, and every one of them died. All the others, however, were immediately put under the use of the saline practice, as recommended by Dr. Stevens, and out of the whole number who have been thus treated, we have only had three deaths from Cholera, and two of these were case; from relapse. I may state, also, that within the last few days I have had one most malignant case in



the New Model Prison at Clerkenwell, where the patient was in a state of complete collapse before I saw him. His extremities were cold; his pulse at the wrist was entirely gone; he had the Cholera voice, and his tongue was icy cold. This man, like those in the other prison, was immediately put under the saline treatment, with the happiest effects, and I consider him now in a state of convalescence."

The above letter is a sufficient answer to Sir D. Barry's assertion, of only 24 cases and 7 deaths during the first irruption in the prison in Coldbath-fields.

After having given such a statement as the above to the public on the 25th of April, how could Mr. Wakefield give an official report of only 24 cases during the first irruption in April and May; and how could Dr. Barry assert, in June, that there had been only 24 cases of cholera in that prison during the first irruption, with 7 deaths—or, in other words, with a loss of about one-third in the place of one death in the 158 cases in which the new practice was first put to the test of a fair trial in that prison?

We now approach a yet more important period in the history of the new practice, viz., the second irruption in the prison. The history of this period is filled with contradictions; and so far as we can judge during the whole time a persevering attempt was in operation, to bring discredit on the saline treatment, and to undermine the reputation of its originator. Thus:—

"On the 25th of June, 1852, Dr. Stevens casually informed Sir David Barry, at the College of Physicians, that he had seen upwards of forty cases of cholera at that prison within the last twenty-four hours. By an arrangement with Dr. Stevens, Sir David Barry, accompanied by Dr. O'Shaughnessy, visited the prison on the 27th, when, after an examination of the reputed cases, Sir David Barry, in the presence of Dr. O'Shaughnessy, observed to Dr. Stevens that he had seen *no* case of cholera in the prison that day; meaning, as Dr. Stevens appeared to allow at the time, that he had seen none actually labouring under the characteristic symptoms of the disease."

We quote the foregoing paragraph from a letter published in the "Medical Times" by Mr. Ross, in which he offers his reasons for not accepting Dr. Stevens's statements. Now what say the records contained in the prison journals? (*Vide* Table on the following page.)

This table more than confirms Dr. Stevens' assertions, and scatters to the winds the rash contradictions of Sir David Barry.

Such was the state of affairs in the prison on the 25th. Still, three days, afterwards, on the 28th of June, an official return was made out by the Surgeon of the prison, which enabled Dr. Barry to prove to the Privy Council that not one case of cholera could have existed in the prison on the 25th of June. The reader will now know what value to put on Mr. Wakefield's statements and Dr. Barry's proofs.

We quote again from Mr. Ross's Letter:—

"In consequence of a communication from the Privy Council, the governor of the prison informed the Privy Council, in a letter bearing date the 28th of June, 1852, that 'the number of persons then labouring under the disease, in its various degrees, was about *seventy*.'"

"By the instruction of the Privy Council, Sir David Barry, accompanied by the Deputy-Inspector of Hospitals, John Maling, and Staff-Surgeon Francis Macann, visited the prison on *that very day*, the 28th of June, and reported that in the

"1st Ward.—Nine patients were said to be ill; they found only one unequivocal case, another doubtful.

"2nd Ward.—Eighteen said to be ill; only two boys were present, apparently well; the rest were out walking.

"3rd Ward.—Six patients reported, five were present: one complained of *constipation*, another had pain in his side and head; no vomiting or purging. There was no appearance of cholera in the others.

"4th Ward.—Eleven patients were reported. All present: none had any appearance of disease, except one boy, with slow pulse and depression of look and spirits, who might have had an attack in the course of the night.

"Convalescent Ward.—Fourteen patients: all looking well.

"The other wards visited gave similar results. I need not, therefore, cite further. The inspectors report, that the *only* cases with the appearances of cholera were the two men in No. 1 Ward. The Report, of course, refers only to the time of the visit."

How can these contradictions be reconciled? Again, only by appealing to the prison journal. (*Vide* Table, page 454.)

These tables prove that Dr. Stevens was perfectly justified in putting forth the statements objected to by Sir David Barry. The cases *had been* in the infirmary of the prison, or they could never have been entered without fraud in the prison journal.

Mr. Wakefield's official reports are some of the most incomprehensible documents that have ever come within the range of our experience. We will give a specimen. The first "Numerical Report" subjoined is one sent into the Privy Council by Mr. Wakefield, and is copied "*verbatim*." The second is extracted from *his own* prison journal, which is regularly signed by him. In the first Report, Mr. Wakefield accounts for only 59 cases with 17 deaths, from the 3rd of June to the 28th July: in the second Report, we have an account of 176 cases, of which 89 were cases of COLLAPSE, with 18 deaths.

"CHOLERA.—DAILY NUMERICAL REPORT OF CASES FOR THE PARISH OR DISTRICT OF COLD-BATH FIELDS PRISON.

To be furnished to the Central Board of Health.

Date.	Remaining at last Report.	New Cases.	Dead.	Recovered	Remaining this Day at 12 o'clock.
1852. July 28	3	1	—	3	1

From the commencement of the Disease, on the 3rd of June.

Cases.	Died.	(Signed)
59	17	HENRY WAKEFIELD, Surgeon.

The numerous premonitory cases are not included in this report.—H. W."

On the 28th of June Mr. Wakefield gave an official report to the Visiting Justices of 75 cases of Cholera in the prison on that day; and if the reader will refer to Mr. Wakefield's official return to the Privy Council, of the 28th of June, he will find an official acknowledgment that "the Cholera had made its re-appearance in the prison on the 3d of June, with a degree of malignancy far surpassing the violence of the former attack (in April and May.) He stated also, that during the period between its arrival and the present time (the 29th of June), upwards of one hundred cases have occurred with different degrees of severity, out of which number, twelve cases have terminated fatally." Now, if there had been upwards of one hundred severe cases of Cholera in the prison from the 3rd to the 29th of June, and if the new pestilence had continued to rage in the prison, without one hour's intermission, from the 29th of June to the 28th of July, then, how can Mr. Wakefield explain the truth of his official return to the Privy Council of only 59 cases from the 3rd of June to the 28th of July?

The following is a tabulated statement, drawn up by



LIST OF THE SIXTY-FOUR PATIENTS WITH CHOLERA THAT WERE IN THE PRISON ON  
THE 25TH OF JUNE, 1832.

Date of Attack.	Names of the Patients.	Premonitory or not Collapsed Cases.	When Collapsed.	State of the Patient on the 25th of June.	The ultimate Results.
June 16	B. Grundy . . . .	. . . .	June 23	Very doubtful . . . .	Cured July 15
" 7	Sarah Pool . . . .	. . . .	" 11	Gradually improving . . . .	" " 17
" 13	Ann Moore . . . .	. . . .	" 13	ditto . . . .	" " 4
" 14	Ann Easton . . . .	. . . .	" 12	ditto . . . .	" " 17
" 16	John Morris . . . .	. . . .	" 16	Recovered and acting as Nurse	" June 27
" 17	Robert Collins . . . .	. . . .	" 17	Better . . . .	" " 28
" 17	John Shannon . . . .	. . . .	" 17	Recovered and acting as Nurse	" " 26
" 18	John Akers . . . .	. . . .	" 19	Very doubtful . . . .	" July 10
" 18	Francis Du Bois . . . .	. . . .	" 19	Better . . . .	" " 5
" 18	Clara King . . . .	. . . .	" 20	Worse . . . .	" " 25
" 19	John Murphy . . . .	. . . .	" 20	Gradually recovering . . . .	" " 10
" 20	Thomas Brown . . . .	. . . .	" 22	Rather better . . . .	" June 30
" 20	Susan Kelly . . . .	. . . .	" 23	Much the same . . . .	" July 10
" 20	Ann Lambert . . . .	. . . .	" 23	ditto . . . .	" " 4
" 20	George Sudman . . . .	. . . .	" 22	Better . . . .	" June 28
" 20	William Brown . . . .	. . . .	" 22	ditto . . . .	" " 30
" 21	Edward Blacklock . . . .	June 22	. . . .	ditto . . . .	" " 30
" 21	James Rogers . . . .	" 22	. . . .	ditto . . . .	" July 4
" 21	Charles Bradley . . . .	" 22	. . . .	ditto . . . .	" June 30
" 21	Joseph James . . . .	" 22	. . . .	ditto . . . .	" " 30
" 22	Michael Holland . . . .	" 22	. . . .	ditto . . . .	" " 3
" 22	John Musetta . . . .	" 24	. . . .	ditto . . . .	" " 3
" 22	T. Hottingbury . . . .	" 24	. . . .	ditto . . . .	" " 3
" 22	William Barrett . . . .	" 25	. . . .	ditto . . . .	" June 30
" 22	Thomas Lawrence . . . .	" 24	. . . .	ditto . . . .	" " 30
" 22	John Harris . . . .	" 24	" 26	Worse . . . .	" July 9
" 22	William Hemmings . . . .	. . . .	" 25	Much the same . . . .	" June 29
" 22	George Cornie . . . .	. . . .	. . . .	Better . . . .	" July 5
" 22	William Bryan . . . .	" 24	. . . .	ditto . . . .	" " 3
" 22	Solomon Taylor . . . .	" 24	" 26	Worse . . . .	" " 3
" 22	Joshua Thorn . . . .	. . . .	" 24	Recovering . . . .	" June 27
" 22	Richard Jackson . . . .	. . . .	" 25	Doubtful . . . .	" " 27
" 22	James Holdwell . . . .	" 24	. . . .	Not worse . . . .	" " 30
" 23	Geo. Pickering . . . .	. . . .	" 25	Better . . . .	" " 29
" 23	James Simmonds . . . .	" 24	. . . .	ditto . . . .	" July 3
" 24	James Carter . . . .	" 24	. . . .	ditto . . . .	" " 3
" 24	Wm. Edwards . . . .	. . . .	" 25	ditto . . . .	" " 3
" 24	Thos. Bleasden . . . .	. . . .	. . . .	Not so well . . . .	" June 30
" 24	Jno. Shuttleworh . . . .	" 24	" 25	Better . . . .	" July 4
" 24	Eliza Williams . . . .	. . . .	" 24	ditto . . . .	" " 4
" 24	Elizabeth Ward . . . .	. . . .	" 24	. . . .	" " 10
" 24	Ellen Connor . . . .	. . . .	" 24	. . . .	" " 4
" 25	James Herring . . . .	. . . .	" 25	Doubtful . . . .	" " 6
" 25	James Hanby . . . .	. . . .	" 25	ditto . . . .	" " 4
" 25	Henry Cooper . . . .	. . . .	" 25	ditto . . . .	" June 30
" 25	Richard Card . . . .	. . . .	" 25	Very bad . . . .	Died July 3
" 25	Thos. Kirby . . . .	" 24	" 25	ditto . . . .	Died June 25
" 25	John Reagin . . . .	. . . .	" 25	ditto . . . .	" " 25
" 25	Wm. Davidson . . . .	" 24	" 25	Better . . . .	Cured July 4
" 25	C. Dunbar . . . .	" 24	" 25	ditto . . . .	" " 4
" 25	Alexander Sessie . . . .	. . . .	" 25	ditto . . . .	" June 30
" 25	David Holland . . . .	" 24	" 25	ditto . . . .	Died July 9
" 25	Wm. Rowland . . . .	. . . .	" 25	Doubtful . . . .	Cured July 4
" 25	James Allen . . . .	. . . .	" 28	Recovering . . . .	" " 19
" 25	John Manby . . . .	. . . .	July 1	ditto . . . .	" " 4
" 25	T. Harris . . . .	. . . .	June 25	Much the same . . . .	" June 29
" 25	E. Kerry . . . .	. . . .	" 25	Not so well . . . .	Died June 28
" 25	B. Phacey . . . .	. . . .	" 26	ditto . . . .	Cured June 30
" 25	Alfred Miles . . . .	. . . .	" 26	Recovering . . . .	" June 30
" 25	Joseph Allen . . . .	. . . .	" 28	ditto . . . .	" July 17
" 25	Jane Taylor . . . .	. . . .	" 26	ditto . . . .	" " 10
" 25	A. Richardson . . . .	. . . .	" 26	ditto . . . .	" " 25
" 25	Julia Ingall . . . .	. . . .	" 27	Not so well . . . .	" " 17

Number of Collapse Cases on the 25th of June . . . . 49

Number of Non-collapse Cases on the 25th of June . . . . 15

— 64

Total Number of Patients in the Prison Infirmary on the 25th of June . . . . 64



LIST OF PATIENTS WITH CHOLERA IN THE PRISON INFIRMARY AT COLDBATH-FIELDS  
ON THE 28TH OF JUNE, 1853.

When Admitted.	Name of the Patient.	Premonitory or not Collapsed.	Cases of Collapse.	State of the Patient on that Day.
June 16	Bridget Grundy . . . . .	. . . . .	Collapse	Better.
" 7	Sarah Poole . . . . .	. . . . .	ditto	Recovering.
" 13	Ann Easton . . . . .	. . . . .	ditto	ditto.
" 12	Ann Moore . . . . .	. . . . .	ditto	ditto.
" 25	Julia Ingall . . . . .	. . . . .	ditto	ditto.
" 18	Jno. Akers . . . . .	. . . . .	ditto	ditto.
" 18	F. du Bois . . . . .	. . . . .	ditto	ditto.
" 18	Clara King . . . . .	. . . . .	ditto	ditto.
"	Jno. Murphy . . . . .	. . . . .	ditto	ditto.
" 19	Wm. Brown . . . . .	. . . . .	ditto	Rather better
" 20	Geo. Sudman . . . . .	. . . . .	ditto	Recovering.
" 20	Susan Kelly . . . . .	. . . . .	ditto	ditto.
" 20	Ann Lambert . . . . .	. . . . .	ditto	ditto.
" 20	B. Blacklock . . . . .	Not collapsed	. . . . .	ditto.
" 21	Jos. Rogers . . . . .	ditto	. . . . .	ditto.
" 21	C. Bradley . . . . .	ditto	. . . . .	ditto.
" 21	Jos. James . . . . .	ditto	. . . . .	ditto.
" 22	M. Allen . . . . .	ditto	. . . . .	ditto.
" 22	Jno. Musetto . . . . .	ditto	. . . . .	ditto.
" 22	T. Hollingsbury . . . . .	ditto	. . . . .	ditto.
" 22	Wm. Barrett . . . . .	ditto	. . . . .	Better.
" 22	Tho. Lawrence . . . . .	ditto	. . . . .	ditto.
" 22	Jno. Harris . . . . .	. . . . .	ditto	ditto.
" 22	W. Hemmings . . . . .	. . . . .	ditto	Much improved
" 22	Geo. Corney . . . . .	ditto	. . . . .	ditto.
" 22	Wm. Bryan . . . . .	ditto	. . . . .	Better.
" 22	Sol. Taylor . . . . .	. . . . .	ditto	ditto.
" 22	Josh. Thorn . . . . .	. . . . .	ditto	ditto.
" 22	Rd. Jackson . . . . .	. . . . .	ditto	ditto.
" 22	Jas. Holdwell . . . . .	. . . . .	ditto	Better.
" 23	J. Shuttleworth . . . . .	. . . . .	ditto	ditto.
" 23	Geo. Pickering . . . . .	. . . . .	ditto	Not so well.
" 23	Jas. Simmonds . . . . .	ditto	. . . . .	ditto.
" 24	Wm. Edwards . . . . .	ditto	. . . . .	ditto.
" 24	Tho. Bleazden . . . . .	ditto	. . . . .	ditto.
" 24	Eliza Williams . . . . .	. . . . .	ditto	ditto.
" 24	Eliz. Ward . . . . .	. . . . .	ditto	ditto.
" 24	Ellen Connor . . . . .	. . . . .	ditto	Improved
" 25	Jos. Allen . . . . .	. . . . .	ditto	ditto.
" 25	Jas. Manby . . . . .	. . . . .	ditto	ditto.
" 25	Henry Cooper . . . . .	. . . . .	ditto	ditto.
" 25	Rd. Card . . . . .	. . . . .	ditto	ditto.(a)
" 25	Wm. Davidson . . . . .	. . . . .	ditto	Better.
" 25	C. Dunbar . . . . .	. . . . .	ditto	ditto.
" 25	Alex. Sessie . . . . .	ditto	. . . . .	Recovering.
" 25	David Holland . . . . .	ditto	. . . . .	ditto.
" 25	Wm. Rowland . . . . .	ditto	. . . . .	ditto.(b)
" 25	Ed. Kerry . . . . .	. . . . .	ditto	Died at 8.45 P.M.(c)
" 25	Alfred Miles . . . . .	ditto	. . . . .	Recovering.
" 25	Jane Taylor . . . . .	. . . . .	ditto	ditto.
" 25	B. Phassey . . . . .	. . . . .	ditto	Very doubtful
" 25	A. Richardson . . . . .	. . . . .	ditto	ditto.
" 26	Jno. Catanaeh . . . . .	. . . . .	ditto	ditto.
" 26	Jno. Moore . . . . .	ditto	. . . . .	Recovering.
" 26	Jno. S. Gower . . . . .	ditto	. . . . .	ditto.
" 26	Jas. Sullivan . . . . .	ditto	. . . . .	Better.
" 26	Jas. Gravener . . . . .	ditto	. . . . .	ditto.
" 26	Thos. Brenner . . . . .	. . . . .	ditto	Not so well
" 26	Thos. Green . . . . .	. . . . .	ditto	ditto
" 26	Georgin. Harris . . . . .	ditto	. . . . .	Better
" 26	Ann Morris . . . . .	ditto	. . . . .	ditto.
" 26	Thos. Francis . . . . .	ditto	. . . . .	ditto.
" 26	Wm. King . . . . .	ditto	. . . . .	ditto.
" 26	C. Morley . . . . .	ditto	. . . . .	ditto.
" 26	S. Brown . . . . .	ditto	. . . . .	ditto.

(a) This patient recovered from Cholera, but died on the 3rd of July, from water in the chest.

(b) This patient, David Holland, recovered from Cholera, but died from water in the chest, on the 9th of July.

(c) This is the patient that died in less than four hours after Barry and his two self-chosen inspectors had left the prison, on the afternoon of the 28th of June.



LIST OF PATIENTS WITH CHOLERA, &c.—Continued.

When Admitted.	Name of the Patient.	Premonitory or not Collapsed.	Cases of Collapse.	State of the Patient on that Day.
" 27	Wm. Thorn . . .	ditto . . .	. . .	ditto.
" 27	Godfrey Nokes . . .	ditto . . .	. . .	ditto.
" 27	Rd. Stewart . . .	Not collapsed . . .	. . .	ditto.
" 27	Henry King . . .	ditto . . .	. . .	ditto.
" 27	Henry Butcher . . .	ditto . . .	. . .	Better.
" 27	Jos. Jones . . .	ditto . . .	. . .	ditto.
" 27	Thos. Collins . . .	ditto . . .	. . .	ditto.
" 27	Jno. Pratt . . .	ditto . . .	. . .	ditto.
" 27	Wm. White . . .	ditto . . .	. . .	ditto.
" 27	Jos. Green . . .	ditto . . .	. . .	ditto.
" 27	Thos. Sturu . . .	ditto . . .	. . .	ditto.
" 27	Car. Thornton . . .	ditto . . .	. . .	ditto.
" 27	Eliz. Leach . . .	ditto . . .	. . .	ditto.
" 27	Margaret Smith . . .	ditto . . .	. . .	ditto.
" 27	Eliz. Isaacs . . .	ditto . . .	. . .	ditto.
" 27	My. Bloomfield . . .	ditto . . .	. . .	ditto.
" 27	Eliz. Graves . . .	ditto . . .	. . .	ditto.
Number of Cholera Patients in the Prison Infirmary on the 28th of June, 1832				82
Cases of Collapse . . .				37
Cases of Non-Collapse . . .				45—82
Died . . .				1
Recoveries . . .				81—82

the Warder of the Prison, of the actual number of cases from the 3rd of June to the 28th of July:—

“List of the Number of Patients with Cholera in the Prison of Coldbath-fields, from June 3 to July 28, 1832.—

Sex.	Number.	Total Number.
Male .....	137	176.
Female .....	39	

“In the above 176 patients 87 were premonitory or non-collapsed cases, and 89 were cases of collapse. In the above 176 patients there were 18 deaths, and 9 of these 18 patients died on the day of admission into the infirmary of the prison.—“B. BRENNAN, Infirmary Warder.”

Dr. Stevens charges Mr. Wakefield with having been at that time, under the tutelage of Dr. McCanu, one of the Government Inspectors; on this point we offer no opinion, but it is a singular fact that the records in his own prison journal falsify the Surgeon's Government Reports.

Having now cleared away the contradictions that have hitherto beset this most difficult and mysterious subject, we shall give a summary of the cases of Cholera during the second irruption. Dr. Stevens thus writes in his recent work:

“It was on the 30th of April that Dr. Stevens and Mr. Crook ceased to attend the patients in the infirmary of the prison. A few cases, as we have seen, happened up to the 11th of May, when the cholera appeared to have been finally expelled; but it was not so, for another attack was near at hand. This second irruption broke out in the female side of the prison on the 3rd of June. The first patient, Margaret Kelly, was attacked on that day, and died on the 5th. When informed of her death, Dr. Stevens went to Coldbath-fields, to ascertain from Mr. Wakefield the cause of this death, but that gentleman was not there at the time, and Dr. Stevens did not return to the prison until the night of the 21st of June, when he received information from the surgeon that the saline treatment had at last failed, and that the cholera was then producing a frightful destruction of life in the House of Correction at Coldbath-fields. Dr. Stevens immediately went to the prison, and on a strict investigation, he found that one patient had died on the 5th, one on the 14th, another on the 15th, and one on the 18th; every one of the last three patients had died soon after admission. Three patients had died on that day, the

21st; two others were dying, and did die, either during the night of the 21st, or early on the morning of the 22nd; making in all nine deaths—and five of them within twenty-four hours. Dr. Stevens ascertained from one of the nurses that the treatment in eight of the nine fatal cases had been changed, from about the 13th of the month, in favour of a new plan of Mr. Wakefield's own devising, the chief feature of which was, that the patients were treated with small doses of carbonate of soda at long intervals. Late admissions and inert treatment were, therefore, the causes of eight of these nine deaths, for it was under these circumstances that the sufferers perished with frightful rapidity.

“Mr. Wakefield did not then deny that Dr. Stevens' treatment had not been used in any of the later fatal cases; and, after a full explanation with the surgeon, and on condition that the new practice was to be used as formerly, Dr. Stevens renewed his superintendence of the cholera patients in the prison early on the morning of the 22nd, and Mr. Crook again took up his abode there, resuming his active labours on the same day.

“About the 12th of June, or soon after the commencement of this second irruption of this new disease, and as all the cases appeared to be then going on well, the governor of the prison obtained his usual leave of absence for ten days. Mr. Chesterton left the prison on the 15th, and returned on the 25th of June. It was in the patients admitted during the ten days of the governor's absence that the great mortality occurred. But, fortunately for the poor prisoners, Mr. Chesterton returned to Coldbath-fields on the 25th of June, and instantly the most active measures were adopted to cleanse and purify the wards of the then foul prison. The good effects of this purification and the magical effects of the return to the true saline treatment were soon apparent.”

We find that from the 3rd of June, when the second irruption commenced, to the evening of the day of the 21st of June, during which period Dr. Stevens was absent from the prison, 32 cases occurred, among which there were 10 deaths: from the 22nd of June to the 28th of August, during which time the whole of the cholera patients were under the care of Dr. Stevens and his friend Mr. Crook, there were 187 cases, and 12 deaths. In the 24 patients admitted on the three subsequent days, when Dr. Stevens had ceased to attend, there were 9 deaths; and from that time forth, when he attended the patients himself, there were 96 cases, and only 3 deaths.



These facts may be thus tabulated :—

	Cases.	Collapse.	Deaths.	Recoveries.
From June 3 to June 21.....	32	18	10	22
„ June 22 to Aug. 27 .....	187	104	12	175
„ Aug. 27 to Aug. 30 .....	24	14	9	15
„ Aug. 31 to Dec. 27 .....	96	27	3	93
Total.....	339	163	34	305

The extraordinary low mortality among the patients during the period that they were under the management of Dr. Stevens and Mr. Crook is here made manifest. On the other hand it is equally obvious that as soon as their attendance was withdrawn, the mortality rose to the ordinary average. It must be observed that Dr. Stevens had no share in the admission of the patients; and it will be seen that the cases of collapse during his attendance, bore a large proportion to the aggregate of cases received under treatment. And in this respect, therefore, Dr. Stevens had no obvious advantage over the medical officer of the prison. Whence then the remarkable difference in the results? Mr. Wakefield can alone answer. We will, however, allow Mr. McMillan to speak on this point :—

“As already stated, Dr. Stevens had ceased to visit the prison about the 27th of August, and, singularly enough, the saline treatment appears to have been partially abandoned a second time, for speedily thereafter, viz., in the 24 patients admitted from the 28th to the 30th of August inclusive, the result was as disastrous as on the first abandonment in June; for nine out of the twenty-four patients admitted in the end of August all died in less than one week, as will be seen by a reference to the table made out from the Prison Journal of the above date.

“As soon as the cause of the above nine deaths was ascertained, Dr. Stevens again took charge of the cholera patients until the beginning of October; Mr. Crook also returned to the prison on the 3rd of September. Once more recourse was had to the saline treatment, and once more it proved a specific in arresting the disease. Indeed, when all fair allowances are made, we shall find that the new practice proved as powerfully beneficial during the second irruption as it had done in the first. In doing this we must write off from the entire mortality among the cholera patients the following items :—

Died, in the patients admitted from the 13th to the 25th of June, from late admissions, and also in the six cases wherein the new practice had been abandoned ... ..	14
Died, from the 25th of June to the 22nd of December, from late admission, having been admitted when <i>in articulo mortis</i> ... ..	5
Died from other diseases after recovery from cholera	2
Died in one week, nine of the patients admitted from the 28th to the 30th of August, inclusive, in the patients in whom the saline treatment had been abandoned, and opium and brandy put in its place	9
Died under the experiment of cold affusion ... ..	1
Total ... ..	31

“These thirty-one, deducted from the total number of thirty-four deaths, leave a mortality of only three in the 308 cases, including about 131 cases of collapse. Thus proving that the saline treatment, during the second visitation, was also attended by a mortality of less than one per cent.; and, whether we regard the entire number of cases in which the patients exhibited the symptoms of the second stage, or the large proportion of the collapse cases, the result alike demonstrates the magical efficiency of the new treatment in the then new disease.”

Besides the testimony we have already given in favour of the saline treatment of cholera, its efficacy has been attested by Dr. Marsden, who adopted Dr. Stevens's system, and has publicly declared that out of *eighty-one* cases of collapse treated on this plan in the Greville-street Hospital, there were only *seven* deaths. Strong evidence has also been given in favour of the new practice by Dr. Turley, in his able letters addressed to Mr. Ross in the “Medical Times;” by Mr. Moss, of Tunbridge Wells, a letter from whom appears in this day's number of the “Medical

Circular;” by Dr. Tucker, of Sligo, in a well-written letter that was published in the “Medical Times” of 1849; by Mr. Leckie, of Dumbartonshire; Mr. Budge, of Bodmin; Dr. Coppinger, of Cork; Dr. Kendrick, of Warrington; Mr. Bossey, of Woolwich; Dr. Moir, of Kingston, Upper Canada; and by Dr. Lafargue, Mr. Hunter, and Dr. Stoer, of London, and by many other gentlemen.

The success which Dr. Stevens met with in the treatment of yellow fever by salines was such as to excite the gratitude of the late King of Denmark, who, in admiration of his genius, and in requital of his valuable services rendered to the subjects of the Danish Crown in the West India Islands, generously bestowed upon him a princely gift, equivalent to a noble independence for life. This gift was made to enable Dr. Stevens to pursue his scientific studies undisturbed by the distraction of worldly cares and embarrassments. Dr. Stevens had also the great distinction to be selected, in 1834, on the inauguration of the Duke of Wellington as Chancellor of the University of Oxford, to receive the honorary degree of D.C.L. from that University, which was accordingly conferred upon him, in company with Dr. John R. Hume and Sir Astley Cooper, Bart., in a Convocation held in that year—an occasion in which the highest literary distinction in the gift of the University was most justly and honourably bestowed.

We may also add that, in consideration of his important services in the Coldbath-fields Prison, the magistrates of the county of Middlesex, in Quarter Sessions, honoured him with a vote of thanks, and a piece of plate of the value of one hundred guineas;—strong evidence that at that time his abilities and labours were held in the highest esteem by the Magistracy, many of whom had been eyewitnesses of the good he had done in the prison at Coldbath-fields.

We have now presented to our readers a complete body of evidence on the subject of the saline treatment of cholera, and we hope have cleared away the contradictions that beset it, and removed many false impressions which had fastened on the minds of the profession, through the persevering opposition and unscrupulous misrepresentations which it had encountered, both from certain sections of the medical press and the officials of the Board of Health. Evidence more copious or conclusive on any subject is not to be obtained than that which we have seen in the possession of Dr. Stevens, and we trust that in our *resumé* we have succeeded in placing it intelligibly and forcibly before the tribunal of public opinion. Notwithstanding the unjust aspersions that have been assiduously cast on Dr. Stevens, and the garbled and unfair statements of the effects of his saline treatment, which have been published by authority, we are satisfied that his honour will come out of the examination without a soil, and that he will stand as high in the opinion of the public at large as he already does in that of his immediate friends. It is not our intention to point public censure against those individuals who appear to have been especially busy in misrepresenting the saline treatment; sufficient for us if we have succeeded in placing the evidence in a clear and conclusive point of view, and have done effectual service to humanity and science in endeavouring to settle a great medical controversy.

There is a duty, however, which we think devolves on the Government, who, if the facts and statements we have published be true—as undoubtedly they are—are bound to appoint a commission to inquire into the best mode of treating cholera, and especially to investigate the facts connected with the employment of the saline treatment as used in the prison of Coldbath-fields. This is the object of Dr. Stevens's most ardent desires; and until he is justified by an authority as influential as that which did him the wrong, he will continue to have cause of remonstrance and complaint. We ask from the Government a perusal of the facts we have detailed, and accordingly as they regard the well-being of the public, and respect the cause of truth and honour, will their conduct be determined.





PORTRAIT OF JAMES STARTIN, ESQ., F.R.C.S.E.

### Biographical Notices.

#### JAMES STARTIN, ESQ., F.R.C.S.E.

(*Founder of the Hospital for Diseases of the Skin.*)

If any of our readers should visit Bridge-street, Blackfriars, some fine afternoon, he will see a crowd of people, with faces looking like the originals of the plates in "Willan," and with physic-bottles in their hands, pushing their way through the narrow doors of a large house at the corner of Earl-street. This house is the Hospital for Diseases of the Skin, where our able friend, the founder, dispenses his well-taught experience to the suffering objects of public bounty, and to a small class of diligent students.

James Startin, Esq., the eldest son of a merchant and banker of Birmingham (a branch of the Stourton family,

formerly resident at Starton and elsewhere in the county of Warwick), was born at Moseley, near Birmingham, in the sixth year of the present century. An accomplished lady, to whose excellent instruction many eminent men of the present day are in like manner indebted, conducted his early education, which was continued at the Birmingham Grammar School, under the Rev. Rann Kenedy and Dr. Cooke; and completed by the late Dr. Kell, then well known as a classical and mathematical teacher in the environs of Birmingham. It was during this latter period, when the subject of our notice was in his fifteenth year, that the incident occurred which determined his adoption of the medical profession, his marked mechanical taste having, hitherto, induced his parents to direct his studies with the view of his becoming



a civil engineer. The occurrence referred to, was an accidental explosion of fire-works on the fifth of November, by which a fellow student, now an officer in her Majesty's service, was so severely burnt, as to produce extensive sloughing of the affected parts, with large wounds, and a very slow recovery. The surgeon in attendance, the late Mr. Covey, of Birmingham, selected young Startin as his assistant during his professional visits, and by a little well-directed praise, and often leaving the dressing of the wounds entirely to his management, inculcated the taste causing his selection of surgery, instead of the profession for which he was originally intended; accordingly, in his sixteenth year, he became apprenticed to the late Thomas Chawner, of the firm of Whitby and Chawner, surgeons of extensive practice, both parochial and general, in Atherstone, Warwickshire. Here the tyro-surgeon enjoyed considerable opportunities of acquiring knowledge, as his master, fresh from the schools of Edinburgh, had not lost his predilection for anatomy and chemistry, and had fitted up a laboratory and dissecting-room, in which he allowed his pupil to spend his leisure hours; one of the fruits of which indulgence was his invention of an improvement in the staple manufacture of the town, consisting in a new and cheap method of stiffening "felt hats," which was adopted by the principal manufacturers in the place, and, it is believed, is still followed, in what remains of that nearly obsolete branch of commerce. When Mr. Startin had served two years of his apprenticeship, Mr. Hodgson, of Birmingham, lately the president of the Medico-Chirurgical Society, then in great repute as a consulting surgeon, paid a visit to the neighbourhood of Atherstone, to assist Mr. Chawner in the removal of a large sarcocele; and he extended so kind a mark of favour towards the subject of our memoir, who was rendering what aid he was able during the operation, as to offer, for his gratuitous acceptance, the great advantage of a dressership, then vacant at the Birmingham General Hospital; an act of extreme kindness and liberality, of which Mr. Startin was allowed by his employers to take due advantage. Here Mr. Startin became associated with Richard, now Professor, Partridge, of King's College, and acquired tastes and knowledge which have not only influenced his future career, but have proved the causes of any distinction or success he may have attained. After dressing for Mr. Hodgson for a year and upwards, by his recommendation Mr. Startin came to London, to profit by a season or two of the medical schools. Having a special introduction to Mr. Abernethy, he entered at St. Bartholomew's Hospital, and was soon kindly permitted by that eminent surgeon to form one of the few selected to prepare the anatomical subject for his daily lecture. Here he formed friendships with Professors Owen and Partridge, MacWhinnie, and others, which continue to the present day. Thus passed two seasons in town, Mr. Startin being still too young to pass the Hall and College, so that he returned to his post at the Birmingham General Hospital, and from thence was engaged by Mr. Adams, of Walsal, to take charge of a large colliery practice until his age was more mature. At Walsal he had good opportunities of putting any acquirements he might have attained to the test of experience, as much surgery including lithotomy, fell into his hands, calculus being very prevalent in this town and environs. After spending more than a year with Dr. Adams, Mr. Startin came again to London, and entered as a pupil to the late Mr. Vincent, of St. Bartholomew's, continuing to prosecute his studies at that hospital, and such other of the medical schools as he considered offered any special advantages. Thus he joined Dr. Clutterbuck's class for medicine, Mr. Quain's for anatomy, and Sir Charles Bell's for surgery and physiology, and had the pleasure of preparing many dissections for the latter, who was then forming the museum at the University College. The Hall and College being now passed, Mr. Startin anxiously sought remunerative employment, which, however, he was not destined to meet with until after some

delay. He desired to settle in London, in the midst of his favourite associates and pursuits, but the emolument offered him was not that paid to servants of the second class, and after waiting many months, he went as assistant to Dr. Davis, a friend, at Coleshill, Warwickshire, when the appointment of resident surgeon at the Birmingham Town Infirmary became vacant, and was fortunately gained by him after a severe canvass against five competitors, by the strength of the numerous testimonials he was enabled to place before the authorities. At this large institution great opportunities presented for the acquirement of professional experience. From two to three hundred sick were always in the house, comprehending insane wards for both sexes, and midwifery wards; whilst the morbid anatomy department from the infirmary, being the last refuge of all the poor of the town, presented from four to six hundred opportunities in a year,—an ample field, which was most zealously cultivated by the young surgeon, who remained nearly three years thus engaged when the office of resident medical officer to the Birmingham General Hospital, the scene of his earlier professional life, became open, and, though contested by no less a name, and, it may be added, genius, than Professor Owen, was gained by the individual we are noticing, who may thus be said to have unconsciously directed the talents of his friend to that path which has led not only to a most honourable and world-wide distinction, but to the benefit of science for all time.

Mr. Startin remained at the Birmingham Hospital for about two years, and having from that institution, as well as from his former appointment of the Birmingham Town Infirmary, received the marks of the good-will of the Governors in increases of salary and testimonials of professional efficiency, he took advantage of an opening in the county town of Warwick, to establish himself there as a Consulting and Operative Surgeon. In a very few years it was his good fortune to realise an extensive and lucrative practice at Warwick, and having married a lady of good fortune, everything promised prosperity. In a fatal hour, however, Mr. Startin became a shareholder, and, consequently, partner in a Leamington Banking Company, and scarcely had he signed the deed of settlement, than the bank stopped payment, and he found himself, in common with about twenty others, who were the only responsible shareholders, a ruined man, every shilling he possessed in the world being sacrificed to the debts of the bank, amounting to £200,000, and even his future gains and exertions being in like manner liable to its creditors;—such being the law regulating banking companies, the knowledge of which cannot be too widely promulgated. This fearful state of things obliged Mr. Startin to collect what little remained of the wreck of his own and wife's fortune (also involved in this unfortunate affair), to sell his practice for a mere trifle, and to leave Warwick for the Continent, where he spent two or three years amongst its medical schools, particularly that of the Hospital St. Louis at Paris, and at Montpellier, from whence he followed, as amateur, the French army in Algeria; and having gleaned information from all these sources, he planned the establishment of an institution for the treatment of maladies of the skin, a class of complaints to which through life he had paid particular attention, and which he found was a desideratum in London. Accordingly, in the autumn of 1841, with little aid beyond his own slender resources, he commenced "THE LONDON INFIRMARY FOR DISEASES OF THE SKIN." So successful was this undertaking, and at the same time so manifestly needed by the immense population of this metropolis, that nearly a thousand patients sought its aid the first year, and the success following their treatment attracted the notice of several influential individuals, amongst whom were their Royal Highnesses the late Duke of Sussex and Cambridge, who became the patrons of the charity, and Samuel Gurney, Esq., its present president. Under this support the growth of the institution has been most rapid and



extraordinary, notwithstanding the opposition its present site met with, owing to its vicinity to the residence of some of the editors of "The Times" newspaper. Nearly 50,000 cases are entered on the books, and their treatment recorded, about 10,000 being in annual attendance. Lectures are delivered by Mr. Startin (a course of which has been published in one of our contemporaries "The Medical Times"), and a class of students attend the medical practice. Of course the private patients of the author of this improvement have kept pace with his public engagements; and we believe he has found a West-end residence, to which he removed about four years ago, a further source of his present reputation and success.

Mr. Startin is a fellow of the Royal College of Surgeons, senior surgeon and founder of the Hospital for Diseases of the Skin, consulting surgeon to the Merchant Seamen's Orphan Asylum, fellow of the Society of Antiquaries, of the Medico-Chirurgical Society, of the Medical Society, of the Society of Arts, of the Statistical Society, &c., and has published, during the course of his professional life, in addition to the 26 lectures on skin diseases referred to, papers in the "Medical Times," on the administration of ether and other volatile substances, by means of an instrument called "Startin's Pneumatic Inhaler;" in the "Pharmaceutical Times," a description of a pneumatic inspirator, for the use of miners and others exposed to deleterious or noxious inhalations; papers in the "Medical Times," on glycerine, a new therapeutic agent, first introduced to the notice of the profession by Mr. Startin, on collodion and its improvement; on a new method of treating varicose veins and ulcers by an elastic spiral bandage; and a communication to the Medico-Chirurgical Society, on a new means for the cure of nævus, by elastic subcutaneous strangulation and section, all which improvements are chronicled in Braithwaite's Annual; and at the present time the subject of our notice is preparing for the press a compendium of his practice at the Hospital for Diseases of the Skin in connection with the Pharmacopœia of that Institution.

We have also lately seen some woven wire bandages and splints, of various strengths, tinned or electro-plated, which have been invented and employed by Mr. Startin, for the treatment of carious or diseased joints where perfect rest or ankylosis is desired; which, from the elastic firmness and support they afford, and their coolness, lightness and facility of application; whilst they allow the ready escape of discharges, and the use of evaporating liquids to the diseased part; are likely to prove a considerable improvement in the treatment of these cases, as also in operations about the joints, gun-shot wounds, implicating the bones, and in simple or compound fractures; to all of which affections Mr. Startin considers them more or less applicable, but, as he will probably address the profession on this subject, we close with this brief notice of the invention.

The subject of our sketch is an amiable and benevolent man, with unobtrusive and gentleman-like manners, and well deserves the large success he has attained. We may observe, *en passant*, that the memoirs of "specialists" generally offer more topics of interest than those of ordinary practitioners—a peculiarity that may be explained by the fact that this class of practitioners generally display more fertility of mind and mechanical ability than are evinced by gentlemen content to work their course along the "ancient ways" of medical and surgical practice. There is more truly the scientific turn of mind among "specialists" as a body, than among regular practitioners. Our experience fully justifies us in making this remark. We cordially congratulate Mr. Startin on his professional success.

Mr. Startin's residence is No. 3, Savile row, where he practises as a consulting surgeon.

## THE "LONDON AND PROVINCIAL MEDICAL DIRECTORY" AND THE "LANCET" OPPOSITION.

TO THE SUBSCRIBERS TO THE "LONDON AND PROVINCIAL MEDICAL DIRECTORY" AND THE PROFESSION.

Gentlemen,—By the advice of many friends, in whose judgment I place confidence, I take advantage of this number of the "Medical Circular," which will reach the hands of every member of the profession, to submit a plain and straightforward statement of facts, in reference to the "London and Provincial Medical Directory," and the unworthy attempts that have been made to embarrass its compilation.

Eight years ago no means existed by which the public, or even the profession, could discriminate between the qualified and unqualified practitioner, unless it were by inquiry at the different licensing establishments. This *hiatus* in the economy of the profession became the theme of conversation at the hospitable board of Dr. Forbes Winslow—that gentleman, Dr. Tyler Smith, and myself, being present—when Dr. Winslow suggested the publication of a list of names, addresses, and qualifications of practitioners residing in London. Judging that a work of this slight description would not command sufficient interest, I proposed that the information should extend to their medical appointments, honorary distinctions, and literary productions. This arrangement was finally agreed to, and the three friends contributed each their proportion of labour to the compilation.

Although the work was received with great satisfaction, the expenses far exceeded the receipts, and a considerable loss was sustained. It was deemed advisable that the work should be conducted by fewer hands, and that one of the three editors should retire—he being freed from all share in the loss, and receiving a bonus of 25*l.* on his retirement: lots were drawn, and Dr. T. Smith was the prizeman. This editorial lottery took place in April, 1846, and in July, the time when it was necessary to make arrangements for a new edition, I received a letter from Dr. F. Winslow, in which he intimated his wish to withdraw from the speculation, from an apprehension of further loss, and offered to relinquish all claims to the copyright, on condition of being freed from present and future liabilities. The conditions of his retirement are thus expressed in the assignment to me of the copyright: "And whereas, in producing the said work, pecuniary liabilities have been incurred, over and above the profits, the said Forbes Benignus Winslow objects to incur the risk of increasing these liabilities by producing another edition, it is therefore hereby mutually agreed by the said F. B. Winslow and James Yearsley, that henceforth the copyright of the said 'Medical Directory' shall be the whole and sole property of the said James Yearsley."

I quote these facts for the purpose of showing the difficulties and risk which attended the earlier days of the "Medical Directory." Failure did not daunt me—it never does. I persevered, and extended the work to the provinces; success followed, and from year to year I have gone through the expensive routine of circular applications to every member of the profession, resulting in the annual production of a work which has uniformly gained their approval and liberal support. It has been conducted with the utmost fairness and impartiality—friend and foe have been treated alike in its pages. I have never made it an engine of personal aggrandisement, further than the moderate profit of a legitimate speculation, and until recently the great mass of the profession were unaware in whom the proprietorship was vested. The principle of the "Directory" has been to include the names, addresses, and qualifications of all legally qualified practitioners. To exclude any class or person on the ground of peculiarity of doctrine, would be ruinous to the Directory as a book of reference; therefore, the names and addresses of homœopathic, mesmerie, hydropathic, and electrothermal practitioners, have all been included, provided these gentlemen were possessed of legal qualifications to practise. Up to the year 1851, not one word of disapproval of the



plan of the work was ever heard; on the contrary, the medical press in particular had eulogised it, and welcomed its annual appearance in terms of unqualified praise; but it so happened that the constant correspondence with the profession in so extensive an undertaking, demanded some more ready means of intercommunication,—hence the idea of the “Medical Circular,” and hence the idea of a rivalry of the “Medical Directory” in the brain of the editor of the “Lancet.” Here it is but just to myself to explain that the “Medical Circular” was in no way intended as a rival of the “Lancet.” Such an antagonism was never contemplated. Its mission may be gathered from the terms of the first announcement—namely,

“The ‘Medical Directory’ is an index to the names of the qualified members of the profession.

“The ‘Medical Circular’ is a register of their sayings and doings.”

But with all his shrewdness, cunning, and strategy, no man commits such grievous errors as the editor of the “Lancet.” Instead of hailing the “Medical Circular” as a helpmate to its contemporaries, and admitting its usefulness to the profession, he denounced it with his accustomed scurrility, and slandered its proprietor.

From week to week I was coarsely assailed by the very man who had previously held me up in a leading article of his Journal as one of the great discoverers of the age.

By such stupidity, such implacable hostility did the Editor of the “Lancet” convert the “Medical Circular” into a powerful rival of his Journal, the downfall of which had long before commenced, and has been recently accelerated by its being converted into the puffing organ of grocers, pickle-dealers, and tobaccoists. For upwards of a quarter of a century the “Lancet” has ruled the profession by a system of terrorism, but the antidote to the bane will for the future be found in the pages of the “Medical Circular.”

It may be asked, however, with what face could the Editor of the “Lancet” oppose the “Medical Directory,” a work which he had for eight successive years absolutely bespattered with praise? No man knows the value of a cry so well as a mob orator. At the moment, the homœopathic heresy was rampant; advantage was taken of the prejudice that existed against its promulgators, and notices to correspondents, like the following, appeared from week to week, in the pages of the “Lancet”:

“NOTICES TO CORRESPONDENTS.

“*Lancet*,” page 145, vol. II., 1851.—“If the names of the notorious quacks (the homœopaths) are admitted into the columns of the ‘Directory,’ the work should be altogether repudiated by all the respectable portion of the profession.”

“*Lancet*,” page 147, vol. II., 1851.—“The names of the quacks should be excluded, otherwise the ‘Directory’ should be excluded from the house of every qualified and regular practitioner.”—Ed. L.

“*Lancet*,” page 171, vol. II., 1851.—“Such names (the homœopaths) in our opinion, cannot be associated with the regular members of the profession without inflicting injury on the latter body. Such an alliance is an unnatural one, and cannot be tolerated.”

“*Lancet*,” page 218, vol. II., 1851.—“We think the list should be altogether omitted. . . . The ‘Medical Directory’ might as well contain a list of all quack pill-venders, mesmerists, &c., as a list of homœopaths, who are not only quacks, but quacks of the most disreputable and dangerous kind. . . . They are out of place in a medical directory.”

Were it desirable, I could fill a page with similar quotations. After reading them, will it be believed that on the publication of the work, the name, address, and qualification of every homœopath were duly chronicled in the pages of the “Lancet’s” opposition Directory? Take as examples the following, literally copied from the pages of the “London and Provincial Medical Directory”:—

Curie, P. E. F. G., Hanover-square, Lond., Univ. King’s Coll. Aberd. 1845, M.D. Paris, 1824. (since dead.)

Chepniell, Ed. C. Maddox-street, Lond. M.D., Edin. 1844.

Dudgeon, Robt. Ellis, Lond. M.D. Edin. 1841, L.R.C.S. Edin. 1839,

Epps, J. 89, Gt. Russell-street, Bloomsbury, Lond. M.D. Edin. 1826.

Hering, William, 38, Mortimer-street, Lond. L.S.A. 1826.

Quin, F. F., Mount-street, Grosvenor-square, Lond. M.D. 1820.

Partridge, Sam. Thos., 2, York-place, Baker-street, Portman-square, Lond. M.D. Marischal College, Aberdeen, 1820; M.R.C.S. 1818; Pract. prior to 1815.

Malan, H. T. V., 6, Great Cumberland-street, Lond. M.D. Aberdeen, 1845.

So few of the profession have seen the “British Medical Directory,” that it is proper I should thus hold up to public exposure and indignation the *finale* of the homœopathic pretence, more especially as it affords me an opportunity of showing how faithfully my work has been copied.

Dishonesty, marked its announcement, attended its compilation, and was evidenced on its publication. Moreover, errors, some inadvertently and others purposely introduced into the original work, were faithfully copied. It would be manifestly impolitic to expose these on the present occasion; but I promise my readers to publish them either in a future number of the “Circular,” or hereafter in a Court of Law, as I may be advised. An injunction might have been my easy remedy, as it was on a former occasion, with no better evidence of piracy to support my case, and the Court of Chancery would again have been called upon to pronounce an equally strong judgment against the defendant, as it did in the cause of “*Yearsley versus Budget*,”\* but it appeared to me that a sufficiently severe punishment was inflicted by the complete failure that followed the attempt at rivalry.

With a good cause, one would naturally applaud the courage of a man who is not to be defeated by a first failure, but shame must attend the footsteps of him who will attempt a repetition of the deceit, of which he has been once found guilty. It has been seen by the editor of the “Lancet” that the profession, almost to a man, are of opinion that the “Medical Directory,” to be an efficient work, *must* contain the names, addresses, and qualifications, of every practitioner, whatever may be his mode of practice. The published opinions of Sir Benj. Brodie, Sir James Clark, Sir John Forbes, Dr. Bright, Dr. Locock, Dr. Watson, Mr. Probert, Mr. Clifton, &c., in this respect—are the opinions of all parties. The homœopathic cry, therefore, has been a disgraceful failure. Luckily, as the editor of the “Lancet” appears to think, the Medical Benevolent College offers another handle for attaining his object. With apparent faith in the credulity of the profession, he holds out the bait of giving *half the profits* of the next edition of the “British Medical Directory” to that excellent institution. It is inconceivable that a man of the unquestionable penetration of the editor of the “Lancet,” should suppose that the members of an educated profession can be entrapped by so glaring a piece of trickery.

To show how utterly hopeless is my adversary’s rivalry, I quote replies from my printers, my publisher, and my secretary:—

“DEAR SIR,—In reply to your inquiry, we find, on reference to our books, that we are now printing one-ninth more copies of the ‘London and Provincial Medical Directory’ for 1854, than we did of the current edition for 1853.

“We are, dear Sir,

“Yours faithfully,

“REYNELL AND WEIGHT.

“Little Pulteney Street, Decr. 12, 1853.”

\* This judgment I shall publish *in extenso* in the next number of the “Circular.” J. Y.



"DEAR SIR,—On counting my orders for the 'London and Provincial Medical Directory,' I find that they at present exceed that of 1853. Of course the number will be largely increased before the day of publication. Congratulating you on this success,

"I remain, dear Sir,

"Yours very respectfully,  
"C. J. HARRIS.

"P.S.—It will be satisfactory also to you to know that I have received many more returns of the Annual Circular than in 1852, from which we have a right to conclude that the profession are almost unanimously in our favour, and of course adverse to the rival work.—C. J. H.

"128, Strand, Decr. 12, 1853."

Having thus conclusively shown that the profession are with us, and that in that quarter my adversary has no chance of success, it is only left me to show that his chance *out of the profession*, that is, *among the public*, is equally hopeless. I have, with this view, addressed my publisher, Mr. Churchill, who thus replies to my inquiry:—

"DEAR SIR—In answer to your inquiry, I have directed my clerk, Mr. Davis, to refer to the books, and he finds that the sale of the "Directory" for 1852 was 326 copies, and for 1853, 334 copies.

"I am, yours truly,

"Jas. Yearsley, Esq. "JOHN CHURCHILL.

"Princes Street, Decr. 13, 1853."

The reply of Mr. Churchill goes to show that the sale of the "Medical Directory" is very limited among the public who are not subscribers; and therefore that if the Editor of the "Lancet" has no chance *in the profession*, he has certainly none *out of it*. There is another most significant fact in the note, namely, that notwithstanding the rivalry of my adversary, my publisher has sold more copies in the present than in the previous year, when no rivalry existed.

I have great faith in the honour and justice of my brethren, and sincerely believe that those who have been unwittingly entrapped into giving their countenance and support to the Editor of the "Lancet" will, after the perusal of the foregoing *exposé* of facts, altogether withhold it for the future. Recollecting the antecedents of the man, and the manner in which he has conducted the "Lancet," all will be of opinion that to afford *him* another engine of power, to which the "Directory" could be undoubtedly converted, would be dangerous to the best interests of the medical profession, no less than an injustice to the originator of the "London and Provincial Medical Directory."

My object in thus enlightening my brethren on the early history and subsequent career of the "London and Provincial Medical Directory," up to the point of this malicious opposition, is not from any apprehension of a *successful* rivalry—for that I have shown, by figures and other undoubted testimony, to be impossible—but because it cannot be too generally known that *the slightest support or assistance in compilation, rendered to my adversary, detracts from the correctness of the original work*, and thus compromises the best interests of the profession, which are intimately associated with the existence of *One correct Medical Directory*.

I am, Gentlemen,

Your obedient servant,

J. YEARSLEY.

15, Saville Row, St. James's, Decr. 12, 1853.

## CONTENTS OF THE MEDICAL JOURNALS.

**Lancet.**—(No. XXIV. Vol. II. Dec. 10, 1853.)—LECTURES on some Principal Diseases of the Eye. Delivered at Guy's Hospital. By John F. France, Esq., Surgeon to the Eye Infirmary. Lecture IX. Amaurosis. On the Pathology and Treatment of Uterine Catarrh and Internal Metritis. By E. J. Tilt, M.D. On Tetanic Spasm and its Treatment by Chloroform. By Wm. Harding, Esq., M.R.C.S. (Concluded.)—

HOSPITAL REPORTS.—Guy's Hospital: Case of Lacerated Liver, from a Fall; Recovery from the Injury to the Liver; Supervention of Brain Symptoms connected with a Blow upon the Head at the time of the Accident; Phlebitis; Death; Autopsy. St. Bartholomew's Hospital: Tetanus at first supposed to have arisen from a Blow on the Back, and subsequently found to depend on a Punctured Wound of the Foot made by treading on a rusty Nail.—REVIEWS AND NOTICES OF BOOKS.—On Lithotrity and Lithotomy. With numerous Woodcuts. By William Coulson, Surgeon to St. Mary's Hospital. Tegg's Dictionary of Chronology, and Statistical Register, from the Birth of Christ up to the Present Time Fifth Edition. Enlarged and Revised.—LEADING ARTICLES.—Illegal Practitioners: The Apothecaries' Act. The Evils of the present System of Prize-Distribution adopted at the Metropolitan Hospitals.—THE ANALYTICAL SANITARY COMMISSION.—Records of the Results of Microscopical and Chemical Analyses of the Solids and Fluids consumed by all Classes of the Public. Opium in Manilla Cheroots. Adulteration of Tobacco.—MEDICAL SOCIETIES.—Medical Society of London: Morbid Matter in the Blood; Fibrinous Deposits in the Heart; On the Pathology and Treatment of Uterine Catarrh and Internal Metritis; Epilepsy and Delirium cum Tremore; The Pathology and Treatment of Orchitis.

**Association Medical Journal.**—(No. XLIX. Dec. 9, 1853.)—LEADING ARTICLES.—Medical Students. The Vaccination Question and its Settlement. Militia Surgeons. Indecent Exhibitions. Golden Opinions.—ORIGINAL COMMUNICATIONS.—Chronic Inflammation. By C. Handfield Jones, M.B. Effects of Injecting Pus into the Veins of Animals. By Joseph Sampson Gamgee, Esq.—PERISCOPIC REVIEW.—Surgery: Treatment of Aneurism and other Vascular Tumours by the Injection of a Solution of Perchloride of Iron. Treatment of Vascular Tumours by Injection of Lactate of Iron. Treatment of Dislocation complicated with Fracture. Surgical Uses of Solution of Perchloride of Iron and Manganese. Diagnosis of Rheumatic Orchitis. Ophthalmology: Treatment of Scrofulous Ophthalmia by Iodine Vapour. Prismatic Spectacles in Strabismus. Spontaneous dislocation of the Lens into the Anterior Chamber of the Eye, producing Cerebral Deangement. Treatment of Posterior Displacement of the Lens. Diagnosis of Incipient Cataract. Mechanical Removal of Opacities from the Cornea. Chronic Inflammation, and Blenorrhoea of the Lachrymal Sac. True Ossification of the Lens and Hyaloid Membrane. Rheumatic Ophthalmitis. Diseases of the Ear: Cerebral Symptoms in connexion with Diseases of the Ear.—REPORTS OF SOCIETIES.—Royal Medical and Chirurgical Society: Pathological Researches into the Diseases of the Ear. By Joseph Toynbee, Esq. On Inflammation. By S. F. Statham, Esq.—ASSOCIATION INTELLIGENCE.—Metropolitan Counties Branch: Notice of Special Meeting, called by the Council. Council Prizes: Letter from Sir Chas. Hastings, M.D.

**Medical Times and Gazette.**—(No. CLXXX. Dec. 10, 1853.)—ORIGINAL LECTURES.—Croonian Lectures: 1853. Delivered at the Royal College of Physicians. By Thomas Mayo, M.D., F.R.S. On Medical Testimony and Evidence in Cases of Lunacy. Lecture I.—ORIGINAL COMMUNICATIONS.—Army Medical Reports. No. XII. Instructions to Army Medical Officers for their Guidance on the Appearance of Spasmodic Cholera in this country. Results of their Observance at Newcastle. On the Therapeutic Uses of a New Ferro-Manganic Preparation. By Stanhope Templeman Speer, M.D. Edin. Case of Ulcer of the Rectum, treated by Simple Incision of the Mucous Membrane. By William Oliver Chalk, Esq.—HOSPITAL REPORTS.—University College Hospital: Removal of a Large Congenital Tumour (Fibro-Plastic?) from the Head of an Infant; Recovery. Charing-cross Hospital: Cases of Paraplegic Anesthesia. City of London Hospital for Diseases of the Chest: Expectoration of Chalk in Phthisis.—THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.—Leeds General Infirmary: Case of Excision of the Proximal Phalanx of the Thumb. Mr. Macaulagin's Case of a Child Born without Limbs (With Engravings.)—EDITORIAL ARTICLES.—Quackery within the Ranks. Dublin Hospital Grants: Westmoreland Lock Hospital, Dublin. Mr. Simon's Report. The Cholera: Extracts from Mr. Simon's Report; Cholera in the Metropolis, the Provinces, Ireland, on Board Ship and Abroad.—REVIEWS.—The Microscope, in its Special Application to Vegetable Anatomy and Physiology. By Dr. Hermann Schacht. Translated by Fdk. Currey, Esq.,



M.A. Etudes Critiques sur la Surdi-Mutité. Par M. E. Hubert-Valleroux. The Human Hair, Popularly and Physiologically Considered, etc. By Alex. Rowland. A Few Sober Words of Table-Talk about Table Spirits and the Rev. N. S. Godfrey's Incantations. By John Prichard, F.R.S. Etc., etc. —PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals: Essay upon Injections of the Perchloride of Iron, as Applied to the Treatment of Aneurisms. —REPORTS OF SOCIETIES.—Pathological Society of London. Epidemiological Society. Medical Society of London. The Western Medical and Surgical Society of London.

**Dublin Medical Press.**—(No. DCCLXXIX, Vol. XXX. Dec. 7, 1853.)—ORIGINAL COMMUNICATIONS.—On Pericarditis. By O'B. Bellingham, M.D., one of the Medical Officers of St. Vincent's Hospital, &c.—PROCEEDINGS OF SOCIETIES.—Medical Society of London; On the Pathology and Diagnosis of Cerebral Diseases. Excision of the Knee-joint. Western Medical and Surgical Society: The Galvanic Cantery in Uterine Diseases. Boston Medical Society: Excision of the Shoulder-joint for Caries. Fluid Congenital Cataract. Operation for Cataract on a Patient aged 88. Yellow Fever in Icterus.—REVIEWS AND NOTICES OF BOOKS.—Practical Pharmaceutical Chemistry. By Dr. Wittstein. Translated and Edited by Stephen Darby, Esq., &c. The Druggist's Hand-book of Practical Receipts. By Thomas F. Branstom.—SELECTIONS FROM MEDICAL JOURNALS.—Puncture of a Prolapsed Bladder Obstructing Labour. Poisoning by Aconite. Dr. Hüllihen's New Method of Filling Teeth.—LEADING ARTICLES.—The Moral and Religious Training of Medical Students. Grievous Operation of the Coroners' and Medical Charities' Acts. Quack Advertising by Paragraph Puff. American Medical Schools: The Medical Institutions of New York. Medical Education in Canada. Microscopic Discovery: The Cell-theory. A Hint to the Dublin College of Physicians. A Temperance Argument

The Indices of "The Dublin Quarterly Journal of Medical Science," and of the "Monthly Journal of Medical Science," will be published next week.

## Deaf-Dumbness.

ON THE MEDICAL AND PHILOSOPHICAL STUDY OF  
DEAF-DUMBNESS.

BY

M. E. HUBERT-VALLEROUX.

Docteur en Médecine de la Faculté de Paris, Membre de la Société Médico-Pratique, etc.

TRANSLATED BY JAMES YEARSLEY, M.R.C.S. ENG.,  
Surgeon to the Metropolitan Ear Infirmary, Sackville-street, etc.

(Continued from page 340.)

### CHAP. VIII.

[With this chapter will conclude the translation of the memoir of Mr. M. E. Hubert-Valleroux. It was my intention to have appended to it some practical remarks, drawn from my own personal observation of cases of deaf-dumbness, but two circumstances interfere, and necessitate their postponement until the next volume. In the first place, I am reminded by the editor that the present number of the CIRCULAR is the last but two of the volume, and that the space of the last will be almost entirely absorbed by the Index; secondly, since the commencement of the translation, the Académie Impériale de Médecine, at Paris, has been occupied with a discussion on the subject of deaf-dumbness, which discussion has led to the publication of a most interesting account of the whole proceedings of the Academy, by M. P. Menière, Médecin de l'Institut Impérial des Sourds-Muets de Paris. In the course of the new volume of the CIRCULAR, therefore, I propose to publish a series of practical papers on the subject of deaf-dumbness, founded on the memoir of M. E. Hubert-Valleroux, my own experience, and the facts elicited during the recent discussion of the French Academy.]

JAS. YEARSLEY.]

15, Savile-row, St. James's, Dec. 9, 1853.

#### PHILOSOPHIC CONSIDERATIONS ON LANGUAGE.

*The Copiousness of a Language in relation to the Degree of Civilization of Nations and Individuals.—Why the Deaf-mute experiences so many Difficulties in Perfecting his Style.—Inconclusiveness of Inquiries into the Origin of*

*Language.—Causes of the Discordancy which exists on this Subject among Philosophers.—Ideas subordinate to Language.—The Child speaks from hearing others speak.—Proofs taken from Philosophy, Science, and History, in favour of the Theory of the Revelation of Language.—New Proofs furnished by the Teaching of Language to Deaf-mutes Cured of Deafness.—Conclusion.*

From the precision and richness of the language spoken by any people we may judge with much precision of the degree of their civilisation. If the languages of Greece and Rome were formerly made use of by the whole world, we may ascribe this rather to their exactness and logical precision than to the conquest of those by whom they were at first spoken. That our own language is now becoming the universal tongue,—the language of science and diplomacy—is owing to its being endowed with the same qualities; language being, in its origin, an expression of the intellectual operations of a people, and its influence upon them early becomes the grand instrument of civilisation, and the most active agent in its pacific but enduring conquests.

Whatever may, moreover, be the degree of perfection of this language, the same qualities are always recognised in the master minds who speak it—logic in discourse, and clearness in expression. Let the period be one marked by copiousness and ornament, such as that of Buffon and Fénelon, or by simplicity and conciseness, like that of Pascal and Montesquieu, you still find the most precise ideas expressed in the most appropriate words. In these writers you cannot take away a word without altering the sentence, or retrench in phrase without changing the nature of the whole discourse. Like beautiful monuments of architecture, the plan of their works is so happily conceived, the various parts so intimately connected, so wonderfully adapted to each other, that you cannot suppress a single portion without destroying the harmony and solidity of the whole.

In order to form their style and enrich our national literature, it was necessary that these great men should, first of all, draw from a copious source, and make themselves masters of no inconsiderable nomenclature.

I said, at the commencement, how difficult is the study of language to the deaf and dumb, and how little advancement they make in the attainment of signs sufficient to express every idea. How much further still are they from succeeding in perfectly comprehending the syntax, the logic of a language, and from possessing that exquisite sense of the appropriate use of terms which constitutes the soul and genius of a discourse. In order to be convinced of this, follow one of the best instructed in his exposition of a fact, or in complex reasoning. His manner of procedure will surprise you; the conduct of his discourse will seem to you without an analogue, and his logic will lead you through a series of zig-zags, in place of bringing you directly to the object, happy if, even now, you do not lose sight of it altogether. Look at the works of our most celebrated deaf-mutes—read the writings of Burnett, and those of Messrs. B. and P.; you will be at first astonished, and see with just admiration the profound intelligence and painful studies which such productions imply. But, by and bye, you will find a manner of expression which you could not have imagined, and words which you had not till now seen employed but to express other ideas, and you will regret that such men had not longer been in the enjoyment of hearing and of language,<sup>(a)</sup> and had not

(a) If deaf-dumbness from birth be but seldom met with in general, we may say it is very rare, or rather all but unknown among such deaf-mutes as have distinguished themselves in literature or science. In those, for instance, whom I have mentioned, the infirmity dates from five, seven, and eight years of age, at a period when the child already possesses a phonetic language. But as the love of the wonderful plays a grand part in all that relates to deaf-dumbness, it has been said and repeated a thousand times, that these distinguished deaf-mutes were born deaf and dumb—a vulgar error, which these last have unjustly abstained from contradicting.



completed their education at the schools for the deaf and dumb, for assuredly the former would have become a great thinker, and the two latter, writers of the first order.

The superiority of the deaf-mutes whom I have just mentioned, will seem still greater if we compare them with such of their brethren in misfortune as have been inmates of our schools, and especially with such as have had no such opportunity. Mimicry is the only language with which the latter have any acquaintance, and the only language also which the great majority of the others have learned, since twenty-four in every twenty-five of the pupils that leave the model school of Paris are unable to write a word, and, consequently, have no way of expressing themselves but by mimicry.<sup>(a)</sup> And if you would know the extent of that language, ask those who teach it how many words are there in our tongue which it cannot express! Especially, let them ask how many are the words in metaphysics for which it has no equivalents? As to the facilities which it offers to discourse, they will tell you that mimicry is to spoken language what multiplication is to the addition of individual numbers in succession. They will further tell you, moreover, that teaching the French tongue through the medium of mimicry, is as difficult and imperfect as would be teaching musical execution with a monochord.

It is impossible, when viewing the abyss which separates the deaf-mute from him who speaks, not to be struck with the importance of language, nor to admire the part which it accomplishes in our intellectual and moral development. Let us consider, too, all the questions that relate to this subject, especially that of its origin, studied and controverted by the most eminent philosophers—from Plato to De Bonald, Maine-de-Biran, and Messrs. Cousin and Lamennais. We are thus naturally led to state succinctly the principal data of the problem, leaving their development to a future opportunity.

Whatever differences may exist on other points among metaphysicians, on this question they compose but two distinct classes—namely, those who, supported by tradition, assert that ideas and language were revealed at the beginning to man; and those who, looking exclusively to the principles of pure reason, consider both as innate. As both parties alike take their standing in the regions of abstraction, the arguments of the one are met by the other with nothing but reason, and logic is brought to repel the reasonings of logic.

It will, perhaps, be in our power to throw some light on the medical part of the question, as well as on the philosophic part. We shall be able, perhaps, from witnessing the teaching of oral language to one cured of deaf-dumbness, to bring to the solution of this interesting problem, an authority hitherto unknown—the authority of facts. It is unnecessary here to recal to mind the importance of this order of proofs; it is sufficient to adduce the hypotheses of Galileo and Newton in astronomy, those of the undulation and emission of light in physics, of the circulation in physiology, etc., etc., which have all been definitively rejected or admitted, according as they have been found in conformity, or otherwise, with facts.

(To be concluded in our next.)

(a) Vide "Annales de l'Education des Sourds-Muets et des Aveugles," tome 2, page 125.

## Correspondence.

### A CURE FOR QUACKERY.

To the Editor of the "Medical Circular."

SIR,—You have lately made some laudable attempts to expose those human spiders—the Quack Doctors—but your strictures, unfortunately, will not meet the eyes of their dupes, nor prevent the machinations of their deluders. If you will allow me to offer a suggestion on the matter, I think I can point out the only means calculated

to destroy these vermin; for you may spurt as much ink at them as you please, and poke them up before the public; they rather enjoy the operation, as it gains them notoriety, which is the breath of their nostrils. The only way to kill them is to cut off their supplies; and to effect this, you must brush away the webs by which they catch their flies. Now this can only be done by inducing the Government to impose a penalty upon every newspaper that shall insert their filthy, lying, and obscene advertisements. I conceive this to be a fortunate time for making the attempt, as we have, avowedly, a Home Secretary far more alive to evils of every kind than any of his predecessors, and equally ready to redress them when pointed out. I have no doubt then, that if a deputation of medical men would point out the evils that ensue to the morals, constitutions, and circumstances of the ignorant and industrious classes of the community from the devices of these impostors, that his lordship would propound a remedy. To suppress their advertisements is to remove the webs by which the lives of these human spiders are sustained; a good government would find out the means and protect the people. It would appear that they are more alive to their duty in Ireland, than on this side of the Channel, for I see that a man in Dublin was recently taken up for distributing bills in the street announcing a Protestant Meeting, while in all the crowded thoroughfares of our metropolis, stand, undisturbed, the agents of these human spiders, thrusting their vile and indecent notices upon all classes of wayfarers. Surely this public pollution has only to be made known to the Home Secretary in order to be put down. I have been induced to make the above remarks in consequence of the following fact having just come to my knowledge:—A blacksmith from Maresfield, in Sussex, called at a chemist's shop in this town (where he was well-known), one night last week, after the last train had come in from London, and stated he had just come from thence, where he had been for the first time in his life—purposely to consult a Quack Doctor, whose advertisement he held in his hand—I will not gratify the spider by stating his name, but you have already marked him—he had walked about town for hours in search of his man, but, fortunately for his pocket, without success; he lost, however, his day's work and the cost of his journey, and had then fourteen miles to walk home! Is it not time, then, that the Government were called upon to put down a system that entails such evils as these.

Your obdt. servant,

WILLIAM MOSS.

December 1st, 1853.

## Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma were admitted members of the College at the meeting of the Court of Examiners on the 2nd instant:—George Stewartson Brady, Gateshead; Thomas Booth Brierley, Tattonhall, Cheshire; William Cattell, Weston-under-Lizard, Stafford; Henry Martineau Greenhow, Hon. East India Company's Service, Bengal; Henry Cundell Juler, Norwich; Edward William Naters, Sandford, Newcastle-on-Tyne; John Orton, Foleshill, near Coventry; Henry Robert Silvester; Rowland Smith, Boxted, Suffolk; Joseph Stevens, Probus, Cornwall; Henry Thompson, Dublin.

LICENTIATES IN MIDWIFERY.—The following gentlemen, having undergone the necessary examinations, were admitted licentiates in midwifery of the Royal College of Surgeons of England, at the meeting of the Board of Examiners, on the 7th instant:—Frederick Edgar Cockell, Dalston, diploma of membership dated Nov. 18, 1853; William Evans, Ystradyfotwg, March 11, 1853; Samuel Harris, Horbling, Lincolnshire, Nov. 26, 1851; James Cliefe Lane, Grosmont, Hereford, Jan. 18, 1850; Jere-



miah Henry Moegeal, Bolscott. Oxon, May 3, 1844; Theobald Ringer, Clifton, July 20, 1849; William Wilkin Stabb, Ilfracombe, Dec. 12, 1851; Joseph Stevens, Probus, Cornwall, Dec. 2, 1853; Silvanus Tucker, Bridport, Jan. 14, 1853; Edmund Waller, Chesterfield, July 11, 1853; John Hodgson Waterhouse, Sheffield, Nov. 4, 1853; William Robert Woodman, Exeter, July 23, 1851.

**APOTHECARIES' HALL.**—The names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practice, on Thursday, December 1st, 1853:—Charles Adam Slater, Wadnesbury, Staffordshire; William Henry Ludlow, Leir, Leicestershire; William Roberts, Mynyddy, Anglesea.

## Notices to Correspondents.

**THE PUFF AND COUNTER-PUFF.**—The following statement and counter-statement have appeared in our contemporaries—the “Lancet” and “Medical Times and Gazette” respectively.

“The circulation of ‘The Lancet’ more than doubles that of any other Medical Journal published in Europe.” —(*Lancet*, Dec. 3rd.)

“The Proprietors of the ‘Medical Times and Gazette’ believe that its circulation exceeds that of any other British Journal among members of the Profession. They can *prove*, that statements made of larger circulation by another Journal are not correct: they have no desire to increase their list of Subscribers by adding thereto cigar-makers, grocers, and pickle dealers.” —(*Medical Times and Gazette*, Dec. 10th.)

We have made special inquiries among news-agents with respect to the number of copies of the two Journals disposed of by them, and adding these to the number of stamped copies, as certified by the Government returns, we are satisfied that the difference of circulation between the two foregoing Journals is very trifling; and that the “Lancet” has, as usual,

been guilty of an impudent and groundless boast. We can assure our readers that our circulation during the past year has been greater than that of either of our contemporaries, and we have a confident hope that during the coming year 1854, it will far exceed the circulation of the “Lancet” and “Medical Times and Gazette” combined.

**ALPHA.**—The size of the “Medical Directories will be preserved, 1st, To preserve uniformity with previous editions. 2ndly because it is the size most adapted for public offices, libraries and the carriage of the medical man.

**A GENERAL PRACTITIONER.**—“The Prevalent Treatment of Disease,” by Frederick Skey, Esq., is published by Chapman and Hall, Strand. Send 24 Postage Stamps. It will be money well laid out.

**PAUL PRY** informs us that Analytical Commission, Esq., has received orders from his master to prepare an article on *Pickled Cabbage* and its adulterations, which is to appear immediately after the “Pirate’s Directory.”

**A. W. (Liverpool).**—There are various editions. Communicate with Mr. Churchill, and state the *size* you want.

**A STUDENT AND SUBSCRIBER.**—1st. Ask your teacher. 2nd. Try the experiment.

**A SUBSCRIBER (Clontarf).**—We shall not have room for the publication of your last letter. We thank you for your kind words.

**Mr. G. JONES.**—Communication received, and handed over to the publisher.

**Mr. WILSON.**—1. No. 2. No.

**R. W. P.**—We cannot reply to your question in the terms you desire. It is a matter of merely local interest.

**QUOD.**—Your construction of the Act is perfectly correct. A *son-in-law*, not being a partner, may, we apprehend, sign the certificate of lunacy, though a *son* cannot.

**MEDICUS.**—There is such a Society. Sir T. M. Brisbane is the President. The lettering, therefore, is quite correct.

**A STUDENT.**—The preliminary examination is not compulsory; and a student rejected at this examination, cannot offer himself again until the period of the general examination. Write to Mr. Blatch.

We have been compelled to omit this week several departments of the “Medical Circular,” as well as many interesting communications, including correspondence relating to “Notes and Queries,” which we will take an early opportunity of inserting.

## ADVERTISEMENTS.

### Prince of Wales’s Sketch-Box.—

Containing Colours, Pencils, &c. with printed directions, as now used by the Royal Family. Price 5s.  
MILLER’S, Artist’s Colour Manufacturer, 56, Long-acre, London: and at her Majesty’s Steam Colour and Pencil Works, Pimlico.

### W. Twinberrow begs to draw the

attention of the Medical Profession to his

#### EXTRACT OF INDIAN HEMP,

Prepared expressly for him at Calcutta, its peculiarly sedative properties being so beneficial where opiates are inadmissible; also to his

#### MEDICINAL EXTRACTS.

Prepared from the fresh plants (*Hyoscyamus Niger*, *Conium Maculatum*, *Atropine*, *Belladonna*, *Cotyledon Umbilicus*, &c.), also to his *Liq. Taraxaci*, *Liq. Galli Aparinis* (a valuable alterative), *Liq. Parietariae* (diuretic), and *Liq. Belæ* (prepared from the *Egle Marmelos* or *Indian Bael*), for Dysentery and Diarrhoea.

W. T. has a large supply of *INDIAN BAEL*, and *PURE COD’S LIVER OIL* of his own manufacture on hand.

2, Edwards-street, Portman-square.

### Allen’s Illustrated Catalogue, con-

taining Size, Price, and Description of upwards of 100 articles, consisting of Portmanteaus, Travelling Bags, Ladies’ Portmanteaus, Despatch Boxes, Writing Desks, Dressing Cases, and other travelling requisites, forwarded on the receipt of two stamps. Messrs. ALLEN’S Registered Despatch Box and Writing Desk, their Travelling Bag (with the opening as large as the bag), and the new Portmanteau, containing four compartments, are the best Articles of the kind ever produced.—J. W. and T. ALLEN, Manufacturers of Portable Furniture and Military Outfits, 18, & 22, WEST STRAND.

### Rymer’s Preservative Dentifrice,

and RYMER’S CLEANSING POWDER, for Artificial Teeth, being respectively the most elegant and efficient preparations before the public, are compounded only by Samuel Lee Rymer, Dentist, Croydon, Surrey. Wholesale Agents: Sutton and Co., Bow Church Yard, Dietrichsen and Hannay, 53, and Sanger, 150, Oxford street, London, and sold by most respectable medicine vendors throughout the kingdom. Price 2s. 9d.

#### BANKS OF DEPOSIT AND SAVINGS BANKS.

#### INVESTMENT OF CAPITAL.

#### NATIONAL ASSURANCE & INVESTMENT ASSOCIATION

##### TRUSTEES.

The Right Hon. the Earl of Besborough.  
The Right Hon. Lord George Paget, M.P.  
The Right Hon. Lord Templemore.  
The Hon. Henry Fitzroy, M.P.  
The Rev. Joseph Prendergast, D.D. (Cantab.), Lewisham.  
George Stone, Esq., Lombard-street.  
Matthew Hutton Chaytor, Esq., Reigate.

### Persons desirous of investing Money

are requested to examine the Plan of this Association by which a high rate of Interest may be obtained combined with perfect security.

Prospectuses and full information may be had at the Office, or sent post free, on application. PETER MORRISON,

Managing Director.

St. Martin’s place, Trafalgar-square, London.



## Messrs. LANE and LARA, Medical Agents and Arbitrators, and Lunatic

Asylum Registrars, 14, JOHN-STREET, ADELPHI, have now for Disposal General Practices, Private Lunatic Asylums, and Partnerships of all kinds, in various Localities, at prices and premiums ranging from £100 to £16,000.

The present is, of course, the most convenient season for embarking in these undertakings.

The following are merely appended as fair specimens of Transferable Medical Connexions, and Gentlemen writing for details are, therefore, respectfully requested not to particularise more than one opening at a time, every such communication being authenticated with the name and address of the applicant, and enclosing a stamp for reply; *a personal interview, however, being in every case preferred.* Office hours from 12 till 4.

### First Class Partnership.—Wanted

A GENTLEMAN, about thirty years of age, M.D., M.R.C.S., and L.A.C., to purchase the half share of a very superior connexion, in a beautiful and fashionable Watering Place, within an easy distance from town, realising over £1,300 a year. A considerable reduction in the usual terms made to one precisely answering the above description, but no one should respond with much less than £1,500 at command.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi. (Fo 445.)

### A thoroughly Good General Practice,

returning £800 a-year, is offered, with a year's introduction, if desired, to a duly qualified Gentleman, not objecting to the neighbourhood of the City. The Surgery is opened, but no Retail is carried on. Terms very moderate.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi. (Fo. 445.)

### Worcestershire.—A small but well-

established and regularly increasing General Village Practice, from which the Receipts this year, including £40 from Union, will be over £300, TO BE SOLD for £250. There is no opposition; the ENTIRE PROFITS will belong to a successor from the commencement of it.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi. (Fo. 449)

### To be Sold, in a First Class Neigh-

bourhood, at the West End of the town, a long and well established General Practice, with an elegantly fitted open Surgery, returning £400 a year; price 400 guineas for the necessary introduction, from the commencement of which a purchaser will be entitled to the entire profits.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi. (Fo. 316.)

### £300 per Annum, chiefly derivable

from visits. A General Practice of this extent and character, 10 years established, in the best part of one of the most important towns in the Kingdom, may be transferred to a Gentleman possessed of the double qualification, for one year's purchase.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi. (Fo. 338.)

### A prescribing retail, long established

near the West End of Oxford-street, and returning in the hands of a Chymist nearly £5 a week, is FOR DISPOSAL; price, with Stock and Fixtures, £230. A Young Surgeon would find this an excellent opening, and, if single, he might live nearly rent free.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi. (Fo. 426)

### Near Baker-street.—Price £700,

to include valuable Lease and Fixtures, with Stock and Fittings of private Surgery, a THOROUGH INTRODUCTION to a highly respectable General Practice, thirteen years established, and yielding £600 per annum.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi.

### Devonshire.—In a Railway Town,

an old established General Practice, is OFFERED with a Six Months' introduction, for one year's purchase of the Gross Average Receipts, £400. An Appointment yielding £120 annually is included, and will be GUARANTEED to a successor.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi. (Fo. 437.)

### A General Practice, in a Manufac-

turing District, in the North of England, with nearly 10,000 inhabitants, and only three resident Surgeons, is OFFERED for £100, to any one who will take the few Book Debts, and Surgery Fixtures, and Drugs, at a fair valuation.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi. (Fo. 463.)

### A Small Midland Village General

Practice, in an unexceptionable locality, with Surgery Fixtures, Drugs, Chaise, Horse, and Harness, and Suitable Furniture of a Gentle Residence, forming a complete establishment, and excellent nucleus for a young practitioner, may be PURCHASED for £250 cash. A good introduction given.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi. (Fo. 420.)

### Lunatic Asylum.—Partnership or

Transfer.—The proprietor of a well established, prosperous, and delightfully situate provincial Establishment, licensed for the reception of the Insane of both sexes, wishes to meet with a Medical Gentleman of some standing, and with sufficient capital to enter into either of the above arrangements, so as to relieve the advertiser from the duties of management. Estimated value of the whole concern as it is, £7,000.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi. (Fo. 460.)

### One Year's Introduction by Partner-

ship will be given for £700 (or less for a shorter one), to a well established connexion, in a rich manufacturing town. Receipts, which are on the increase, £600 per annum, one half being derived from transferable appointments, not Union. One Qualification sufficient.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi. (Fo. 406.)

### In a Fashionable Inland Watering

place, a General Non-dispensing Practice, yielding a net return of over £700, may be PURCHASED for One Thousand Guineas, with a long or short preliminary partnership introduction, as may be desired. It has been Twenty Years in the Vendor's hands.

### For Sale, in one of the best London

Suburbs, the Stock, Fixtures, and Goodwill of a Retail Drug Business, returning over £10 a Month. A few patients could be introduced to a Medical purchaser, and there is a very excellent opening for any one understanding Dentistry. Rent of nine-roomed House, with Garden and Coach House, only £40 a year; price £120.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi. (Fo. 466.)

### For Disposal, Price only £200, in

consequence of the ill health of the proprietor, a well paying General Practice of £300 per annum, in one of the largest non-manufacturing provincial towns, capable of any extension. No CONTRACTS. Entire expenses, £42 a year.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi. (Fo. 467.)

### A very old-established City Practice,

in the neighbourhood of St. Paul's, is OFFERED, with a nine months' preliminary partnership (so as to allow the Vendor, who is an invalid, to leave Town before the setting in of another Winter), for £600. This most desirable connexion yields £550 a year, with very little expense or trouble. No midwifery under £2 2s.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi.

### Price 150 Guineas, to include the

excellent Surgery Fixtures and Stock, an INTRODUCTION to a small, but unopposed and increasing Rural General Practice, with Contracts to the amount of £85 yearly. Comfortable Residence, with detached Surgery, stable, garden, and paddock, only £25 per annum.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi. (Fo 414.)

### In a Favourite Watering Place,

South of London, a General Practice, with Retail, is FOR DISPOSAL. Receipts last year over £1,000; price, for a thorough introduction by partnership to the practice, and the unusually handsome and valuable Fixtures and Stock, £1,400. The house and premises are held for a long term, at a low rent, and are unexceptionably situate.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi. (Fo. 453.)

### Lunatic Asylum.—Partnership.—

A first-rate opportunity in the immediate neighbourhood of Town, now presents itself to a Medical Gentleman, with £1,500 at command, able and willing to take an active part in the management of a high-class private establishment of the above description.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi. (Fo. 461)

### Near Portman-square.—A first-rate

Nucleus for Practice may be purchased by a Gentleman desirous of a superior residence in the above neighbourhood, for £250, to include Fixtures of House and Surgery. Rent £80.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi. (Fo 424.)



## Medical Agency, 50, Lincoln's-inn-fields, Conducted by

**MR. BOWMER, M.R.C.S.I.**

All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.

(OFFICE HOURS, 11 TILL 4.)

## South Coast.—A Select Practice

FOR SALE, situate in a rapidly-increasing Town, one hour's journey (by rail) from London. Receipts, £500 per annum. The House is commodious, and substantially built, and may be purchased if desired. Premium required, £500.—Apply to Mr. BOWMER, 50, Lincoln's Inn Fields.

## A Junior Partner is Wanted Im-

MEDIATELY by a Gentleman residing in a Provincial Town containing 40,000 inhabitants. The Practice produces an income of £600 per annum, one-third of which is from an appointment (not Union). A Premium of £300 is required for one half share.—Apply to Mr. BOWMER, 50, Lincoln's Inn Fields.

## For Disposal.—A General Practice,

Well established, in a Midland County, returning about £500 per annum. Rent of House, £26 per annum. Premium required £350. For further particulars apply to Mr. BOWMER, 50, Lincoln's Inn Fields.

## Clerical, Scholastic, and Governess

TA AGENCY OFFICES (late Valpy, Established 1833), 7, VISTOCK-ROW, COVENT-GARDEN, LONDON. The gentry and families requiring Tutors, Governesses, or Companions, for either residence, travelling, or daily attendance, on making known their requirements to Messrs. MAIR and SON, will at once be introduced, FREE OF CHARGE, to qualified and experienced applicants with good testimonials. Schools recommended, and Ecclesiastical and School property transferred. A prospectus forwarded on application.

## Eastgate-house, Lincoln.—Private

LUNATIC ASYLUM for LADIES. Conducted by Mr. R. GARDINER HILL, Surgeon, Originator of the System of Non-restraint in Lunacy; and Mrs. HILL.

"Mr. Gardiner Hill, with a promptitude, decision, and boldness which ought to be had in perpetual remembrance, set the great example of living without restraint altogether, acted upon this large and wise principle, and succeeded."—Dr. Conolly's Lecture, Royal Institution, April 23, 1853.

"In advocating the claims of Dr. Conolly, I have never overlooked those of Mr. Hill as the originator of the Non-restraint system in our Asylums. In proof that Dr. Conolly himself does justice to Mr. Hill's merits, Dr. Conolly suggested to me, long ago, whether some portion of his subscription might not appropriately be devoted to the recognition of Mr. Hill's claims."—Letter from Sir John Forbes, M.D., Physician in Ordinary to Her Majesty's Household, Jan. 6, 1851.

"The Governors never expressed a wish for the extinction of restraint; they never expected it; not one of them deemed it possible. It was Mr. Hill who had the courage to broach the original and invaluable idea, that the use of instruments might be wholly dispensed with."—Sir. Ed. Ff. Bromhead, Bart., Vice-President of the Lincoln Asylum.

"The real honour belonged to Mr. Hill, of the Lincoln Asylum."—Dr. Charlesworth.

## Warmth and Ventilation.—The

PATENT PORTABLE SUSPENSION STOVE will warm and ventilate at the same time, and is recommended by eminent medical men as the only stove suitable for the chamber of the invalid. It is made in sizes suited for the largest building or the smallest office. To those who study health, comfort, and economy, it offers advantages which no other possesses. No. 3, price 20s., will burn ten hours without attention, at a cost of three farthings. Prospectuses, with prices and instructions, post free. In operation daily, at DEANE, DRAY, and COMPANY'S Show-rooms, &c., London-bridge.

## Royal College of Physicians, Degree

OF M.D., APOTHECARIES' HALL, &c.—DR. COOKE continues to assist (personally or by correspondence) Gentlemen desirous of Graduating in Medicine or Surgery, or of Matriculating at British or Continental Examining Boards.—For terms, &c., apply to Dr. COOKE, East Temple Chambers, 2, Whitefriars-street, Fleet-st.

## To Life Assurers.—A List of all the

Principal Assurance Offices, their Tables, Names of Secretaries, Medical Officers, and every information required by assurers will be found Indexed and Alphabetically arranged in the LONDON AND PROVINCIAL MEDICAL DIRECTORY, and the MEDICAL DIRECTORIES for Ireland and Scotland for 1854. Office, 123, Strand.

## Railway Travellers are invited to

inspect W. S. SPARK'S Stock of URINALS, both Male and Female, of the most approved forms, and at reduced prices; also, Water and Air Pillows, Cushions, Mattresses, Bed Pans, Surgical Bottles, Bandages, and every article made in India Rubber or Gutta Percha for Invalids. W. S. S. also manufactures Waterproof Coats, Capes, and Overalls, in Silk, Alpaca, Cambric, &c., of the lightest and best description, Fishing Boots, Stockings, Driving Aprons, &c., warranted not to crack, and to stand all climates.

List of Prices and Circulars forwarded on application to W. S. SPARKS, India Rubber Manufacturer, 115, New Bond-street.

The Trade and Country Dealers supplied on the best terms.

## Arnold's Clock Manufactory.—

OFFICE, HALL, SHIO, and PUBLIC DIALS, Three Guineas; to Strike, Half-a-Guinea extra; only best work.—Constantly renewed Stock of elegant Drawing room Clocks, under Glass Shades, from 37s. 6d.—Orders received for the erection of Public Church or Turret Clocks, of any size, in any part of the kingdom.

Public notice is invited to the character of the Stock at this well-known Manufactory. The Wholesale Trade is now declined, to allow of undivided attention to the Retail Friends of the establishment, who will henceforth be supplied at the TRADE PRICES.—careful regard being observed in all transactions to the high and long-maintained reputation of the house.

Best work only—Trade Prices—Delivered free.

ARNOLD, WATCH-MAKER, 59 & 60, RED LION STREET, HOLBORN.

## Argyll Baths, 10, Argyll-place,

REGENT-STREET,

AND AT 5, NEW BROAD-STREET, CITY.

TERMS:

WARM BATHS—ONE SHILLING EACH.

Reserved Rooms, including the Ladies' Department, One-and-Six-pence each; Twenty-one Transferable Tickets, One Guinea. Vapour, Sulphur, and Harrowgate Baths, 3s. 6d. each—8 for 21s. Hot Air, Mercurial, and other dry Fumigating Baths, 5s. each—6 for 21s.

Portable Warm Baths sent out within ten miles of London. Single Bath (with hot linen, &c.), within one mile of Argyll-place, 5s. every additional mile, 1s. extra.

An idea may be formed of the capacity of these Establishments when it is stated that upon their erection and completion upwards of £30,000 has been expended, and that at each place one hundred Baths can be given in an hour.

## Medical Men, Managers of Clubs,

INSURANCE and other OFFICES, and the Public generally are respectfully requested, before furnishing, to inspect the extensive and well-selected Stock at RICHARD A. C. LOADER'S CABINET AND UPHOLSTERY WAREHOUSES, 23, and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

The Stock comprises every requisite for furnishing, at as low a price as goods of a guaranteed quality can be supplied. Catalogues gratis.

RICHARD A. C. LOADER, 23 and 24, Pavement, Finsbury, and 6 and 7, Little Moorfields.

## Medical Glass and Fixture Ware-

house.—W. HAY, 25, Little Queen-street, Lincoln's-inn-fields, Manufacturer and Fitter of every description of Medical Shop Fixtures, Glass Cases, Soda-water Stands, &c., begs to inform Gentlemen commencing Business in the above Profession, that he has a large Assortment of Drawers, Bottles, Sepceia Jars, and every requisite for fitting up Shops on moderate terms. Drawers, from 1s. 9d.; Medical Labelling, 3s. per dozen. Estimates and Plans Furnished. Valuation of Stock and Fixtures.

## The Widows of Medical Men or

Ladies possessing the knowledge of Anatomy and Physiology sufficient to demonstrate the above to her own sex, may meet with a permanent Situation by applying by letter, stating qualifications, which will meet with immediate attention.—Address Mr. HARRIS, 128, STRAND.

## Apothecaries' Hall, College of

Surgeons.—DR. STEGGALL continues to assist gentlemen in their studies, preparatory to Examination at the Royal College of Physicians, College of Surgeons, Apothecaries' Hall, St. Andrew's, Aberdeen, &c., either in class or separately.—For terms, &c., apply before One, and after Three o'clock, daily, at 2, Southampton-street, Bloomsbury-square, London.



## ADVERTISEMENTS.

### THE BEST FIT IS THE BEST TO WEAR.

"Costly thy habit as thy purse can buy,  
But not expressed in fancy; rich, not gaudy—  
For the apparel oft proclaims the man."—*Hamlet*.



Dress Coats,  
£2 10s.

73 CORNHILL.

73

### Every Well-dressed Man knows how difficult it is

to find a Tailor who thoroughly understands the peculiarities of each figure, and can suit its requirements with a well-cut, gentlemanly-fitting garment, in which ease and taste being equally regarded, the eye of the observer is pleased with its graceful effect, while the comfort of the wearer is secured. Hence it is that so few feel "at home" during the first day's wear of any new garment, and so many are apparently doomed to appear in clothes, however costly, that never can become adapted to their forms. To remedy so manifest a deformity in costume, LAYTON JOHN HEMMENT & CO. adopt this means of making known that they have practically studied both form and fashion in their most comprehensive meaning; and, in the course of an extensive private connection, have clothed every conceivable development, always adapting the garment, whether coat, waistcoat, or trousers, to the exigencies of its individual wearer, and the purposes it is intended to serve; thus invariably attaining elegance of fit, with that regard for ECONOMY which the spirit of the age dictates.



The Paletot,  
£2 2s.

HEMMENT & CO. (late Fox), Practical Tailors,

73, CORNHILL, 73,

(SAME SIDE OF THE WAY AS THE ROYAL EXCHANGE), LONDON.

### The Best Fit Wears Best.—

So say HEMMENT and Co., Practical Tailors, 73 Cornhill.

### Hemment's Guinea Trowsers,

FIT WELL,  
WEAR WELL,  
LOOK WELL,

In any Colour. Better value impossible.

Hemment and Co., Trowser Makers, 73, Cornhill.

### Hemment's Winter Over-Coat,

THAT BRUSHES ITSELF,

is only made by

HEMMENT and Co., Tailors, 73, Cornhill.

### "When the Well is dry we know

the value of Water."—Solid truth this good old saying.

Equally so the maxim, that, in Dress, the Best Fit Wears Best; while, in Cloth, the Best Quality Gives Most Wear. Every well-dressed man is a true Economist. He wears the best fit and the best cloth, which really are the best value. Both are supplied by HEMMENT and Co., Practical Tailors, 73, Cornhill.

### Hemment & Co., Tailors, 73, Cornhill,

study the peculiarities of Every Gentleman's Figure, and, by satisfying its requirements, invariably produce a garment—whether a Lady's Riding Habit, Double Cloak, &c., or a Gentleman's Coat, Trowsers, Waistcoat, &c.—that is specially suited for the purpose it is intended to serve, Economy and Quality being duly regarded.

### The Warm Coat that Brushes Itself,

is made of  
PURE WOOL,

and is the  
VERY BEST COAT

for  
WINTER WEAR,

Only Manufactured by

HEMMENT AND COMPANY, PRACTICAL TAILORS, 73, CORNHILL,  
LONDON. PRICES—35s., 45s., 55s., 70s.

N.B.—Freedom from Cold is secured by wearing this Warm Woolly Over-Coat

### Hats perfectly ventilating, pliant

to the head, many ounces lighter than those in present use, yet equally durable. These Hats, as exhibited by MESSRS. GAIMES, SANDERS, & NICHOLL, at the Great Exhibition, 1851; and which are now so extensively patronised by the nobility and gentry, by the leading members of the legal and medical professions, and by many of the most eminent literary men, can be obtained in London, at 22, BIRCHIN-LANE, CORNHILL, and 111, Strand; or of their agents in most of the principal towns in England, Scotland, and the Colonies. The usual discount allowed to shippers.

### The Prince Leopold Ventilating Hat.

—The Patentee of this Hat—which secures free and full ventilation between the inside and the external air to the extent of 4 inches—solicits the patronage of the Medical Profession, and all scientific men to this real Ventilator. Letters inclosing a remittance of from 15s. to 20s., with length and width of inside, will have a good Ventilating Hat for the value forwarded to their address.—39, MAXWELL-STREET, GLASGOW.—Agents wanted in London.

### Examine your Tailor's Bills, and if

you are dissatisfied with the charges, try one whose business is conducted exclusively for cash, and at prices in accordance, as illustrated by the world-famed SCOTCH TROUSERS, at 16s., made by MILES, 62, New Bond-street.

### Brecknell's Skin Soap.—Alteration

of FORM and PRICE.—BRECKNELL, TURNER, and SONS, beg to inform their Customers and the public that their celebrated Old Yellow Soap for the Skin is now sold in Shilling Packets of either Four Rounded Tablets or Eight Squares, each of which is stamped "Brecknell's Skin Soap," as heretofore.

This Soap is recommended by the Faculty as the best for producing a Clear and Healthy Skin, being made expressly for the purpose, of the best materials, and not scented.

Brecknell, Turner, and Sons, Wax and Tallow Chandlers, Soap and Oil Merchants, &c., to her Majesty, Bee-Hive, 31, Haymarket, London.

### Glenfield Patent Starch.—Now

used in the Royal Laundry.—The Ladies are respectfully requested to make a trial of the Glenfield Patent Double-Refined Powder Starch, which, for Domestic Use, now stands unrivalled. Sold by nearly all the Oil and Coloumen and Chandlers in London and throughout the Kingdom.—Agents wanted; apply to Mr. R. WOTHERSPOON, 40, Dunlop-street, Glasgow. London Depot.—Wotherspoon, Mackay, and Co.

Established 1831.

### Bowles's Letterpress, Copperplate,

and Lithographic PRINTING OFFICE and LABEL WAREHOUSE, 274, WHITECHAPEL ROAD, LONDON. Surgeons and Chemists' Labels in great variety (catalogues of which may be had) 2d. per hundred. Plain Labels (various sizes) 2d. to 3d. per hundred. Pill and Ointment Labels (various sizes), 2d. to 3d. per hundred. Dispensing Labels with Name &c., printed on cream post paper, well gummed and cut, 3s. per 1000. Retail ditto, 2s. per 1000. Ornamental and Satin Labels, Show Cards, &c. &c. Priced Catalogues and books of specimens may be had on application. Engraving in all its various branches.

### H. Silverlock's Medical Label Ware-

house, LETTER-PRESS, COPPER-PLATE, AND LITHOGRAPHIC PRINTING OFFICES, 3, Wardrobe-terrace, Doctor's Commons, London.

The Members of the Medical Profession are respectfully informed that at H. SILVERLOCK'S Establishment they will find every kind of Label they can possibly require; and also, that every description of ENGRAVING, LETTER-PRESS, COPPER PLATE, and LITHOGRAPHIC PRINTING is executed by competent workmen, and at the lowest charges.

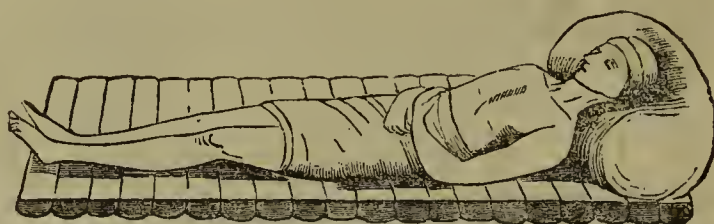
Catalogues of each sort of Labels are published separately, and will be sent per post on application.



## ADVERTISEMENTS.

### MR. HOOPER'S IMPROVED INVALID WATER OR AIR CUSHIONS, AND MATTRESSES OR BEDS.

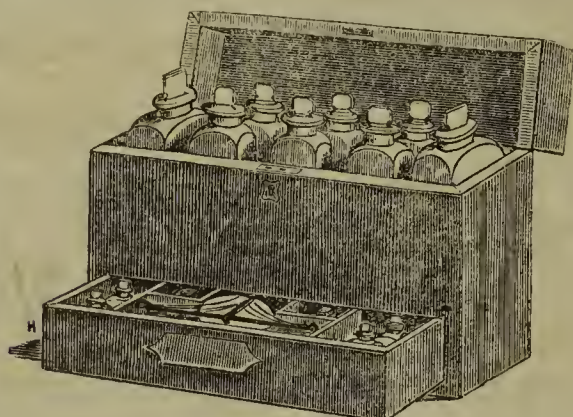
Being made of prepared India-rubber, without the admixture of cloth materials, Leakage is avoided.  
See the "LANCET," Jan. 25, 1851.



**CUSHIONS FOR BED-SORES.**—Whether threatened with Sloughing, or in which Sloughing has taken place, Fractures, Diseased Joints, Ulcerated Cartilages, Coldness of the Stomach, Pain in the Bowels, Spasms, Lassitude, Typhoid and other Fevers, Gouty and Rheumatic Affections, Cancer, Ovarian Dropsy, Coldness of the Stomach and Feet, Consumptive and all Bed-ridden Patients. They are simply placed on an ordinary mattress, and covered with two or three blankets and a sheet as an ordinary bed.  
For further reports of their utility, see Mr. Cæsar Hawkins's Letter in the "Lancet," Oct. 27, 1849; Dr. Hake's Letter in the "Provincial Medical and Surgical Journal," Nov. 1, 1850; Dr. Thorn's Letter, "Medical Times," March 20, 1851; also the "Institute," February 8th, and the "Lancet," Jan. 25th, and Feb. 15th, 1851. 7, Pall Mall East, and 55, Grosvenor Street.

### Stringfellow's Patent Electro-Gal-

**VANIC PORTABLE BATTERY.**—These Batteries, being the size of a lady's card-case, easy in their application, and certain in their action, afford the most complete method yet known of applying, for curative purposes, a mild, continuous, Electro-Galvanic Current, and have been most successfully applied. Price One Guinea; by post 22s. "Its principle is the same as Pulvermacher's Chain; but it is more effective and energetic, &c."—ASSOCIATION MEDICAL JOURNAL.  
—W. ELLIOTT and SONS, Opticians, 56, Strand, London.



JOHN HARVEY, NEPHEW AND SUCCESSOR

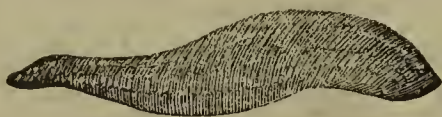
TO THE LATE  
**ANDREW SPRINGWEILER,**  
No. 2, Duke-street, Smithfield, London,

### Medicine Chest and Dressing Case

MAKER. Ship Medicine Chests according to Act of Parliament. EMIGRANT CHESTS, &c. for all Climates.

Chemical and Plate Chests, Toilette, Jewel, Liqueur, and Sample Cases, Writing Desks, Despatch Boxes, &c., &c.

Wholesale and for Exportation.—Warranted to stand any Climate  
It having been reported that the business has been removed, J. H. begs to inform the Medical Profession, that he, as Executor and Successor to the late A. SPRINGWEILER, solicits a continuance of their patronage.



### Pure and Healthy Leeches.—

POTTER and HAILEY beg to assure the Profession, Druggists, &c., that the Leeches they offer are such as can be recommended for Purity, Health, and Readiness of Biting.

Importers of Leeches, dealers in Turkey Sponge, and Herbalists, &c., 66, Farringdon-market, London.

Established upwards of Forty Years.

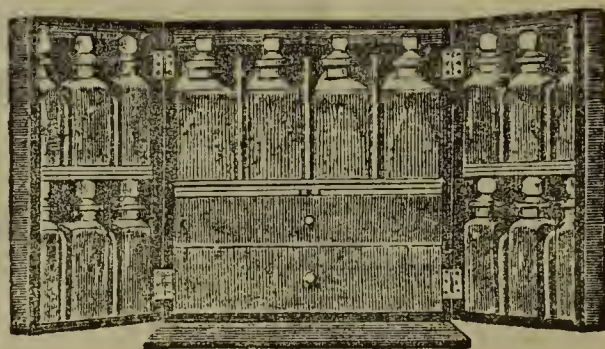
### Moveable Artificial Eyes.—The

**PRIZE MEDAL** of the Great Exhibition was awarded exclusively to the EYES made by W. R. GROSSMITH, 175, Fleet-street, London. They are fitted in a few hours without pain or operation, in every case where sight has been lost; they effect a perfect MOVEMENT, in accordance with the action of the natural Eye; the colours of the Iris are closely matched, and they are the only Artificial Eyes yet invented not liable to crack in wearing. Sent by post to all parts of the world, from the Manufactory, 175, Fleet Street, London.

\*\* References given to the Senior Surgeons of the Royal Ophthalmic, Bartholomew's, St. George's, Thomas's, and all the principal hospitals of London, Edinburgh, Dublin, Liverpool, &c., by whom they are recommended.

### Baths.—Sulphur, Chlorine, Mer-

curial, and other Fumigating and Vapour Baths recommended as aids for various diseases that do not readily yield to medicine alone. In daily use from 1822 at DR. GREEN'S, 40, GREAT MARLBOROUGH-STREET, REGENT-STREET, opposite Messrs. Barthes and Lowell, Foreign Booksellers.



### To Chemists and Druggists.—

FREDERICK THOMSON, late of the firm of SPRINGWEILER and THOMPSON, begs respectfully to return his thanks to those Gentlemen who have kindly given him the preference in their business since the death of his late step-father, Mr. Andrew Springweiler, and trusts, by attention to their interests, economy in charges, and superior finish in workmanship, to merit their continued patronage.

MANUFACTORY, 26 & 27, BARTLETT'S-BUILDINGS, HOLBORN, LONDON.

Medicine Chests in every variety of quality and style of finish, embracing nearly one hundred different patterns, at prices from 6s. 6d. to £12. Ladies' and Gentlemen's Dressing Cases and Writing Desks. Despatch Boxes, Jewel Cases, Plate Chests, and Canteens. Whole sale and for Exportation. Ship Medicine Chests fitted according to Act of Parliament, at very reduced prices.

P.S.—Many customers of the late firm of SPRINGWEILER and THOMPSON, having forwarded their orders to the old address in error F. T. begs that all future commands may be sent to the above address Bartlett's-buildings, Holborn.



## American Invention for the Pre-

VENTION of SPINAL CURVATURE, &c.—An apparatus, not intended for the support but prevention of spinal deformity, has recently been invented in America, by means of which the habit of stooping, rounding the shoulders, &c., is immediately corrected, without the wearer feeling the least restraint. It is instantly applied, without any fastenings whatever, can be worn beneath or above the dress; is simple in its form, and in weight only a few ounces. It is especially recommended for young ladies during drawing, music, equestrian exercise, &c., and to adults whilst reading, writing, or following any sedentary pursuit. To be procured only from HENRY BIGG and SON, anatomical machinists, 29, Leicester-square. Price £1 1s. The apparatus is patented in England, France, and America.

## Blackwell, Surgeon's Instrument

and Truss Maker, and Cutler, 3, Bedford court, Covent-garden, and at the Royal Panopticon of Science and Art, Leicester-square, London, Inventor and Maker of the Registered Guard Razor, the Bostrukizon.—Ellis's Belts and Splints for Fractured Clavicle Improved Ear Speculum, Belts for Lunatics, Invalid Removing Seat, Cylinder Bandage Roller, Revolving Head-Spring extending Crutch, Patent Elastic Stockings, 7s. each; Knee-caps, 4s.; Anklets, 4s.; Calf-pieces, 5s. Urgently recommended by the Faculty, for the prevention of Varicose, and to all using violent exercise.

## F. & S. Windsor, Phial and Bottle

Merchants, Dealers in Druggists' Sundries, &c., 37, BARTHOLOMEW-CLOSE, CITY. The cheapest house in London for every description of Medical Glass of the best quality. Samples and prices forwarded free on application.

## Horne, Thornthwaite, and Wood,

PHILOSOPHICAL and CHEMICAL INSTRUMENT MAKERS, 122, and 123, NEWGATE-STREET, LONDON.

Medical Achromatic Microscopes, in Case, for Anatomical Urinary Deposits, &c., £2 2s., £5 5s., and upwards.

Electro-Galvanic Machines, giving a uniform Current of Galvanism of great quantity, in one direction only, and of the only form and construction suitable for medical application, in portable case, £3 3s., £5 5s., and £8 8s.

Urinometers, gilt metal, 14s.; glass, 4s. 6d.; in case for pocket with Thermometer, Acid, &c., 21s. and 35s.

Apparatus and Tests for Analyses of Urine, and Toxicology. In Cases, £3 3s., £5 5s., and £10 10s.

## Henry Simpson, No. 55, Strand,

London, Manufacturer of SURGICAL INSTRUMENTS, of every description. Enema, and other Syringes, Trusses, Bandages, Crutches, Splints, Improved Extension Splints, Elastic Stockings, Knee Caps, &c., &c., &c. Surgical Instrument and Truss Maker to the ROYAL NAVAL HOSPITALS, &c., Manufacturer of Table Knives, Razors, Pen and Hunting Knives, and every description of Fine Cutlery. Cases of Razors, Scissors, Needles, Cutlery, &c. in great variety.—Prize Medal, Exhibition of 1851.

## Spinal Curvature & Deformities.—

J. PRATT,

SURGICAL INSTRUMENT MAKER,

OF 420, OXFORD-STREET,

Respectfully offers to the profession his MECHANICAL AID in such cases, he having been eminently successful in many entrusted to his care.

## PRIVATE ASYLUM FOR THE INSANE.

FAIRFORD RETREAT, FAIRFORD, NEAR CIRENCESTER, GLOUCESTERSHIRE.

The above Establishment has been conducted by the present Proprietors for upwards of a quarter of a century, and possesses an uninterrupted series of favourable Reports from the Commissioners in Lunacy, the Visiting Justices, and from Recovered Patients and their Friends.

Terms very moderate, and varying according to the accommodation required,

For particulars apply to Messrs. ILES, the Proprietors.

## To Medical Gentlemen.—To be

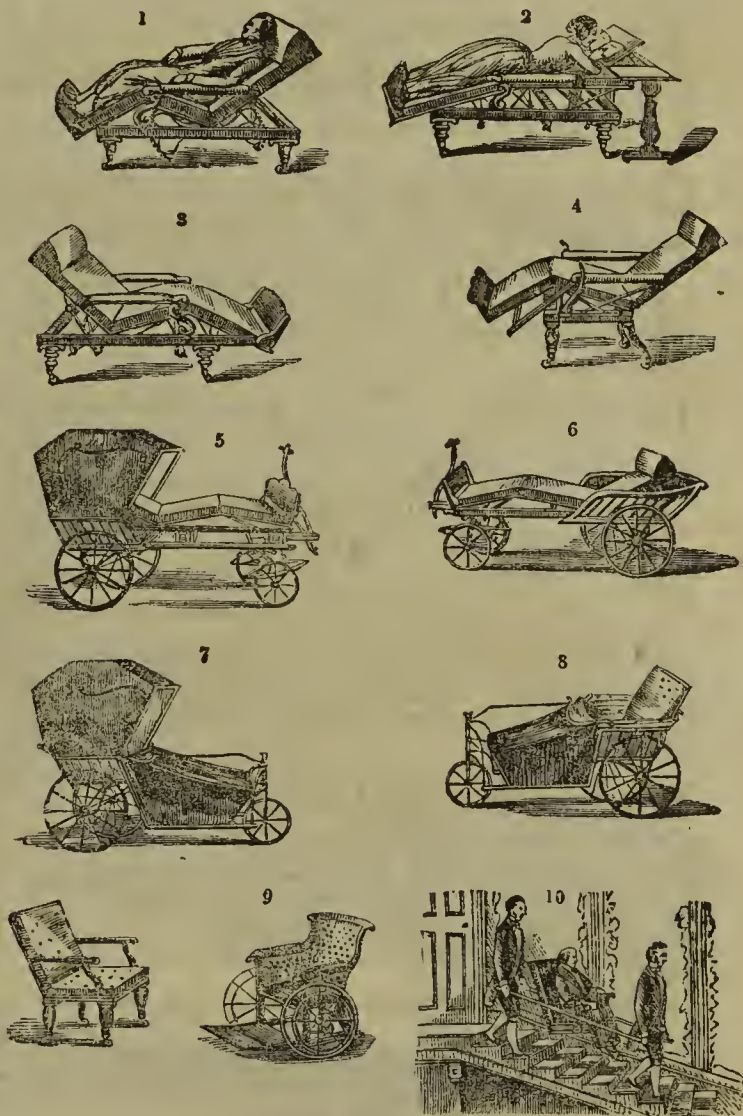
Disposed of, A PRIVATE ESTABLISHMENT FOR THE INSANE in the West of England. It ranks very high in public estimation, having turned out a large percentage of cures, been conducted on the present enlightened plan of non-restraint, and universally commended by the Commissioners in Lunacy and Visiting Magistrates. It is lucrative, and the interest of the present proprietor (who is retiring from business) can be continued. One-half or more of the purchase-money will be permitted to remain, if desired, on good security.—For further particulars, apply to Messrs. C. and G. GREVILLE, Solicitors, Bristol.

Dec. 3, 1853.

## Comforts for Invalids.—Messrs

CHAPMAN and ALDERMAN, of No. 8 Denmark street, Soho, London, beg most respectfully to inform their medical friends that they have now completed their mechanical arrangements for their Graduating Spinal, Fracture, and General Invalid Couches, Chairs, Carriages, &c. &c. The Illustrations will show that they can be made to wind into any position whatever, according to the requirements of the patient. No. 1 is the same as was supplied, by the recommendation of Sir B. Brodie, Bart., to the late Sir R. Peel, Bart., when he met with his fatal accident. Price twenty-eight guineas.—No. 2, in a Prone Position.—No. 3, as an Easy Chair, the arms being made to throw back, to enable the patient to get on and off easy.—No. 4, a Self-justing Spinal Chair. Price fifteen guineas.—No. 5, a Spinal Carriage, with a Shifting Couch. Price thirty guineas.—No. 6, without a Hood. Price twenty guineas.—No. 7, a Bath Chair. Price twenty-five guineas.—No. 8, without a Hood. Price fifteen guineas.—No. 9, a Self-propelling French Merlin Chair. Price fifteen guineas.—No. 10, their newly-invented Equilibrium Carrying-Chair, which answers as an Easy Chair in the room, as well as for carrying the invalid up and down stairs, the Poles being made to hook on and off. Price eight guineas.

Hospitals and Public Institutions supplied.



The above can be had on Hire.

## Skeleton and Skull Repository,

45, Museum-street, Bloomsbury, London. JOHN HARNETT begs most respectfully to call the attention of Lecturers, Students, and Gentlemen connected with the Medical Profession, to his large and select Stock of Anatomical Preparations, consisting of Skeletons, loose and articulated Skulls, Hands and Feet, Vertebrae, and Loose Bones, at the lowest possible prices.

## Asylum for Mental Invalids, Grove

HOUSE, STOKE NEWINGTON GREEN, superintended by the Proprietor, J. R. ATKINS, M.D., F.L.S., F.R.C.S., &c. This Asylum is adapted for a select number of tranquil Invalids of both sexes, labouring under nervous delusions and the milder forms of mental disease, who are treated with every regard to their moral and social condition. No violent cases are received. The terms vary, and are moderate. Attendants sent to take the charge of Patients at their private residences. Apply to Dr. Atkins, as above.



## Arrowroot! Arrowroot!! 7½d. per lb.

Warranted Genuine. To families and persons who are generous and charitable to the poor the above article we can recommend for presents, and sent carriage free to any part of London by ED. MONDS and Co., Importers of Colonial Produce, 15, Rathbone place, Oxford Street, London.

## Soyer's Aromatic Mustard.—"M.

Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration."

—LANCET.  
Sole Agents: Messrs. CROSSE AND BLACKWELL, 21, Soho-square, London.

## Scarlett's Portable Invalid Soup.—

SCARLETT and SON respectfully inform the public that the SOUP made by them expressly for invalids, so strongly recommended by Dr. Marshall Hall and other medical gentlemen, will be found very beneficial. 2s. 6d. per quart, or 1s. per lb.

26, King William-street, London-bridge.

## Arrowroot, 8d. per lb., in 14lb. Tins,

warranted genuine, imported direct from the West Indies. Finest Brazilian Isinglass, 8s. 6d. per lb. Samples per post on receipt of two stamps. Delivered free to any part of England.—H. WARREN & CO., 302, Regent-street, London.

## Genuine Wines.—Pale or Brown

Sherry, 33s. per dozen. A very superior Amontillado Sherry 42s. per dozen. Old Crusted Port, 34s., 42s., and 48s. Hock, 36s. Moselle, 36s. Claret, 30s. Champagne, in splendid condition, 40s. per dozen. THE FINEST BLACK TEA imported, 4s. per lb.

H. WARREN & CO., Importers of Continental and Colonial Produce, 302, Regent-street (nearly opposite the Polytechnic), London.

## Dr. Pereira.—This late Eminent

Physician's opinion of HARDS' FARINACEOUS FOOD for Infants and Invalids:—

"I have carefully examined, and repeatedly prescribed 'Hards' Farinaceous Food' (See Pereira's 'Treatise on Food and Diet,' pp. 309 and 473, &c.), which is prepared from the most nutritious of the cereal grains. It combines both nitrogenised and non-nitrogenised alimentary principles, and forms a very valuable food for children and invalids."

"JOHN PEREIRA, M.D., F.R.S.,

"Assistant-Physician to the London Hospital.

"47, Finsbury-square, July 1, 1843."

Sold by Chemists and Druggists, Patent Medicine Vendors, Tea Dealers, and Italian Warehousemen, in 1s. and 2s. packets, and tin cases, 7s. 6d. each. Observe—all genuine packets and cases are marked "Jas. Hards," and manufactured at the Royal Victoria Mill Dartford, Kent.

## The Best Food for Children, Invalids,

and others.—ROBINSON'S PATENT BARLEY, for making superior Barley Water in Fifteen Minutes, has not only obtained the patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious and light food for infants, children, and invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS form another diet universally esteemed for making a superior Gruel in Fifteen Minutes—light for supper—and alternately with the Patent Barley is an excellent food for children and invalids, being particularly recommended by the Faculty as the purest and best preparations of the kind extant, and far preferable to the Embden Groats.

Prepared only by the Patentees, ROBINSON & BELLEVILLE, Purveyors to the Queen, 64, Red Lion-street, Holborn, London.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in packets of 6d. and 1s., and in family canisters at 2s., 5s., and 10s. each.

## Christmas Hampers.—Findlater,

MACKIE, and CO., Wine and Spirit Merchants (Agents for Guinness' Extra Stout), 1, Upper Wellington-street, Strand, make up HALF-DOZEN HAMPERS for TWENTY SHILLINGS, bottles and hamper included, containing—

- One Bottle finest French Brandy.
- One " best Scotch or Irish Whiskey.
- One " Old Jamaica Rum.
- One " best and strongest Gin.
- One " finest Old Port.
- One " " Sherry.

Delivered free within five miles of their Establishment.

## To the Lovers of Fish.—Christmas

Presents for Country Friends.—100 Real Yarmouth Bloaters, delivered in London, or sent to any part of the Kingdom, for 6s. Also, 100 highly dried and smoked American Herrings for 7s., which will keep for years, and are well adapted for emigrants and residents in the Colonies. 100 Kipperd Herrings for 8s.; these are a delicious treat for all who have not tasted them. 12 bundles of fine Aldborough Sprats for 1s. 6d. Fine Real Finnon Haddocks, 4s., 5s., and 6s., per dozen. A barrel of the best Native Oysters for 5s. 6d.; warranted to contain 120 Oysters: and a bag containing one half bushel of Superior Oysters for 10s. All the above articles are to be had only of WILLIAM DEEKS, 7, Bow-street, Covent-garden. Orders immediately attended to. Post-office Orders to be made payable as above, at the Strand Money Order Office. Country residents may ensure a daily supply of fresh fish of the best quality, on the lowest possible terms, by forwarding their orders as above. The Trade supplied.

## THOMAS SALT and Co.

EAST INDIA PALE ALE BREWERS, BURTON-ON-TRENT.

STORES.

London.....	21, Hungerford-wharf.
Liverpool.....	52, Henry-street.
Manchester.....	37, Brown-street.
Birmingham.....	26½, Bull-street.
Bristol.....	Back-Hall, Baldwin-street.
Nottingham.....	14, Milton-street.
Dublin.....	4, Crown-alley.
Edinburgh.....	17, Downie-place.
Dundee.....	13, New Inn Entry, High-street.

## Advance in the Price of Pale Ale.

—The principal firms of Burton having advanced the prices of East India Pale Ale 6s. per barrel, Messrs. TETLEY and SON think it necessary to inform their friends that they do not intend to alter the price of their Ales on orders registered before Christmas next. The quality and condition shall be such as to maintain the character it has heretofore sustained.

The Brewery, Leeds; City Stores, 26, Crosby-hall Chambers. Oct. 24, 1853.

## Cook and Williams's Respiratory

Organ, and Chest Protector for Fog, Cold, and Night Air.

"A good and inexpensive substitute for Mr. Jeffery's Respirator. It is either stock or scarf of most ready and convenient adjustment. The one for Ladies is manufactured in fine stuff, of various colours, and forms a neck-tie of elegant appearance; the elastic band which covers the mouth falls into the fold when not required."—MEDICAL TIMES, January 4, 1851. "Cheap, elegant, and effective."—LANCET, November, 30, 1851. Patentees, 10, Princes-street, Hanover-square, and of the Principal Chemists in the United Kingdom.

## Bass's East India Pale Ale.—That

large portion of Medical Men who use and recommend this celebrated Ale, as supplied from our Stores, are informed that the October Brewings are in excellent condition, in Casks from 18 gallons upwards. In the usual Wine-bottles and Imperial Pints, a good stock of Last Season's ale can still be selected from. Much beer being sold for BASS'S which is not brewed by them, every Bottle sent out from our stores is sealed and labelled, and every cork branded with our names.

BERRY, BROTHERS, & CO., 3, St. James's-street, London.

## By Her Majesty's Royal Letters

Patent.—DR. CAPLIN'S ORTHO-CERVICO SPINALIS, or NECK MONITOR and SPINAL ERECTOR, for the prevention and cure of the poking of the head, and stooping of the body. Dr. Caplin's Newly-invented Ortho-Rachidic Couch for the cure of Latent Curvature, now exhibited at the Society of Arts, John-street, Adelphi, London. The above may be procured at Dr. Caplin's Royal Hygienic Gymnasium Orthopædic Electro Kinesithrapic Institution for the Cure of Deformities of the Spine, Strawberry-hill, Pendleton, Manchester. Prospectuses may be obtained at 58, Berners-street, Oxford-street, London.

STAYS SUPERSEDED

## Great Exhibition Elastic Bodice.

—Stiff Stays destroy natural grace, produce deformity, and implant disease. Curvature of the spine, consumption, and a host of evils arise from their use. MARTIN'S ELASTIC BODICE is without whalebone or lacing, at the same time furnishing a sufficient support, and imparting to the figure that natural elegance, which is quite impossible under the pressure which is the great aim, as mischief is the certain end, of all kinds of stays. The time and patience of the wearer are also spared, by a simple fastening in front, to obviate the trouble of lacing. As there are several imitations of these celebrated Bodice, it is necessary to inform the Public that they can be obtained only of the Inventors and Manufacturers, E. AND E. H. MARTIN, 504, New Oxford-street.

A Prospectus, &c., on receipt of a stamp, can be sent by post.



## ADVERTISEMENTS.

### Marrion's Resilient Bodice and Corsaletto di Medici.

PATENTED IN ENGLAND, FRANCE, BELGIUM, AND AUSTRIA.

Figure 1.—Front view of the Corsaletto di Medici, having resilients in conformity with the movements of respiration.

Figure 2.—View of the Back of the Resilient Bodice and Corsaletto di Medici, with the resilients in imitation of the natural arrangement of the muscles, and corresponding therewith in the movements of the body.

**They combine Firmness with Elasticity, fit**

closely, fasten easily in Front, retain the original symmetry of their adjustment, and are judiciously adapted to every varying condition of the female form. Ladies in health, convalescents, and invalids wear them with equal satisfaction; and having experienced the comfort and advantages they insure, will not return to the ordinary stays and their attendant evils.

Under the open transverse work, quilted silk, fine flannel, or eoutil is inserted, preventing chilliness in the back, favouring free exhalation from the skin, and promoting the general health. *Fine light qualities made up for India.*

Enlarged Prospectus, with tinted illustrations, details of prices (from 14s., children's 3s.), explicit directions and papers for self-measurement, &c., sent free, on receipt of two stamps for postage.

*All Country Orders sent, without extra Charge, Carriage Paid or Post Free.*

**LADIES' RESILIENT SUSTAINING BELTS**, of fine woven elastic silk, self-adjusting, without fastenings, and affording an agreeable and unvarying support in any temperature. These Belts are highly prized by all Ladies who have adopted them. They will wash without injury, and are very durable. Also a judicious assortment of **LADIES' BELTS** constructed on a practical knowledge of the varied necessities for support. Price 21s. to £3 3s.

**MESDAMES MARION AND MAITLAND,**

Patentees and Sole Manufacturers, 34, Connaught Terrace, Hyde Park, London.

### Spirits of Wine for the Faculty

may always be obtained from us, of extraordinary Strength and Purity, at the lowest remunerative prices, for Cash on delivery, subject to variations in the market.

Our **EAU DE VIE** is at present 16s. per Imperial Gallon, or, in French bottles, 34s. per Dozen, bottles included.

**HENRY BRETT & CO**, Old Fumival's Distillery, Holborn.

### Rumble's Improved Elastic Bodice,

recommended by eminent Physicians.—This superior and much improved Elastic Bodice can with confidence be offered to ladies, as surpassing any yet made; it fastens easily in front, retains its firmness and elasticity, and by a peculiar system, adopted by Mrs. Rumble, a perfect fit is ensured. To be obtained only of the manufacturer, M. Rumble, 2, Welbeck-street, Cavendish-square, opposite the Savings Bank.

### The Respirator.—The extensive

use of Mr. JEFFREYS'S Respirator by sufferers from irritation in the air passages and lungs, renders it desirable that the attention of the profession should be invited to the different forms of the instrument. These are—for the mouth, **THE FIXED ORAL RESPIRATOR**, and the **HAND ORAL**—the latter so convenient in form as to supersede in many cases a necessity for the former. The **NASAL** for the nostrils, and the **ORINASAL** to cover both orifices, are instruments used chiefly at night, to promote rest by allaying cough and irritation. The earlier and more steadily the Respirator is employed in the forms needed, the sooner does the patient cease to require it. There can be no greater mistake in therapeutics than to defer the employment from a fear of inducing a dependence on it, the very contrary being true in theory and in all experience. A pamphlet, entitled "Answers to Objections, &c.," and procurable at all the Depots, may be worth the attention of medical men, as containing philosophical replies to mistaken views. West-end Depot, 25, Holles-street, Oxford-street.—S. Griffiths. Wholesale Office, City, 25, Bucklersbury. The leading Chemists and Instrument Makers are Agents for Mr. Jeffreys's Respirators.

BY HER MAJESTY'S ROYAL LETTERS PATENT.

### Dr. Caplin's Ortho-Cervico Spinalis,

or **NECK MONITOR**, and **SPINAL ERECTOR**, for the Prevention and Cure of the Poking of the Head and Stooping of the Body. Dr. Caplin's Newly Invented Ortho-Rachidic Couch for the Cure of Lateral Curvature, now exhibited at the Society of Arts, John-street, Adelphi, London. Prospectuses may be had at Madame Caplin's Establishment, 58, Berners-street, Oxford-street, London.

### New Truss for Hernia.—F. Walters

begs to call attention to his **NEW TRUSS**, with improved *water-pad*. The advantage of water is, extreme softness and the certainty of the pressure being always in the proper place. This truss has received the approbation of the most eminent surgeons, many of whom pronounce it the most perfect ever yet produced. F. W. can, therefore, confidently recommend it to all those requiring such assistance. Manufactured only by F. Walters, of whom can be had the new double-action Cycloidal Enema Syringe; also Walters's celebrated Railway Convenience for Ladies and Gentlemen.—F. Walters, 16, Moorgate, City.

### For Varicose Veins & Weakness.—

**SURGICAL ELASTIC STOCKINGS, AND KNEE-CAPS** on a New Principle, pervious, light in texture, and *inexpensive*, yielding a permanent, efficient, and unvarying support under any temperature, without the trouble of Lacing and Bandaging: likewise, a Strong, Low-priced Article for Hospitals and the Working Classes: **ELASTIC NET CORSETS** of the same beautiful fabric, **ABDOMINAL SUPPORTING BELTS**, for both sexes, those for ladies' use before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instructions for measurement, and prices on application, and the articles sent by post, from the Manufacturers,

**POPE and PLANTE, 4, WATERLOO-PLACE, PALL-MALL, LONDON.**

The Profession, Trade, and Hospitals supplied.

### The attention of the Profession is

particularly invited to the **GALVANIC APPARATUS** of Mr. PIGGOTT, which evolves an exceedingly large quantity, with intensity at the will of the operator, and acts in a perfectly dry state. It is always ready for use. Can be seen daily, and the fullest information given at the Establishment of Mr. W. P. PIGGOTT, 523F, Oxford-street, London.



### NEW MEDICAL INVENTION.

**DOCTOR HARDY'S ANÆSTHETIC VAPOUR DOUCHE,**

For the Relief and Cure of Pain in the Uterus, Rectum, Bladder, Ear, Breast, and various other parts of the Body, by the use of Dr. Hardy's Anaesthetic Douche for the local application of the Vapour of Chloroform.

### Alexander Robertson, Surgical In-

strument Maker, 22, BACHELOR'S WALK, DUBLIN, calls the attention of the Medical Profession to this valuable Invention, he having been appointed by Dr. Hardy Sole Proprietor and Manufacturer of this beautiful Instrument, which has received the sanction and approbation of some of the first of the Medical Profession in the three kingdoms.—[For further particulars, see the "Dublin Quarterly Journal of Medical Science" for November, 1853].

The above Instrument may be had at the following respectable Establishments:—Fannin & Co., 41, Grafton Street; Anderson and Adams, Medical Hall, 68, Grafton Street; Bewley and Evans, Medical Hall, 54, Lower Sackville Street; Messrs. Pring & Co. Westmoreland Street; Byfield & Co., Medical Hall, Limerick; Grattan & Co., Medical Establishment, Belfast; and also at the Manufacturers, A. ROBERTSON, 22, Bachelor's Walk, Dublin.



ADVERTISEMENTS.

TO THE MEDICAL PROFESSION.

DISEASED LIVES ASSURED

AND

ANNUITIES GRANTED ON NEW AND EQUITABLE PRINCIPLES,

BY THE

ATHENÆUM LIFE ASSURANCE SOCIETY.

INCORPORATED BY ACT OF PARLIAMENT.

CHIEF OFFICE.—30, SACKVILLE STREET, LONDON.

THE attention of MEDICAL PRACTITIONERS is solicited to Two Points peculiar to the ATHENÆUM LIFE ASSURANCE SOCIETY, which are capable of being rendered of considerable mutual advantage.

1. The granting ANNUITIES *according to the probability of Life*; thus giving to Annuitants the opportunity of obtaining the LARGEST POSSIBLE RETURN for their Investment.
2. The EQUITABLE ASSURANCE of DISEASED LIVES.

The Medical Profession have it so peculiarly in their power to disseminate these advantages, that an especial Appeal is now made to them to aid in conferring so real a benefit on those desirous to Assure or Invest.

The usual mode of granting Annuities is merely to consider the Age of the Individual, without any regard to whether he has a Disease tending to shorten Life, or is hereditarily afflicted, or is otherwise situated so as to shorten materially his chance of Life. In assuring a sum at death, the utmost care is taken to ascertain the chance of life, because it is the interest of the Office to ascertain it, and to discover whether there is a probability of its continuing long enough to pay. But, in Annuity transactions, the sooner the Investor dies the greater the profit to the grantor of the Annuity. This, however, is not just to the Annuitant, for it is not right that the man who is tainted with Consumption should get no more for his Investment than a perfectly sound Life. The one may live only ten years, and the other thirty, and thus, for the same amount of purchase-money, the former should derive treble the income.

The ATHENÆUM LIFE ASSURANCE SOCIETY, having completed a valuable and unique set of TABLES for DISEASED LIVES, from unquestionably scientific data, are enabled to transact this peculiar business with the same facility as the ordinary—each Life being taken at the proper age on a specific Table, classifying the stage of disease, and exemplifying the probable duration of life. These principles they are now ready to apply, and appeal to the Medical Profession for their aid and co-operation.

Each Medical gentleman who assists the aim proposed, will be considered a private Agent, and for the Report, demanding some Medical information will receive, above the ordinary commission, a handsome *ad valorem* fee, on the completion of a proposal. \* Cases will have to be submitted to the Official Medical Referee of the district, when all the documents have been completely filled up.

Medical Men aiding the ATHENÆUM LIFE ASSURANCE SOCIETY will confer a great advantage on those who may be impaired in health, and who, if seeking to provide for their latter years, will obtain a much greater amount of Annuity than they could gain in the ordinary method, or enable them to participate *equitably* in the acknowledged advantage of Life Assurance. The assistance they thus bestow will be liberally acknowledged by the Society, and any aid rendered them in making known these peculiar advantages to their patients and connections.

Prospectuses, with further particulars, and Tables for average Lives, can be had on application to the Manager.

HENRY SUTTON. *Manager.*

The Publisher of the "MEDICAL CIRCULAR," in answer to several inquiries from the country, begs to state that the following are the terms for inserting Advertisements:—

Four lines and under	... .. 20 2 6	Whole Column	... .. 22 15 0
Every additional line	... .. 0 0 6	Whole Page	... .. 5 5 0

London: Printed by WILLIAM TROENCK, at his Office, No. 9, Cursitor street, Chancery-lane, in the Parish of St. Andrew, Holborn, in the County of Middlesex; and published by CHARLES JAMES HARRIS, at No. 128, Strand, in the City of Westminster.—December 14, 1853.



# THE MEDICAL CIRCULAR

AND

## General Medical Advertiser.

No. 51, NEW SERIES. }  
No. 77. }

WEDNESDAY, DECEMBER 21, 1853.

{THREEPENCE.  
STAMPED, 4d.

### TABLE OF CONTENTS.

	Page		Page
Leading Articles:—		Deaf-Dumbness ... ..	471
A New Medical Registration Bill ... ..	465	Biographical Notices ... ..	473
The Resignation of Lord Palmerston ... ..	465	Lord Langdale's Judgment—Yearsley v. Budgett and Others	473
Mirror of Periodical Literature ... ..	466	Medical Societies ... ..	475
Contents of the Medical Journals ... ..	468	Correspondence ... ..	476
Books received for Review ... ..	469	Medical Notes and Queries ... ..	477
Bibliography ... ..	470	Obituary ... ..	477
Reviews ... ..	470	Medical News ... ..	478
Hospital Reports ... ..	471	Notices to Correspondents ... ..	478

On the First of January next will be published, most carefully revised, and with many new features, which will add greatly to the utility of the Works,

**THE LONDON AND PROVINCIAL MEDICAL DIRECTORY.** Price to Subscribers, 6s.  
Non-Subscribers, 7s. 6d.

**THE MEDICAL DIRECTORY FOR IRELAND.** Price to Subscribers, 4s.; Non-Subscribers, 5s.

**THE MEDICAL DIRECTORY FOR SCOTLAND.** Price to Subscribers, 4s.; Non-Subscribers, 5s.

OBSERVE, that the above are the only Medical Directories, published by Mr. John Churchill, Princes-st., Soho, one of which (the London and Provincial) has been the Index to the Profession for the last eight years, and has received the warmest commendations both from the medical and general press. The utmost pains are taken in the compilation of these works, which are found in all Public Offices, Scientific Institutions, &c., and are constantly referred to in the Courts of Law. Office, 128, Strand, where all communications are to be addressed. C. J. Harris, Secretary.

Recently published, Third Edition, 8vo, price 6s.,

### On Curvatures of the Spine: Their

Causes and Treatment. By SAMUEL HARE, F.R.C.S., etc.

"The author has had much success in his plan of treatment, and we are of opinion that the principles upon which he acts in the treatment of these affections are correct."—*Lancet*.

"We unhesitatingly commend his work as a truthful and trust-worthy statement of the power of scientific surgery and medicine over some of the most grievous hindrances to human activity and industry."—*London Medical Gazette*.

"Mr. Hare may take credit to himself for having effected much good in the treatment of the cases described."—*Provincial Association Journal*.

By the same Author, 8vo., price 2s.,

On the PHYSICAL EDUCATION of CHILDREN, especially as regards the

**PREVENTION of SPINAL and other DEFORMITIES**

London: J. Churchill, 46, Princes-street, and all Booksellers.

TO GENTLEMEN SEEKING APPOINTMENTS.

### The Civil Service Gazette (Weekly

Family Journal, Price Sixpence) contains each week a List of all Vacancies and Appointments in the Treasury, Post Office, Admiralty, Audit Office, Royal Dockyards, War Office, Home and Colonial Departments, Foreign Office, Customs, Coast Guard, and all other Departments of the State, both in England and the Colonies. The information is official and authentic. The CIVIL SERVICE GAZETTE is also a complete Newspaper, with the usual Parliamentary, Legal, Home and Foreign News, Literary Notices, and Theatrical Critiques. Its Ecclesiastical Intelligence supplies a List of Clerical Vacancies, with the name of the Patron and Value of each Living. It contains the usual Naval and Military Gazettes; and in the General News will be found an account of Vacancies in Railways and Dockyards, and all the great Incorporated Companies. Office—5, Catherine-street, Strand

The Second Edition, in 8vo. price 5s.

### The Anatomy and Diseases of the

PROSTATE GLAND. By JOHN ADAMS, Surgeon to the London Hospital, and Lecturer on Anatomy, Consulting-Surgeon to the Tower Hamlets Dispensary, and the Royal Infirmary for Asthma and Diseases of the Chest.

London: Longman, Brown, Green, and Longmans.

### Chromo-Lithography.--Shakspeare,

from an ORIGINAL PICTURE, formerly in the collection of John Lord Lumley, Lumley Castle, Durham. PRINTED IN CHROMO-LITHOGRAPHY by VINCENT BROOKS. Uniform in Size, Style, and colour, with the Original; price £2 2s. London: Published by C. Hogarth, 5, Haymarket.

Just published, with ten coloured Engravings, price 5s.,

### Notes on Aquatic Microscopic

SUBJECTS of Natural History, selected from the "Microscopic Cabinet." By ANDREW PRITCHARD, M.R.I.

Also, in 8vo.; pp. 720; Plates, 24; price 21s., or Coloured, 36s.

A HISTORY of INFUSORIAL ANIMALCULES, Living and Fossil, containing Descriptions of every species, British and Foreign; the methods of procuring and viewing them, &c., illustrated by numerous Engravings. By ANDREW PRITCHARD, M.R.I.

"There is no work extant in which so much valuable information concerning Infusoria (Animalcules) can be found, and every Microscopist should add it to his library."—*Silliman's Journal*.

Also, price 8s. 6d.,

MICROGRAPHIA, or Practical Essays on Reflecting and Solar Microscopes; Eye-Pieces; Micrometers, &c.

Also, edited by the same, price 18s.,

ENGLISH PATENTS; being a Register of all those granted in the Arts, Manufactures, Chemistry, &c., during the first forty-years of this century.

London; Whittaker and Co., Ave Maria-lane



## ADVERTISEMENTS.

### The Best Fit Wears Best.—

So say HEMMENT and Co., Practical Tailors, 73 Cornhill.

### Hemment's Guinea Trowsers,

FIT WELL,  
WEAR WELL,  
LOOK WELL,

In any Colour. Better value impossible.  
Hemment and Co., Trowser Makers, 73, Cornhill.

### H s Winter Over-Coat,

THAT BRUSHES ITSELF,

is only made by  
HEMMENT and Co., Tailors, 73, Cornhill.

### “When the Well is dry we know

the value of Water.”—Solid truth this good old saying.  
Equally so the maxim, that, in Dress, the Best Fit Wears Best; while, in Cloth, the Best Quality Gives Most Wear. Every well-dressed man is a true Economist. He wears the best fit and the best cloth, which really are the best value. Both are supplied by  
HEMMENT and Co., Practical Tailors, 73, Cornhill.

### Hemment & Co., Tailors, 73, Cornhill,

study the peculiarities of Every Figure, and, by satisfying its requirements, invariably produce a garment—whether a Lady's Riding Habit, Double Cloak, &c., or a Gentleman's Coat, Trowsers, Waistcoat, &c.—that is specially suited for the purpose it is intended to serve, Economy and Quality being duly regarded.

### The Warm Coat that Brushes Itself,

is made of  
PURE WOOL,  
and is the  
VERY BEST COAT  
for  
WINTER WEAR,

Only Manufactured by  
HEMMENT AND COMPANY, PRACTICAL TAILORS, 73, CORNHILL,  
LONDON. PRICES—35s., 45s., 55s., 70s.

N.B.—Freedom from Cold is secured by wearing this Warm Woolly Over-Coat

### Examine your Tailor's Bills, and if

you are dissatisfied with the charges, try one whose business is conducted exclusively for cash, and at prices in accordance, as illustrated by the world-famed SCOTCH TROUSERS, at 16s., made by  
MILES, 62, New Bond-street.

### Hats perfectly ventilating, pliant

to the head, many ounces lighter than those in present use, yet equally durable. These Hats, as exhibited by MESSRS. GAINES, SANDERS, & NICHOLL, at the Great Exhibition, 1851; and which are now so extensively patronised by the nobility and gentry, by the leading members of the legal and medical professions, and by many of the most eminent literary men, can be obtained in London, at 22, BIRCHIN-LANE, CORNHILL, and 111, Strand; or of their agents in most of the principal towns in England, Scotland, and the Colonies. The usual discount allowed to shippers.

### Brecknell's Skin Soap.—Alteration

of FORM and PRICE.—BRECKNELL, TURNER, and SONS, beg to inform their Customers and the public that their celebrated Old Yellow Soap for the Skin is now sold in Shilling Packets of either Four Rounded Tablets or Eight Squares, each of which is stamped “Brecknell's Skin Soap,” as heretofore.

This Soap is recommended by the Faculty as the best for producing a Clear and Healthy Skin, being made expressly for the purpose, of the best materials, and not scented.

Brecknell, Turner, and Sons, Wax and Tallow Chandlers, Soap and Oil Merchants, &c., to her Majesty, Bee-llive, 31, Haymarket, London.

### Glenfield Patent Starch.—Now

used in the Royal Laundry.—The Ladies are respectfully requested to make a trial of the Glenfield Patent Double-Refined Powder Starch, which, for Domestic Use, now stands unrivalled. Sold by nearly all the Oil and Colourmen and Chaudlers in London and throughout the Kingdom.—Agents wanted; apply to Mr. R. WOTHERSPOON, 40, Dunlop-street, Glasgow. London Depot.—Wotherspoon, Mackay, and Co.

### The attention of the Profession is

particularly invited to the GALVANIC APPARATUS of Mr. PIGGOTT, which evolves an exceedingly large quantity, with intensity at the will of the operator, and acts in a perfectly dry state, and is always ready for use. Can be seen daily, and the fullest information given at the Establishment of Mr. W. P. PIGGOTT, 523F, Oxford-street, London.

### F. & S. Windsor, Phial and Bottle

Merchants, Dealers in Druggists' Sundries, &c., 37, BARTHOLOMEW-CLOSE, CITY. The cheapest house in London for every description of Medical Glass of the best quality. Samples and prices forwarded free on application.

### Arnold's Clock Manufactory.—

OFFICE, HALL, SHO, and PUBLIC DIALS, Three Guineas; to Strike, Half-a-Guinea extra: only best work.—Constantly renewed Stock of elegant Drawing room Clocks, under Glass Shades, from 37s. 6d.—Orders received for the erection of Public Church or Turret Clocks, of any size, in any part of the kingdom.

Public notice is invited to the character of the Stock at this well-known Manufactory. The Wholesale Trade is now declined, to allow of undivided attention to the Retail Friends of the establishment, who will henceforth be supplied at the TRADE PRICES.—careful regard being observed in all transactions to the high and long-maintained reputation of the house.

Best work only—Trade Prices—Delivered free.  
ARNOLD, WATCH-MAKER, 59 & 60, RED LION STREET, HOLBORN.

### Railway Travellers are invited to

inspect W. S. SPARK'S Stock of URINALS, both Male and Female, of the most approved forms, and at reduced prices; also, Water and Air Pillows, Cushions, Mattresses, Bed Pans, Surgical Bottles, Bandages, and every article made in India Rubber or Gutta Percha for Invalids. W. S. S. also manufactures Waterproof Coats, Capes, and Overalls, in Silk, Alpaca, Cambric, &c., of the lightest and best description, Fishing Boots, Stockings, Driving Aprons, &c., warranted not to crack, and to stand all climates.

List of Prices and Circulars forwarded on application to W. S. SPARKS, India Rubber Manufacturer, 115, New Bond-street.

The Trade and Country Dealers supplied on the best terms.

### Warmth and Ventilation.—The

PATENT PORTABLE SUSPENSION STOVE will warm and ventilate at the same time, and is recommended by eminent medical men as the only stove suitable for the chamber of the invalid. It is made in sizes suited for the largest building or the smallest office. To those who study health, comfort, and economy, it offers advantages which no other possesses. No. 3, price 20s., will burn ten hours without attention, at a cost of three farthings. Prospectuses, with prices and instructions, post free. In operation daily, at DEANE, DRAY, and COMPANY'S Show-rooms, &c., London-bridge.

### THOMAS SALT and Co.

EAST INDIA PALE ALE BREWERS, BURTON-ON-TRENT.

STORES.	
London.....	21, Hungerford-wharf.
Liverpool.....	52, Henry-street.
Manchester.....	37, Brown-street.
Birmingham.....	26½, Bull-street.
Bristol.....	Back Hall, Baldwin-street.
Nottingham.....	14, Milton-street.
Dublin.....	4, Crown-alley.
Edinburgh.....	17, Downie-place.
Dundee.....	13, New Inn Entry, High-street.

### Advance in the Price of Pale Ale.

—The principal firms of Burton having advanced the prices of East India Pale Ale 6s. per barrel, Messrs. TETLEY and SON think it necessary to inform their friends that they do not intend to alter the price of their Ales on orders registered before Christmas next. The quality and condition shall be such as to maintain the character it has heretofore sustained.

The Brewery, Leeds; City Stores, 26, Crosby-hall Chambers.  
Oct. 24, 1853.

### Teeth.—By Her Majesty's Royal

Letters Patent.—Newly-invented and Patented application of Chemically prepared White India-rubber in the construction of Artificial Teeth, Gums, and Palates.—MR. EPHRAIM MOSELY, Surgeon-Dentist, 61, Grosvenor-street, Grosvenor-square, sole Inventor and Patentee.—A new original, and invaluable invention, consisting in the adaptation, with the most absolute perfection and success, of CHEMICALLY-PREPARED WHITE INDIA-RUBBER as a lining to the ordinary gold or bone frame. The extraordinary results of this application may be briefly noted in a few of their most prominent features, as the following:—All sharp edges are avoided; no springs, wires, or fastenings are required; a greatly increased freedom of suction is supplied; a natural elasticity, hitherto wholly unattainable, and a fit perfected with the most unerring accuracy, is secured; while, from the softness and flexibility of the agent employed, the greatest support is given to the adjoining teeth when loose, and rendered tender by the absorption of the gums. The acids of the mouth exert no agency on the chemically-prepared white India-rubber, and as it is a non-conductor, fluids of any temperature may with thorough comfort be imbibed and retained in the mouth, all unpleasantness of smell or taste being at the same time wholly provided against by the peculiar nature of its preparation. To be obtained only at 61, Grosvenor-street, London; 22, Gay street, Bath; 34 Graingerstreet, Newcastle-on-Tyne.



## The Respirator.—The extensive

use of Mr. JEFFREYS'S Respirator by sufferers from irritation in the air passages and lungs, renders it desirable that the attention of the profession should be invited to the different forms of the instrument. These are—for the mouth, THE FIXED ORAL RESPIRATOR, and the HAND ORAL—the latter so convenient in form as to supersede in many cases a necessity for the former. The NASAL for the nostrils, and the ORIGINASAL to cover both orifices, are instruments used chiefly at night, to promote rest by allaying cough and irritation. The earlier and more steadily the Respirator is employed in the forms needed, the sooner does the patient cease to require it. There can be no greater mistake in therapeutics than to defer the employment from fear of inducing a dependence on it, the very contrary being true in theory and in all experience. A pamphlet, entitled "Answers to Objections, &c.," and procurable at all the Depots, may be worth the attention of medical men, as containing philosophical replies to mistaken views. West-end Depot, 25, Helles-street, Oxford-street.—S. Griffiths. Wholesale Office, City, 25, Bucklersbury. The leading Chemists and Instrument Makers are Agents for Mr. Jeffreys's Respirators.

RUPTURES.—BY ROYAL LETTERS PATENT.

## The Moc-Main Lever Truss is allowed

ed by upwards of 200 Medical Gentlemen to be the most effective invention in the curative treatment of HERNIA. The use of a steel spring, so often hurtful in its effects, is here avoided; a soft bandage being worn round the body, while the requisite resisting power is supplied by the MOC-MAIN PAD and PATENT LEVER, fitting with so much ease and closeness that it cannot be detected, and may be worn during sleep. A descriptive circular may be had, and the Truss (which cannot fail to fit) forwarded by post, on the circumference of the body two inches below the hips being sent to the Manufacturer, Mr. WHITE, 223 Piccadilly, London.



## Elastic Stockings for Varicose Veins, and all cases of Weakness and Swelling of the Legs, Sprains, etc.

They are porous, light in texture, and inexpensive, and are drawn on like an ordinary Stocking. Price from 7s. 6d. to 16s.

MANUFACTORY—223 PICCADILLY, LONDON.

## By Her Majesty's Royal Letters

Patent.—DR. CAPLIN'S ORTHO-CERVICO SPINALIS, or NECK MONITOR and SPINAL ERECTOR, for the prevention and cure of the poking of the head, and stooping of the body. Dr. Caplin's Newly-invented Ortho-Rachidic Couch for the cure of Lateral Curvature, now exhibited at the Society of Arts, John-street, Adelphi, London. The above may be procured at Dr. Caplin's Royal Hygienic Gymnasium Orthopedic Electro Kinesitherapeutic Institution for the Cure of Deformities of the Spine, Strawberry-hill, Pendleton, Manchester. Prospectuses may be obtained at 58, Berners-street, Oxford-street, London.

## For Varicose Veins & Weakness.—

SURGICAL ELASTIC STOCKINGS, AND KNEE-CAPS on a New Principle, pervious, light in texture, and inexpensive, yielding a permanent, efficient, and unvarying support under any temperature, without the trouble of Lacing and Bandaging; likewise, a Strong, Low-priced Article for Hospitals and the Working Classes: ELASTIC NET CORSETS of the same beautiful fabric, ABDOMINAL SUPPORTING BELTS, for both sexes, those for ladies' use before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instructions for measurement, and prices on application, and the articles sent by post, from the Manufacturers,

POPE and PLANTE, 4, WATERLOO-PLACE, PALL-MALL, LONDON.

The Profession, Trade, and Hospitals supplied.

STAYS SUPERSEDED.

## Great Exhibition Elastic Bodice.

—Stiff Stays destroy natural grace, produce deformity, and implant disease. Curvature of the spine, consumption, and a host of evils arise from their use. MARTIN'S ELASTIC BODICE is without whalebone or lacing, at the same time furnishing a sufficient support, and imparting to the figure that natural elegance, which is quite impossible under the pressure which is the great aim, as mischief is the certain end, of all kinds of stays. The time and patience of the wearer are also spared, by a simple fastening in front, to obviate the trouble of lacing. As there are several imitations of these celebrated Bodice, it is necessary to inform the Public that they can be obtained only of the Inventors and Manufacturers, E. AND E. H. MARTIN, 504, New Oxford-street.

A Prospectus, &c., on receipt of a stamp, can be sent by post.

## Cook and Williams's Respiratory

Organ, and Chest Protector for Fog, Cold, and Night Air.

"A good and inexpensive substitute for Mr. Jeffery's Respirator. It is either stock or scarf of most ready and convenient adjustment. The one for Ladies is manufactured in fine stuff, of various colours, and forms a neck-tie of elegant appearance; the elastic band which covers the mouth falls into the fold when not required."—MEDICAL TIMES, January 4, 1851. "Cheap, elegant, and effective."—LANCET, November, 30, 1851. Patentees, 10, Princes-street, Hanover-square, and of the Principal Chemists in the United Kingdom.

## Rumble's Improved Elastic Bodice,

recommended by eminent Physicians.—This superior and much improved Elastic Bodice can with confidence be offered to ladies, as surpassing any yet made; it fastens easily in front, retains its firmness and elasticity, and by a peculiar system, adopted by Mrs. Rumble, a perfect fit is ensured. To be obtained only of the manufacturer, M. Rumble, 2, Welbeck-street, Cavendish-square, opposite the Savings Bank.

## Arrowroot, 8d. per lb., in 14lb. Tins,

warranted genuine, imported direct from the West Indies. Finest Brazilian Isinglass, 8s. 6d. per lb. Samples per post on receipt of two stamps. Delivered free to any part of England.—H. WARREN & CO., 302, Regent-street, London.

## Genuine Wines.—Pale or Brown

Sherry, 33s. per dozen. A very superior Amontillado Sherry 42s. per dozen. Old Crusted Port, 34s., 42s., and 48s. Hock, 36s. Moselle, 36s. Claret, 30s. Champagne, in splendid condition, 40s. per dozen. THE FINEST BLACK TEA imported, 4s. per lb.

H. WARREN & CO., Importers of Continental and Colonial Produce, 302, Regent-street (nearly opposite the Polytechnic), London.

## Arrowroot! Arrowroot!! 7½d. per lb.

Warranted Genuine. To families and persons who are generous and charitable to the poor the above article we can recommend for presents, and sent carriage free to any part of London by EDMONDS and Co., Importers of Colonial Produce, 15, Rathbone place, Oxford Street, London.

## Soyer's Aromatic Mustard.—"M.

Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration."—LANCET.

Sole Agents: Messrs. CROSSE AND BLACKWELL, 21, Soho-square, London.

## Scarlett's Portable Invalid Soup.—

SCARLETT and SON respectfully inform the public that the SOUP made by them expressly for invalids, so strongly recommended by Dr. Marshall Hall and other medical gentlemen, will be found very beneficial. 2s. 6d. per quart, or 1s. per lb.

26, King William-street, London-bridge.

## To the Lovers of Fish.—Christmas

Presents for Country Friends.—100 Real Yarmouth Bloaters, delivered in London, or sent to any part of the Kingdom, for 6s. Also, 100 highly dried and smoked American Herrings for 7s., which will keep for years, and are well adapted for emigrants and residents in the Colonies. 100 Kipperd Herrings for 8s.; these are a delicious treat for all who have not tasted them. 12 bundles of fine Aldborough Sprats for 1s. 6d. Fine Real Finnon Haddocks, 4s., 5s., and 6s., per dozen. A barrel of the best Native Oysters for 5s. 6d.; warranted to contain 120 Oysters: and a bag containing one half bushel of Superior Oysters for 10s. All the above articles are to be had only of WILLIAM DEEKS, 7, Bow-street, COVENT-GARDEN. Orders immediately attended to. Post-office Orders to be made payable as above, at the Strand Money Order Office. Country residents may ensure a daily supply of fresh fish of the best quality, on the lowest possible terms, by forwarding their orders as above. The Trade supplied.

## Christmas Hampers.—Findlater,

MACKIE, and CO., Wine and Spirit Merchants (Agents for Guinness' Extra Stout), 1, Upper Wellington-street, Strand, make up HALF-DOZEN HAMPERS for TWENTY SHILLINGS, bottles and hamper included, containing—

- One Bottle finest French Brandy.
- One " best Scotch or Irish Whisky.
- One " Old Jamaica Rum.
- One " best and strongest Gin.
- One " finest Old Port.
- One " Sherry.

Delivered free within five miles of their Establishment.



## City of London Life Assurance

Society. 2, ROYAL EXCHANGE BUILDINGS, LONDON. Every description of business connected with Life Contingency transacted in the most Liberal and Equitable manner. Medical Referees remunerated.

Physician—Dr. James Risdon Bennett.  
Do., (West-end)—Dr. C. J. B. Aldis.  
Surgeon—G. W. Mackmurdo, Esq.  
Do., (West-end)—R. L. Thorn, Esq.  
EDWARD FREDERICK LEEKS, Secretary.

ALL POLICIES INDISPUTABLE.

## Sovereign Life Assurance Company.

49, St. James's-street, London.

No Charge for policy stamps.  
Sums may be assured payable on attaining the age of 50, 55, or 60, or at death, should that event occur previously.  
H. D. DAVENPORT, Secretary.

## The London Assurance.—Incorporated

by Royal Charter in the Reign of King George the First, A.D., 1720. Offices—7, Royal Exchange, and 7, Pall Mall.

Governor—Edward Burmester, Esq.  
Sub-Governor—John Alves Arbuthnot, Esq.  
Deputy Governor—Samuel Gregson, Esq., M.P.  
Actuary—Peter Hardy, Esq., F.R.S.

This Corporation has effected Assurances for a period exceeding ONE HUNDRED AND THIRTY YEARS, on the most FAVOURABLE TERMS.

ALL POLICY STAMPS and the FEES OF THE MEDICAL REFEREES are PAID by the Corporation.

JOHN LAURENCE, Secretary.

### MENTOR.

## LIFE ASSURANCE COMPANY,

No. 2, OLD BROAD-STREET, LONDON.

### PRESIDENT.

His Grace the DUKE OF RUTLAND, K.G.

### VICE-PRESIDENT.

The Right Hon. the EARL FITZWILLIAM, K.G. F.R.S., F.S.A.

### TRUSTEES.

The Right Hon. Lord Viscount Sidney.  
The Hon. Edward Mostyn Lloyd Mostyn, M.P.  
The Hon. John Henry Thomas Manners Sutton.  
Sir William George Hylton Jolliffe, Bart, M.P.

### DIRECTORS.

CHAIRMAN.—Sir John Dean Paul, Bart.  
DEPUTY-CHAIRMAN.—George Berkeley Harrison, Esq.  
Robert Makin Bates, Esq. Sir Wm. Gore Onseley, K.C.B.  
William Charles Caldwell, Esq. Lieut.-Gen. Harry Thompson.  
Samuel Whitfield Daukes, Esq. Capt. Wetherall, R.N.

Sir George Graham Otway, Bart.

PHYSICIAN.—Protheroe Smith, M.D.

SURGEON.—Barnard Wight Holt, Esq., F.R.C.S.

CONSULTING ACTUARY.—W. Barwick Hodge, Esq.

Some of the Advantages of this Institution:—

A Subscribed Capital of £250,000, embracing in its security the Mutual as well as the Proprietary Branch.

STAMP DUTY.—Assurers exempt from this charge.

MEDICAL FEES Paid by this Company.

Credit given for Half the Premiums for the first Seven Years.

Economical Rates of Premium.

PREMIUM TO ASSURE £100 AT DEATH.

EQUAL.	Age 25.	30	35	40	45
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Yearly .....	1 17 6	2 1 9	2 8 1	2 16 7	3 7 11
Half-yearly .....	0 18 9	1 1 2	1 4 5	1 8 9	1 14 7
Quarterly .....	0 9 5	0 10 8	0 12 4	0 14 6	0 17 8
INCREASING.					
First Seven Years.....	1 6 0	1 7 10	1 10 7	1 14 10	2 1 9
Remainder of Life.....	2 2 4	2 8 10	2 17 7	3 9 3	4 5 3

By recent Act of Parliament the Income Tax is abated on such portion of the Income as may be devoted to the Payment of Premiums for Life Assurances.

Prospectuses, with Tables of Premium for the above and other modes of Assurance, will be forwarded on application being made to the

Manager, F. ALLAN CURTIS.

\*\*\* The usual Commission allowed to Medical Men, Solicitors, and Agents.

## The Official and General Life

ASSURANCE SOCIETY, 15, FINSBURY-PLACE SOUTH, LONDON.

Life Assurance business, comprising all sound and practical provisions contingent on human life or for terms certain, is transacted by this Society on the most equitable scale.

JAMES A. BIRD, A.I.A., Manager.

## Money received on Deposit at five

per cent. interest, payable half yearly, on the 1st of April and 1st of October. HOUSEHOLDERS' LIFE ASSURANCE COMPANY. Capital £250,000. The funds of the Company are lent upon freeholds and life securities, accompanied always by an Assurance on Life, which yield a high rate of interest with perfect safety. 15 and 16, Adam Street, Adelphi. J. HODSON, Sec.

NEMO SIBI VIVAT.

## Medical, Legal, and General Mutual

LIFE ASSURANCE SOCIETY.

126, Strand, London.

FOR HEALTHY AND DISEASED LIVES.

Established A.D. 1846.

### TRUSTEES.

JAMES COPLAND, M.D., F.R.S., 5, Old Burlington-street.  
VERE FANE, Esq., 189, Fleet-street.

JOHN B. PARRY, Esq., Q.C., Lincoln's-inn.

THE RIGHT HON. THE MASTER OF THE ROLLS, Hyde-park-terrace.

JAMES RUSSELL, Esq., Q.C., Lincoln's-inn.

### DIRECTORS.

John B. Parry, Esq., Q.C., Chairman.

\*George H. Barlow, M.D., Guy's Hospital.

Daniel Cornthwaite, Esq., 14, Old Jewry Chambers.

\*F. J. Farre, M.D., St. Bartholmew's Hospital.

T. W. Greene, Esq., 2, New-square, Lincoln's-inn.

Richard Jebb, Esq., Greek-street, Soho.

\*J. C. W. Lever, M.D., Guy's Hospital.

\*William J. Little, M.D., London Hospital.

John Parrott, Esq., Clapham-common.

\*R. Partridge, Esq., F.R.S., King's College Hospital.

\*R. Quain, Esq., F.R.S., University College Hospital.

R. Smith, Esq., Endsleigh-street, Tavistock-square.

F. F. White, Esq., Stone-buildings, Lincoln's-inn.

J. H. Whiteway, Esq., Lincoln's-inn-fields.

Policies never disputed in the absence of wilful fraud; they are a sure and safe provision for settlements, renewal of leases, security of debts, &c.

The Medical Attendant consulted as the Medical Adviser and Examiner of the Society, and awarded a fee of £2 2s. when the sum assured amounts to £250, and £1 1s. when under that sum. The Medical Practitioner also receives for business introduced by him, the usual commission of ten per cent. on the first payment, and five per cent. on the payments of subsequent years.

The Society also claims the support of the Medical Profession on the following grounds:—

1. For several years the "Medical Legal and General" was the only MUTUAL Life Assurance Society connected with the Medical Profession.

2. The Rates are lower than those of any other Medical Life Office.

3. This is the only MUTUAL Life Assurance Society now actually declaring its bonuses once every year.

4. Persons desirous of assuring Diseased or Rejected Lives will find that from the experience acquired by this Society it is enabled to accept such lives at rates both equitable and safe.

5. From the outset the expenses of management have been kept within the narrowest limit consistent with the efficient working of the establishment.

Annuities, endowments, and every form of assurance contingent upon Life transacted at moderate rates.

Annual Premium for assuring £100 at death, with profits.

Age.	Premium.	Age.	Premium.	Age.	Premium.	Age.	Premium.
15	£1 10 10	30	£2 6 2	45	£3 12 3	60	£6 19 0
20	1 15 0	35	2 13 0	50	4 7 8	65	8 17 6
25	2 0 1	40	3 1 2	55	5 9 11	70	11 10 6

Prospectuses, forms, and any further information may be obtained of FREDERICK JAMES BIGG, Actuary and Secretary.

\* The Directors marked with an asterisk are the Medical Examiners of the Society, one of whom is always in attendance, on Mondays at 3 o'clock, and on Fridays at 4 o'clock.

## Eastgate House, Lincoln, a Private

Establishment for the Residence of a limited number of Ladies of the Upper and Middle Classes. Conducted by MR. GARDINER HILL, M.R.C.S., Eng., originator of the system of Non-restraint in Lunacy, and Mrs. HILL.—Physician, R. ELMHIRST, Esq., M.D., Cantab.



## The Medical Circular.

WEDNESDAY, DECEMBER 21, 1853.

### A NEW MEDICAL REGISTRATION BILL.

MANY of our readers are doubtless inquiring what the approaching session of Parliament is likely to produce in relation to "Medical Reform." Is the College of Physicians to procure its promised Charter? the Provincial Association to carry its long-debated Bill? If so, what are the terms of the Charter—what of the Bill? On these questions we can form no opinion, but we are able to announce that the acute and zealous member for Co. Leitrim, Mr. BRADY, has drawn up a DRAFT BILL for the REGISTRATION of all qualified members of the profession, and intends to introduce it to Parliament as early as the state of public business will permit during the ensuing session.

We think that Mr. BRADY has shown much good sense, and a just appreciation of the most pressing wants of the profession, in limiting his endeavours to the attempt to obtain a legal registration of all duly qualified medical practitioners. REGISTRATION is the foundation-stone of Medical Reform. As a single and independent measure, it would be of the greatest advantage, but it might also be easily made the groundwork of more comprehensive and general legislation, and thus open the path of reform to those gentlemen who have been for many years endeavouring to carry out their various schemes. One of the chief obstacles to Medical Reform has been the tenacity with which influential individuals and parties have clung to their peculiar measures, as if no good could be possibly effected should a single provision of their complicated arrangements be set aside. All theorists have their prejudices, and in none are these so strong and uncompromising as in political theorists. We hope, however, that personal and party feelings will be for a time held in abeyance, in order that Mr. Brady may have a fair opportunity of obtaining from Parliament a recognition of the *fundamental* principle of Medical Reform. The importance of a legal registration of qualified medical practitioners may be readily judged by the value already attached to the information contained in the London and Medical Provincial Directory,—the only authentic register at the present moment of the members of the medical profession.

The draft measure contains clauses conferring certain rights, privileges, and exemptions, on registered members, and enforcing penal restrictions on those who are not registered, and on unqualified persons practising as registered practitioners. These clauses are necessary to make the measure one of practical utility.

As soon as the bill shall be introduced to Parliament we

will publish a copy of it in our columns; in the meantime we recommend the subject to our readers for consideration, and we have no doubt that they will join with us in thanking Mr. Brady for making one more serious and practical attempt to reconstruct the fabric of medical polity on a just and equitable basis.

### THE RESIGNATION OF LORD PALMERSTON.

THIS important event cannot be passed over by us in silence. His lordship has manifested extraordinary activity in the cause of sanitary reform, having either concluded, or put in the way of concluding, many measures which his predecessors considered too weighty and perplexing to be settled on their personal responsibility. His constitutional courage, exerted in our domestic affairs, has been highly serviceable to the country, and has brought him deserved honour. His instructions for closing the metropolitan graveyards will alone signalise his administration. It is now about fifteen years since Mr. G. A. Walker commenced his arduous campaign against this monstrous iniquity, and had Lord Palmerston remained for a short time longer in office, we might have sung a paean on the entire abolition of the loathsome practice within the precincts of the metropolis.

There are many other important questions which yet require a settlement, and which will now probably be condemned to stand over for a considerable time for the want of a clear-headed and decisive Home Secretary. The reconstruction of the BOARD OF HEALTH is one of the questions which must within a short period occupy the attention of the Legislature, and when this difficult subject comes on for consideration the sure judgment, tact and prompt action of the late Home Secretary will be much needed. There have been few Home Secretaries who have been more efficient in office, and in whom greater expectations for future services were reposed. His natural versatility enabled him to treat every question with equal ease, and his habits of business left nothing unstudied or unattempted.

On the subject of Medical Reform we cannot say much in laudation of his lordship, except, perhaps, of his diplomacy. He certainly succeeded in hoodwinking the various deputations that waited upon him, by cajoling them with vague and shadowy promises, which these gentlemen were simple enough to believe had sufficient solid substance in them to furnish food for hope and agitation. They were deceived—their agitation was abortive—their Bill never had a legislative existence, and now, too, as a minister, Lord Palmerston is no more. To say "*Requiescat in pace*" would be vain, for he is more likely "to take up arms against a sea of troubles," than to make "his quietus with a bare bodkin," as a voluntary resignation would imply.



# Mirror

OF

## PERIODICAL LITERATURE.

(From "The Lancet" of Dec. 17.)

### FRACTURE OF THE BASE OF THE SKULL.

Mr. Hilton continues his interesting lectures on this subject; the present being devoted to show that fracture of the base of the skull is not necessarily fatal. Cases are cited in evidence. The following observations are interesting:—

"In a preceding lecture I mentioned to you that in a case of fractured base I had obtained nearly half an ounce of cerebro-spinal fluid from the auditory canal during the patient's life. This lad is the patient from whom I procured it. I had been in the habit, during many years, of performing the following experiment upon the dead subject, which demonstrated the equipoising effect of the venous blood and cerebro-spinal fluid within the cranium and vertebral canal. The abdominal viscera being removed from their position, the bodies of two or three lumbar vertebrae were taken away, so as to expose the dura mater in the vertebral canal occupied by cerebro-spinal fluid, &c. I then, by sweeping the hand rather heavily upwards over the neck, forced the blood from the jugular veins into the interior of the cranium, which displaced cerebro-spinal fluid from the interior of the cranium, and made the dura mater, already in view at the lumbar region, bulge from distension. This experiment appeared sufficient to establish the relation of venous intra-cranial congestion, and the dislocation of the cerebro-spinal fluid. Another experiment, however, was employed to make the relation of the venous circulation in the vertebral canal and the cerebro-spinal fluid more exact. The body remaining on its back, all the abdominal and thoracic viscera were removed, and the intervertebral veins cut across or divided after escaping from the vertebral canal, and their tubes were seen occupied by blood. Pressure was then made upon the dura mater at the lumbar region, and as the fingers sank into the vertebral canal by pressure on the dura mater, thus displacing cerebro-spinal fluid, the blood was observed to rise within the divided intervertebral veins, and then overflowed. On removing the fingers from the dura mater, this overflowing ceased, and the blood receded within the divided veins. This was a simple and a very exact experiment, and its results satisfactory, but it was on the dead subject. When the boy whose case we have last considered was in the hospital, with an abundant escape of fluid from his ear, I thought I might without harm to him perform an experiment analogous in principle to the first of these just now described. I concluded that if I could do anything to him which would cause an accumulation of blood to distension within the cranium, I might succeed in forcing an escape of cerebro-spinal fluid from the ear. Accordingly, I made pressure on the neck, so as to interrupt the descent of blood through the jugular veins, compressed his nose and mouth until he began to struggle for breath, and immediately the cerebro-spinal fluid was discharged from his ear. I collected about half an ounce of this fluid; it was limpid; specific gravity 1007; it resembled healthy cerebro-spinal fluid in every respect. Thus the case was clearly one of fractured base, for I look on the escape of this fluid as perfectly pathognomic of such an accident; and, when it comes from the ear, as indicative of the fracture traversing the petrous portion of the temporal bone. This case also confirms the idea that lateral pressure may be sufficient to break the petrous portion of the temporal bone, and substantiates the occurrence of fractured base in the two preceding cases shortly detailed to you to-day.

"One of the purposes of this cerebro-spinal fluid is to prevent the delicate brain-substance resting upon the in-

ternal base of the skull, where it would be liable to suffer from the vibrations and concussions to which the bones of the head are constantly subjected during exercise in the erect position. I may here repeat, in a few words, what you have often heard me enlarge upon in another theatre in this hospital, viz. the proof that the base of the brain does not rest upon the cranium near the median line behind the anterior division of the internal base. If you remove the brain from the cranium with every possible care, leaving the dura mater upon the bones forming the base, and then make a wax or plaster cast of the interior of the skull, and compare it with the form of the brain which you have removed, you will at once see that they do not correspond in outline or in detail: showing that they are not adaptable to each other. The extent of the difference between the brain and the cranial cast is the measure of the space occupied by the cerebro-spinal fluid, and you will see by the preparations in the museum that it is considerable; so that in truth, as you have often heard me remark, the brain rests upon a most perfect water-bed, or fluid support.

Bearing in mind the pointed unevenness of the internal base of the cranium, and the delicate texture and weight of the brain, we might justly conclude the brain could not lie upon the bones, although their inequalities are somewhat undoubtedly smoothed down by being invested with dura mater. Instead of the base of the brain being described as resting upon the bones, it ought to be spoken of as being suspended within the cranium by the anterior lobes of the cerebrum, resting upon the anterior division of the internal base of the cranium, and by the posterior cerebral lobes being supported by the superior, double or divergently, inclined surface of the tentorium. If we conclude that the points, ridges, and uneven surface of the bones under the skull, are but ill adapted, humanly speaking, to bear the brain harmless, still their existence compels the admission that some wise and beneficent end is to be accomplished by them. It has long appeared to me that the ridges and terminal points of the bones are intended to conduct vibrations to that portion of the cranium where the brain is not in contact with the bones, and where the cerebro-spinal fluid, of a light specific gravity, exists to receive and distribute them. Without saying more on this matter, I may answer the very natural inquiry—What is the bearing of these observations on the subjects before us—viz., fractured base? The interposition of the fluid between the brain and base of the cranium will explain to you the possible occurrence of fracture of certain parts of the skull without lesion to the brain itself. If the cerebro-spinal fluid escapes, two circumstances must arise; the brain will then rest upon the bones, especially when the person is erect; and there must be great venous congestion to fill up the space created by the escape of cerebro-spinal fluid, inducing characteristic symptoms. If a fracture exists across the ridges of bone, which I believe are for the purpose of conducting vibration, then the vibration must cease at the fracture, and be thence disseminated into surrounding parts, including the brain. Such anatomical and physiological considerations as these constitute a digression from the particulars of the individual cases that we have been examining; yet I think they will be useful to you, because they place before you in a strong point of view the explanation and *rationale* of the importance of keeping cases of fractured base in the recumbent position, and for maintaining the head, if possible, in a state of perfect quietude."

### CAROTID ANEURISM.

A lecture on this subject is given by Mr. Solly, *apropos* of a case occurring in St. Bartholomew's Hospital. Mr. Solly adverts to the occasional rapid formation of aneurisms, as remarked in the present case, and the dangerous incidents attending and following operation, especially phlebitis and pneumonia.

### ON THE TREATMENT OF FEVER.

Dr. Brinton records his experience of about eighty



eases occurring in the Royal Free Hospital. He recognises the distinction established by Dr. Jenner, between typhus and typhoid fever, and adds some useful observations on the disease.

From the "Medical Times and Gazette," Dec. 17.

#### INSANITY.

The Croonian lectures, delivered by Dr. Mayo, are now in course of publication in the "Medical Times and Gazette." These lectures are interesting, and deserve perusal, though they do not contain matter that we can quote with advantage. Dr. Mayo enforces some objections to the too general application of the term "moral insanity," in cases of sudden and unaccountable violence.

#### TWO CASES, ONE OF EPILEPSY AND ANOTHER OF APOPLEXY, RESULTING FROM FLOGGING IN ONE OF HER MAJESTY'S SHIPS.

Dr. Davidson reports these cases, and makes the following observations:—

"These two cases of nervous disease, resulting from corporal punishment, are no doubt interesting, more especially from their extreme rarity, for I have neither seen nor heard of anything of a like tendency. I was induced to make inquiries while serving with a large squadron; but I could hear of no such cases from the Medical officers. Since the Hounslow flogging case, in 1846, when the man, some time after his punishment, died of thoracic inflammation, and when the jury returned a verdict upon the views and evidence of Mr. Erasmus Wilson, who deposed, that pulpy degeneration of the deep seated muscles of the back had caused the disease which carried the patient off, and had been produced by the local injury, the Legislature has laid down restrictions as to the number of lashes which may be inflicted. I am not aware of any such case having been noticed previously or since; but for that immunity I imagine we are not indebted to the Legislature, as local injuries form but a small portion of the evil compared with injuries received through the nervous system; and that very generally when disease or death might follow such punishment, 50 lashes would do its work as effectually as 150; for I have no doubt that the first portion of a punishment inflicts the greatest shock, and is the most keenly felt; the second portion being expended on dead parts, which now only form a protection for the living parts beneath; and these two above recorded cases afford excellent examples in point, as the men's backs were literally uninjured.

"Were the amount of local injury to be the scale whereby a Medical officer might feel it his duty to interfere in staying a punishment, a slight syncope, or the giving way of any of the sphincters, the duty would be very simple and very clear. The chances are, the commanding and Medical officers would act, as it were, by one impulse in stopping the punishment; but the case when danger results, is surrounded with much obscurity, and which no discrimination, however great in the Medical officer, can anticipate as the lash might fall apparently affecting the sufferer less than usual, but stealthily proceeding to some nervous centre, implanting its effects there, all ready to burst out in some form or other. And even in this pulpy degeneration, if it should ever result from this kind of violence to muscle, there is no possible line of demarcation to point out how much or how little would produce such an effect; for the man White, at Hounslow, bore his punishment without a murmur. The Medical officer is thus disagreeably placed, in so far that, notwithstanding his anxiety and forethought to ward off by timely interference such serious results, they will still occasionally occur as long as corporal punishment exists; and when they do occur, I should dread the effects on the nervous system most. When any lurking organic disease exists, and it pass undetected, this punishment I have seen instantly set the disease in active operation.

"I may mention one case in particular. A boy, about 15, who had tubercles in the lungs unsuspected, was flogged three times within a month. The disease came on afterwards very rapidly.

"Since joining the service, some fifteen years ago, I have observed that flogging is not borne with the same fortitude now as formerly. Whether a higher intellectual condition of the men has anything to do with it, is a question of some importance. Those two cases occurring in the same ship in the same year had a strong effect upon the men; and no doubt it was viewed by them much more terribly, and perhaps it was much worse borne in consequence. These two cases practically apply to the ingenious theory of Dr. Hall, which ascribes serious epileptic and apoplectic symptoms to the sanguineous congestion of the brain and medulla spinalis caused by spasmodic pressure of certain muscles about the cervical and laryngeal regions which has been set up by distant irritations.

"This trachelismus alluded to was very apparent in the second case I have just mentioned; although, as Dr. Todd has pointed out, antagonistically to this theory, a certain mal-nutrition of some parts of the encephalon causing a disturbance of their polar state, and just as a Leyden jar, when charged with electricity to a certain state of tension, gets rid of the disturbance of the equilibrium by the disruptive discharge, so, in the epileptic case, such a disturbance might have existed, and the eccentric or peripheral irritation ('the lash'), induced the epileptic paroxysm. I well remember the case of a labourer at Jersey, in 1848, who, while excavating at the public works there, was perfectly covered up for several minutes by a fall of earth, and when extracted he was apparently quite asphyxiated. He had hardly been exposed three minutes to the open air, when a violent epileptic paroxysm came on. Here, then, is a case of want of oxygenation of the blood affecting the nervous system and producing the paroxysm. I am inclined to think, however, that the apoplectic case after flogging is to be referred to the theory of Dr. M. Hall."

#### REPORT OF THE OUTBREAK OF CHOLERA IN THE BOROUGH GAOL OF NEWCASTLE-ON-TYNE.

The reporter, Mr. Greenhow, commences his report with a description of the gaol and its sanitary condition; and thus writes of the treatment:—

"I shall not at present enter into any discussion as to the pathology or essential nature of cholera or its causes. But I shall notice a few facts in connexion with its symptoms, and speak generally and concisely of the treatment pursued. Although, in some of the early cases, cramps were much complained of, yet in many severe cases, even when complete collapse took place, they formed a much less prominent symptom than happened in former epidemics.

"The notion very generally prevails, and has been much insisted on, that the stage of diarrhoea can always be successfully cured by appropriate treatment. But though this is very frequently, it is by no means invariably true. In the prison some cases of diarrhoea passed rapidly into the stage of collapse, in spite of the careful employment of remedies which in other cases often proved perfectly and rapidly successful.

"My experience convinced me that the exhibition of brandy and other powerful stimulants was not useful, and in some cases was distinctly injurious, by increasing the irritation of the stomach.

"From former experience of emetics I was induced never to have recourse to their use, in the late epidemic, either in the prison or elsewhere. To check vomiting and purging, to relieve pain, and to restore the secretions of the kidneys and liver, were the indications which I held in view; and, I may add, in cases of collapse, to rouse the nervous and circulatory systems. The remedies employed for these purposes were the same as those prescribed by most medical men, modified, perhaps, by my individual experience, and the peculiar habits of my own mind.



"There are few practitioners who do not employ mercury and opium. Some give large doses of both, some small doses of one, combined with large doses of the other, and *vice versa*. Much difference also prevails as to the frequency of the doses,

"Whether this great variety in the doses of these two medicines of almost universal employment in cholera is dependent on different views of the indications to be answered by their exhibition, I do not pretend to determine. But having, as I imagined, these distinct objects to be accomplished,—to check vomiting and purging,—to relieve pain, or spasm, or cramps, and to restore biliary and urinary secretion, I have prescribed them in such doses as I thought most likely to answer these purposes; and having previously and frequently prescribed them, both in much larger and smaller doses respectively, I have fancied that the prescription I have employed was about the middle course, adapted to the generality of cases. I may add, that some time ago, from a supposition that it was more acceptable to the stomach than colomel, I was led to give the preference to blue pill; and the great convenience of having a ready formula adapted to the generality of cases, has prevented my making any change in it for a considerable length of time.

"This formula, which is known at the goal by the name of 'Cholera Pills,' is as follows:—

"R. Pil. hydrarg.  $\zeta$ i., pulv. opii gr. xii., zingib. gr. xxiv. M. et divide in pilulas xxiv.

"Of these, in adults, two are generally given at first, and one every one, two, three, or four hours, according to the nature and severity of the symptoms.

"If, after taking some doses of these pills, diarrhœa should be checked, but vomiting should continue, two or three remedies have, in different cases, been found useful. Effervescent draughts, magnesia in mint-water, with or without a few drops of laudanum, and a drop or two of creosote given with an equal quantity of oil of menth. pip. on a small piece of sugar; and when, on the contrary, vomiting has been relieved, but diarrhœa has continued, I have given with marked benefit the dilute sulphuric acid with laudanum, in doses of ten drops of each, three or four times a-day.

"The following is a prescription usually employed:—

R. Aquæ  $\zeta$ viii., sacch. alb.  $\zeta$ iii., acid. sulph. dil., tinct. opii,  $\text{āā}$ .  $\zeta$ i., tinct. aurant., tinct. calumb.,  $\text{āā}$ .  $\zeta$ iii. M. eapt. cochl. iii. ter quaterve die.

"Mustard plasters have been frequently applied to the serobiculus cordis, or abdomen, to relieve irregular pains or spasms, and have generally afforded some relief. Hot poultices and fomentations have also been found useful. It has frequently happened, that when the discharges from the bowels had become bilious, they were yet too frequent, and attended with griping and spasmodic pains. In these cases, great relief often followed anodyne injections of gruel, with thirty or forty drops of laudanum. Castor oil, with a few drops of laudanum, was often equally successful when the stomach would retain it, which was not always the case.

"When in a subsequent stage, it became necessary to excite the action of the bowels, blue pill or calomel, followed by castor oil, generally succeeded, and occasionally, injections of gruel, salts, and castor oil, answered the purpose.

"When diarrhœa had entirely ceased, and vomiting nearly or entirely so, the bowels having become inactive, and the secretion of urine entirely suppressed, I have found repeated doses of blue pill frequently successful in restoring the action of the liver and the kidneys. Five grains were given every hour or two till these indications were answered, which usually happened if the gums became affected, though this is by no means a necessary condition.

"In about six cases of collapse, the brandy blister was employed. The effect of this powerful external stimulus, in rousing the patient to a certain degree of re-action, was marked and immediate; but in three

cases only was it entirely successful. In one of these cases, a single application sufficed; in another case, it was applied twice before complete restoration of the circulation and animal heat commenced; and, in the third case, three applications were required, the last one being to the lumbar spine: all the others were applied to some region of the abdomen.

"The method of employing the brandy blister is by placing next the skin a piece of rag dipped in brandy, which, being ignited, is allowed to burn away. This is generally effected in less than one minute. The pain is considerable, and renders it necessary to have the hands of the patient firmly held. Some vesication follows, which is best treated by being dusted with flour till it dries up and falls off, leaving the skin entire. I am disposed to think that this remedy will be found most effectual when applied to the spine.

"The articles of diet most generally employed were gruel, with salt, beef-tea, mutton-broth, and milk; but tea or coffee were not refused when wished for; rice and sago were also given occasionally, and in an advanced stage of convalescence, but not sooner, chops were allowed."

## CONTENTS OF THE MEDICAL JOURNALS.

**The Dublin Quarterly Journal of Medical Science.**—(No. XXXII., November, 1853.)—Part First.—ORIGINAL COMMUNICATIONS.—1. On Spontaneous Varicose Aneurism. By Dr. Mayne. 2. Contributions to Clinical Surgery and Medicine. By Dr. Hargrave. 3. On Excision of the Lower Jaw. By Mr. Wilmot. 4. Selections from the unpublished Manuscripts of the late Abraham Colles. 5. On Slow Pulse in Fever. By Dr. H. Kennedy. 6. On the Local Application of the Vapour of Chloroform. By Dr. Hardy. 7. On Remittent Fever in Ireland. By Dr. Purefoy. 8. On the Type and Laws of Propagation of Tropical Fevers. By Dr. Jameson.—Part Second.—REVIEWS AND BIBLIOGRAPHICAL NOTICES.—1. Insanity, and Hospitals for the Insane. 2. Davy on Fish as an Article of Diet. 3. Paget's Lectures on Surgical Pathology. 4. M. Valleroux on Deaf Muteism. 5. Black on the Bronchio-Pulmonary Mucous Membrane. 6. Bellingham on Diseases of the Heart. 7. Van Oven on Longevity. 8. Hester on a New Method of Managing Fractures. 8. Royle's Materia Medica.—Part Third.—MEDICAL MISCELLANY.—Transactions of the College of Physicians of Ireland. Reports of the Dublin Pathological Society. Reports of the Dublin Obstetrical Society. Report of the College of Physicians of Ireland on Cholera. M. Debout on some New Preparations of Iodine. Dr. Michaels on Oxide of Zinc. Dr. Lund on Compression in Chronic Hydrocephalus. M. du Buisson on the Preparation of Solution of Perchloride of Iron. Dr. Betz on Chronic Excoriations of the Tongue in Children. M. Chassaignac on Tracheotomy. M. Malgaigne on Perchloride of Iron in the Treatment of Aneurisms. Index to Vol. XVI.

**Monthly Journal of Medical Science.**—Part I., December, 1853.—ORIGINAL COMMUNICATIONS.—On the Characters of Urine depositing Oxalate of Lime. By Douglas Maclagan, M.D., F.R.S.E. etc. On the Prevalence of Chromato-Pseudopsis or Colour-Blindness; its Evils, and the Means of Diminishing its Frequency. By George Wilson, M.D., F.R.S.E. An Account of a Local Epidemic of Dysentery By Robert Christison, M.D., F.P.R.S.E., Professor of Materia Medica in the University, and Ordinary Physician to the Queen in Scotland. Case of Serious Injury to both Eyes caused by the use of a popular Ointment. By Benjamin Bell, F.R.C.S.E., Surgeon to the Eye Infirmary.—Part II.—REVIEWS.—Bennett on the Pathology and Treatment of Pulmonary Tuberculosis, and on the Local Medication of Pharyngeal and Laryngeal Diseases, frequently mistaken for or associated with Phthisis. Steinthal's Contributions to the History of the Cerebral Diseases of Infancy. Carpenter on Electro-Biology. Valentin's Text Book of Physiology. Hanover on Epithelioma, a peculiar growth which has hitherto been generally regarded as Cancer. Bellingham's Treatise on Diseases of the Heart.—Part III.—PERISCOPIC.—Anatomy and Physiology: 1. Dr. N. B. Mosley on an additional Muscle of the Eye. 2. Kolliker



and H. Muller on the Human Retina. 3, On the Cause of the beatings of the Heart. Pathology and Practice of Physic: 1. Dr. Vogel of Munich, on Rachitis. 2. Dr. Austin Flint on the Non-Recurrence of attacks of Dysentery. 3. Dr. Handfield Jones on Degenerations of the Glandular Structure of the Stomach. 4. Treatment of Pityriasis Capitis. 5. Local Treatment of Epilepsy. Surgery: 1. M. Velpeau's Case of False Aneurism Unsuccessfully Treated by the Injection of the Perchloride of Iron. 2. M. Malgaigne on the Injections of Perchloride of Iron, applied to the Treatment of Aneurisms. 3. Mr. Hayes Walton on the Diagnosis of Lenticular Cataract. 4. M. Richet on the Reduction of Luxations of the Extremities when Complicated with Fracture. 5. M. Malgaigne's Case of Hydatids of the Breast. 6. Dr. A. C. Castle on the Removal of Gold Rings from Swollen Fingers. Midwifery: 1. Extra Uterine Fœtation; Escape of the Fœtus into the Peritoneal Cavity; Death. 2. Dr. Crooke's Case of Sudden Death during Parturition from Rupture of the Right Pulmonary Artery. 3. Real. Preventive Treatment of Cross Births. Medical Jurisprudence and Toxicology: 1. Toulmouche. Case of Alleged Violation and Outrage on a Hysterical Girl. 2. Dr. Comstock on the Pathology of Poisoning, and Coincidences Practice. 3. Dr. A. A. Hayes' Instance of Immunity from the Usual Poisonous Effect of Arsenious Acid. 4. Bessieres. Poisoning with Decoction of Henbane, followed by Temporary Mental Alienation. 5. Poisoning by Aconite.

**Lancet.**—(No. XXV. Vol. II., Dec. 17, 1853.)—Clinical, Lectures, delivered at Guy's Hospital, by John Hilton, Esq. F.R.S., Surgeon to the Hospital. Lecture XI. Fracture of the Base of the Skull. Clinical Lectures on Carotid Aneurism. Delivered at St. Thomas's Hospital. By Samuel Solly, Esq., F.R.S.: Surgeon to the Hospital. On the Treatment of Fever, as Illustrated by about Eighty Cases in the Royal Free Hospital. By William Brinton, M.D. On the Pathology and Treatment of Uterine Catarrh and Internal Metritis. By E. J. Tilt, M.D. A Case of the Fracture of the Bones of the Pelvis. By W. Wood Bradshaw, D.C.L., M.D., &c. Case of Congenital Hernia: Strangulation; Operation; Death. By Joseph Mulreany, M.D. —HOSPITAL REPORTS—London Hospital: Traumatic Aneurism of the Femoral Artery of Twenty Years' Duration; Treatment by Compression, and subsequently by Ligature; Continued Pulsation in the Tumour. King's College Hospital: Stricture of the Urethra; Fistula and Sinuses in Perinæo; Consequent Inflammatory Elephantiasis of the Scrotum and Prepuce; Division of the Strictured part of the Urethra through the Perinæum; Removal of the Superfluous Portions of the Scrotum and Prepuce; Favourable Results. St. George's Hospital: Enlargement of both Eyeballs; Hydrophthalmia; Subsequent Sloughing of the Corneæ, and complete Cecity. Royal Free Hospital: Inflamed Bursa of the Patella; Effusion; Treatment by Evacuation of the Fluid and Blistering. Charing-cross Hospital: Considerable Sprouting of Warts on the Glans Penis; Partial Destruction of the Prepuce by Pressure; Great Deformity of the Orgau; Paring of the Abnormal Growths, and Removal of a portion of the Prepuce; Recovery. North Staffordshire Infirmary: A Case of Medullary Enlargement of the Kidney; Death; Autopsy.—Portrait and Biographical Sketch of Henry Hancock, Esq., Surgeon to Charing-cross and Royal Westminster Ophthalmic Hospitals.—LEADING ARTICLES.—The Imperfect Manner in which Vaccination is Performed. The Evils of the Present System of Prize-Distribution adopted at the Metropolitan Hospitals.—MEDICAL SOCIETIES.—Medical Society of London: Fibrinous Concretions from the Heart of a Suicide. New Forceps. On the Modern Philosophy of Cancer. Physiological Society: On the Colouring Matter of the Bile, and the Supposed Dissolution of the Blood-Corpuscles in the Spleen. On the Modus Operandi of Narcotico-Irritants. Epidemiological Society: The Indian Plague and the Black Death. The Vaccination Act: New "Orders" issued by the Poor-law Board.

**Medical Times and Gazette.**—(No. CLXXXI. Dec. 17, 1853.)—ORIGINAL LECTURES.—Croonian Lectures, 1853. Delivered at the Royal College of Physicians. By Thomas Mayo, M.D., F.R.S. On Medical Testimony and Evidence in Cases of Lunacy. Lecture II.—ORIGINAL COMMUNICATIONS.—Navy Medical Report. No. X. Two Cases, one of Epilepsy and another of Apoplexy, resulting from Flogging in one of Her Majesty's Ships. By James Davidson, M.D., Surgeon, R.N. Illustrations of Clinical Medicine and Pathology. By George Burrows, M.D., F.R.S., and W. Senhouse Kirkes, M.D. Report of the Outbreak of Cholera in the Borough Gaol of Newcastle-on-Tyne. By T. M. Greenhow, F.R.C.S., &c.—HOSPITAL REPORTS.—St. Bartholomew's

Hospital: Removal of a Cyst from the Scalp containing a Mass of Hair. Excision of a Congenital Tumour composed of Cysts, some of which contained Blood. Guy's Hospital: Tubular Aneurism of the Femoral Artery, produced by Distal Obstruction. The London Hospital: Fracture through the Petrous Portion of the Temporal Bone; Protracted Discharge of Sub-arachnoid Fluid; Recovery. St. Mary's Hospital: Fatty Tumour Beneath the Eyebrow, and extending into the Orbit; Excision; Recovery. Hospital for Diseases of the Skin: Pityriasis Versicolor a Contagious Disease.—EDITORIAL ARTICLES.—The New Lunacy Acts. Blackballing at the Medical and Chirurgical Society. The Cholera: Cholera in the Metropolis and Provinces; Extracts from Mr. Simon's Report; The Troops at Newcastle. Lunacy Acts: Instructions.—REVIEW.—The Irish School of Medicine As It Is, and As It Ought to Be. By Thomas S. Holland, M.D.—PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals: Essay upon Injections of the Perchloride of Iron, as Applied to the Treatment of Aneurisms.—PROVINCIAL CORRESPONDENCE.—Scotland: Doings in the North.—REPORTS OF SOCIETIES.—Medical Society of London. King's College Medical Society.

**Association Medical Journal.**—(No. L. Dec. 16, 1853.)—LEADING ARTICLES.—Instruments for Medico-Meteorological Observations. The Medical Reform Movement.—ORIGINAL COMMUNICATIONS.—Diseases of the Esophagus. By C. E. Reeves, M.D. Chancre in the Urethra mistaken for Gonorrhœa. By Joseph Sampson Gamgee, Esq.—BIBLIOGRAPHICAL NOTICES.—Macilwain. Memoirs of John Abernethy, F.R.S. Van Oven. Decline of Life in Health and Disease. Ward. (Stephen H., M.D.) Science of Health.—REPORTS OF SOCIETIES.—Medical Society of London: Fibrinous Plugs in Veins. By Henry Lee, Esq. Internal Metritis and Uterine Catarrh. By E. J. Tilt, M.D. Exostosis on the Cranium of an Epileptic Patient. By C. D. Gibb, M.D. Pathology and Treatment of Swelled Testicle. By J. L. Milton, Esq. Fibrinous Concretions in the Heart of a Man who had attempted suicide by Hanging. By W. B. Richardson, Esq. New Forceps for Applying Ligature to Arteries. By V. de Meric, M.D. Modern Philosophy of Cancer. By Robert Druitt, M.D. Physiological Section of Medical Society: Colouring Matter of the Bile. By Edwards Crisp, M.D. New Copper Test for Sugar in Animal Fluids. By C. D. Gibb, M.D. Modus Operandi of Narcotico-Irritants. By John Snow, M.D. Epidemiological Society: The Indian Plague and the Black Death. By August Hirsch, M.D. Medico-Chirurgical Society of Edinburgh: Election of Officers. Mineral Waters of Homburg. By W. Scott, M.D. Contagious Nature of Cholera. By W. Traill, M.D. Liverpool Medical and Pathological Society: Dropsy of the Upper half of the Body, from a Tumour encircling and completely closing the Superior Vena Cava. By James Turnbull, M.D.—ASSOCIATION INTELLIGENCE.—Metropolitan Counties Branch: Special General Meeting. Medical Reform. The Vaccination Act.

**Dublin Medical Press.**—(No. DCCLXXX. Vol. XXX Dec. 14, 1853.)—PROCEEDINGS OF SOCIETIES.—Surgical Society of Ireland: The President's Address. Carcinoma, confined to the Liver, accompanied with great Hypertrophy of that Organ, in a Female aged 30. By Dr. Benson.—HOSPITAL REPORTS.—Royal London Ophthalmic Hospital: Cases of Artificial Pupil, &c. By Mr. Dixon.—CONTRIBUTIONS ON CHOLERA.—Dr. J. Rose Cormack on the Treatment of Cholera.—SELECTIONS FROM MEDICAL JOURNALS.—Case of Malformation of the Esophagus. Cure for an Irritable Stomach. Hot Water and Soap in Ptyalism. Removal of Gold Rings from Young Ladies' Fingers. Comparative Healthiness of England, France, Prussia, &c., &c.—LEADING ARTICLES.—The Prize System. The Dublin Hospital: The Vacancy in Stevens'. Medical Life in London. A Lament about Medical Societies. Medical Examinations. Journalistic Jealousies. Obscene Advertisements. The Diploma Trade. Puffing by Autobiography.

#### BOOKS RECEIVED FOR REVIEW.

On Fatty Degeneration. By the late W. F. Barlow, F.R.C.S. London: John Churchill.

Clinical Lectures on Pulmonary Consumption. By Theophilus Thompson, M.D., F.R.S. London: John Churchill.

The Pathology and Treatment of Stricture of the



Urethra. The Jacksonian Prize for the Year 1852. By Henry Thompson, F.R.C.S., M.B. Lond. London: John Churchill.

Practical Observations on the Treatment of Stricture of the Urethra and Fistula in Perineo. Illustrated with Cases and Drawings of these Affections, &c. 3rd edition, greatly improved and enlarged. By John Lizars. Edinburgh: W. H. Lizars.

A Treatise on Dentistry, and the Care and Preservation of the Teeth. By Samuel Fowell. London: Simpkin, Marshall and Co.

### BIBLIOGRAPHY.

NEW WORKS IN MEDICINE AND THE COLLATERAL SCIENCES, PUBLISHED FROM THE 14TH TO THE 30TH OF NOVEMBER.

Handbook of Chemistry, Theoretical, Practical, and Technical. By F. A. Abel and C. L. Bloxam. With a Preface by Dr. Hoffmann. 8vo. pp. 724, cloth, 15s.

Abernethy (John), Memoirs of; with a View of his Lectures, &c. 2nd edit. 2 vols. post 8vo. pp. 600, cloth, 21s.

The Druggist's Handbook of Practical Receipts: a Manual for the use of the Medical and Chemical Practitioner; comprising the London Pharmacopœia in English. By Thomas F. Branston. 12mo. pp. 260, cloth, 4s.

Celsus, the first Four Books of. By John Steggall. 2nd edit. 12mo. pp. 376, cloth, 8s.

The varieties of Pock delineated and described. By Walter Cooper Dendy. Post 8vo. cloth, 4s.

The Unconstitutional and Illegal Proceedings of the Council of the Pharmaceutical Society. By William Dickinson. 8vo. pp. 48, 1s.

New System, Illustrated, of Fixing Artificial Teeth. By A. Fitzpatrick, Surgeon-Dentist. Post 8vo. pp. 38, cloth, 2s.

Hooper's Physician's Vade-Mecum; or, a Manual of the Principles and Practice of Physic. By William Augustus Guy. 4th edit. 12mo. cloth, pp. 660, 12s.

The Human Hair Popularly and Physiologically Considered, with special Reference to its Preservation, &c. By Alexander Rowland. 8vo. pp. 210, cloth, 4s. 6d.

The Book of Nature: an Elementary Introduction to Physics, Astronomy, Chemistry, Mineralogy, Geology, Botany, Zoology, and Physiology. By Frederick Schoedler. Edited from the 6th German edition, by Henry Medlock. Crown 8vo. pp. 482, cloth, 10s. 6d.

### Reviews.

*On the Local Application of the Vapour of Chloroform in the Treatment of Various Diseases, especially those of the Uterine Organs; with the description of an Instrument invented for this purpose.* By S. L. Hardy, M.D.

The title of this brochure sufficiently describes its object. Cases are cited in which the vapour douche of chloroform appeared to allay the pain attending excoriation, ulceration, and carcinoma of the uterus, as well as other forms of disease. It seems to us to be a plan of treatment deserving extensive trial. Dr. Hardy says of its action:—

"The first effect produced by its application is a sensation of heat, which some complain of more than others, but which in a very few minutes is not referred to, as it is either more easily borne or soon subsides. If much uneasiness is expressed on account of it, the action of the instrument may be suspended for a little, or its effect diminished, which is all that is necessary. When applied per vaginam, on account of pain in the loins and sometimes over the pubis, arising from uterine irritation, immediately after the sensation of heat is felt from the presence of the vapour, the pain subsides, first in the back, then in the pubic region.

"I have met with but one case in which chloroform, applied in this manner, did not remove pain; but in this instance the uneasy sensations were confined to the uterus,

or felt per vaginam, and at the time the os uteri was very irritable on account of excoriation, which might account for a greater degree of heat than usual being experienced from the vapour.

"The relief afforded by the local application of the vapour of chloroform is not of a very transient nature. In every instance in which pain was removed by it there was no return for several hours, and then in a very mitigated degree. In the intervals, great comfort was usually felt. Patients, who previously had taken opium, as in case No. I., preferred chloroform, as it caused no unpleasant sensation in the head next day.

"The apparatus for applying it consists of a small metallic chamber; to one end of this a gum-elastic bottle is attached, to the other, a pipe furnished with a valve. On the end of the chamber there is also a second valve to admit atmospheric air for the working of the instrument. In order to charge it with chloroform it is necessary to unscrew the stopper in the side of the chamber, within which a piece of sponge is placed for holding the fluid.

"The quantity poured in should not be more than the sponge will absorb, otherwise, instead of vapour, fluid chloroform will be thrown against the affected part. When charged, the vapour may be conveyed to the part requiring its application by any convenient pipe, if closely fitted to the one on the instrument, pressure being made on the elastic bag to produce expulsion of the vapour."

*Lectures on the Relation between Therapeutics and Pathology.* By George Johnson, M.D.

These lectures were originally delivered at the Royal College of Physicians, and were published in the "Medical Times and Gazette." Our readers are already acquainted with their subject and style from our notices. They display considerable powers of observation, and keenness of discrimination in diagnosing obscure forms of disease; they are withal composed in an unassuming and interesting style.

*The Druggist's Hand-Book of Practical Receipts, a Manual for the use of the Chemist and Medical Practitioner, &c.* By Thomas F. Branston.

This is a very useful work in a small compass. It contains the pharmacopœal preparations, as well as miscellaneous receipts, arranged alphabetically, to which a glossary and index are added. We have great pleasure in recommending it to our readers.

*On Fatty Degeneration.* By the late W. F. Barlow, F.R.C.S.

Mr. Barlow's views on Fatty Degeneration have often appeared in our pages. Since his decease his friends have arranged them, and published them in a separate form, as they well deserved. Mr. Barlow's pathological doctrines are clothed in an elegant and fanciful style, which, while it invites attention to his subject, is no disparagement to the philosophical tone and accuracy of argument which characterises his writings.

*A Treatise on Dentistry, and the Care and Preservation of the Teeth.* By Samuel Fowell.

This is a well got-up and useful practical treatise.

### Hospital Reports.

#### CHARING-GROSS HOSPITAL.

*Considerable Sprouting of Warts on the Glans Penis; Partial destruction of the Prepuce by Pressure; Great deformity of the Organ; Paring of the Abnormal Growths, and Removal of a portion of the Prepuce; Recovery.*

(Under the care of Mr. HANCOCK.)

We are induced briefly to allude to this case, as some surgeons still hold, in opposition to the school of which M. Ricord is the head, that warts of the penis may be of a



syphilitic character, either as a primary or secondary manifestation. This opinion is, however, far from being supported by facts, as the latter have in numerous instances proved that warts are growths as simple when they spring up about the male or female parts of generation, as when they occur upon the fingers. No doubt chancres or secondary ulceration may be *implanted* upon already existing warts, and give the latter a specific appearance; but such a complication is then a mere coincidence, which does not alter in any way the originally unspecific character of the warts. When the latter are very numerous, and they occur round the glans of a patient affected with phimosis, they may become very troublesome by the irritation and inflammation which will arise from the disproportion between the narrowed space where they grow, and their rapid multiplication and consequent bulk; but the œdema, redness, pain, and suppuration, which accompany the pressure upon the phimosed prepuce, are phenomena of an ordinary nature, and though they look rather formidable, have no relation with the syphilitic taint. Nay, hæmorrhage to a very serious extent may occur, and has actually taken place, but the means dictated by the general principles of surgery are quite sufficient to stay the evil, and as a additional proof of the correctness of this assertions, we beg to adduce the following case in which the patient had never suffered from the syphilitic disease.

Edward H—, aged thirty-five years, a labourer, of very fair complexion and light hair, was admitted Nov. 15th, 1853, under the care of Mr. Hancock. The patient has been married these fourteen years, and has five children, who are all in the enjoyment of good health. Being questioned respecting the venereal affections from which he was suspected to have suffered, he positively stated that he had never been so visited, and never perceived anything abnormal about the parts of generation until about four months before admission, when the warts began to grow. The patient has congenital phimosis, and noticed, at the time just mentioned, that some tumour was developing between the glans and the prepuce in the neighbourhood of the corona. The pressure from within soon caused slight pain in the prepuce, and inflammation ensued, marked with a vivid redness on its external surface near the corona glandis. The patient applied poultices: ulceration and perforation took place, and the mass of warts, which had been the exciting cause of all these symptoms, protruded through the ulcerated opening in the prepuce.

The verrucæ having thus obtained room, seemed to grow more rapidly than before: the aperture just mentioned became larger, and the warts grew to such an extent as to cover the glans almost completely, and to double its size. The extremity of the prepuce was, in the meanwhile, almost separated by ulceration from the rest of that process, abundant suppuration had set in, and the parts looked, to an unpractised eye, as if the organ had been suffering from carcinoma. Very little or no pain accompanied these changes, and after the poor man had exhausted the means advised by neighbours and friends, which means irritated the parts considerably, he applied for admission at this hospital.

On the 22nd of November the patient was brought into the operating theatre, and when he had been rendered insensible with chloroform, Mr. Hancock began to remove, with the scissors, the enormous crops of warts which had sprung up about the part, as also the thickened and semi-detached pieces of prepuce which were giving to the organ a misshapen aspect. When the whole mass of verrucæ had been excised, the penis was surrounded with lint dipped in cold water, and the patient placed in bed. The progress has been most satisfactory since the operation, and the parts are now quite cicatrized.

Being on the subject of operations upon the penis, we would just allude for a moment to a patient of Mr. Birkett, at Guy's Hospital. The case is one of cancer of the penis, but the disease had not, as usual, involved principally the

glans and anterior portions of the organ, but the prepuce had most suffered; it was in an enlarged, indurated, ulcerated, and half detached state, being, with a portion of the corpus spongiosum, the part principally attacked. As the urethra had escaped the destructive progress of the disease, Mr. Birkett endeavoured, on December 6, 1853, when the patient came into the operating theatre, to save a portion of the organ by removing the diseased mass of prepuce attached to the organ. The hæmorrhage was, as well as in the case of warts, pretty considerable, but cold and pressure moderated it, and the patient has since done well. It will be interesting to learn whether the disease will break out again in the groin, or on the organ itself.

## Deaf-Dumbness.

ON THE MEDICAL AND PHILOSOPHICAL STUDY OF  
DEAF-DUMBNESS.

BY

M. E. HUBERT-VALLEROUX.

Docteur en Médecine de la Faculté de Paris, Membre de la Société Médico-Pratique, etc.

TRANSLATED BY JAMES YEARSLEY, M.R.C.S. ENG.,  
Surgeon to the Metropolitan Ear Infirmary, Sackville-street, etc.

(Concluded from page 463.)

I have remarked, that among the authors who have treated of the origin of language and ideas, some, unacquainted with anthropological studies, and taken up exclusively with the operations of the mind, seem to have lost sight of the fact that man has a body also; or, if they have shown that they were not ignorant of this, they have looked upon it only as an obstacle in the way of the manifestation of spiritual life. Others, on the contrary, ascribe to the human organisation, to which they have chiefly directed their studies, an importance which it does not possess, and pretend to explain all, even to our thoughts and feelings, by the mere play of the organs.

Falling thus equally into opposite errors, those of one class have studied the soul as if it possessed no organs; while the others have studied the organs as if they existed without the soul.

Strictly speaking, we may, independently of language, conceive *ideas*, taking this word in its literal sense (*εἶδος*, form, image). The uninstructed deaf-mute may, as well as ourselves, possess ideas of this order. He can feel, see, touch, without there being any necessity for naming the objects he touches, sees, or perceives. He can, after experience, have a sufficiently clear idea of the orange which he sees, distinguish it from the tree which bears it, and from the bodies that surround it, as well as keep it in remembrance. (a)

But if, from the idea *orange*—so purely material, and merely representative of a determinate object—we pass to that of the properties common to this fruit and other bodies—to general ideas of colour and of density, for example—then phenomena of an order quite intervene. It is no longer by the material sense; it is neither by the aid of sight, nor by means of smell, that ideas of density, impenetrability, &c., are perceived. In order to conceive and express these ideas, the intervention of language becomes indispensable; the *verb* is called for—the verb, which, to language, is what the brain is to the human body, the *nodus vitalis* to vegetables, and space to matter.

These ideas, however, of extension and impenetrability, which can neither be conceived nor expressed without the intervention of language, do not definitively represent any

(a) If I have preserved the name *Idea* to acts which precede, and which are common to man and to animals, it has been only in order not to depart, in a manner too complete, from the usual and received acceptation. The appellations *sensation* and *perception* are here the appropriate ones, as all students in physiology are aware.



thing more than properties of brute matter. But how much more does this intervention become necessary in respect to ideas purely spiritual—God, the soul, mind—as well as moral ideas—good, evil, duty, right, &c., the necessary basis of all social and individual existence! Who could teach a child what is meant by good; who could give it a clear idea of this, without using this way of expression? Let no one here be deceived: the beautiful is not beautiful when taken alone. It becomes such only when contrasted with that which is deformed; and so good, in its turn, can neither be conceived nor taught but by opposition—the antagonism of evil; and this teaching cannot be effected solely by mimic signs.

From this ascertained impossibility either of conceiving or of teaching general ideas, whether spiritual or moral, without the use of language, it follows that the origin of the one is subordinate to that of the other. The only question, then, remaining is that of the origin of language.

Differing so widely from the lower animals, which at birth possess numerous instincts, the human infant is endowed with such only as are necessary to its preservation. It sucks, weeps, and cries; and to these are confined the first manifestations of its existence. It sees not, hears not, walks not. It is not until much later, and in the order of their importance, that it acquires these different powers; and not even then without a long apprenticeship.

Were language *innate*, the child would speak as naturally as it sucks or cries. Were language natural to man, the deaf-mute would speak as we ourselves do. There is nothing in his organs of voice to oppose the emission of sound, as is proved by the artificial apprenticeship he must undergo. That he does not speak is alone owing to his inability to hear, for without hearing he has no knowledge of sounds, and consequently cannot repeat that of which, having never heard, he has no knowledge.

If it be, then, necessary that words should be heard, in order to be understood and repeated, the inference hence is irrefragable that a child, reared in the desert, at a distance from all human communication, and who consequently could never hear words spoken, would be exactly in the position of the deaf-mute, and, for the same reason, would speak no more than he. For man to speak, then, it is expressly necessary that he be taught language, and where all teaching of this kind is wanting, he remains mute.

The partisans of the innateness of language, unacquainted for the most part with physiological studies, have given but little attention, as I have already said, except to the mental element of man and of mere idea, without taking sufficiently into account the human organism. They have, I fear, in this question, confounded the physiological act with the aptitude, in the same way that others confound the organ with the function it is destined to discharge. There can be no doubt that infants possess the aptitude necessary for speaking, reflecting, &c., and it is, in fact, because he possesses these, yet deprived of that of flying, for instance, that he comes in time to speak and reflect, while he can never learn to fly. But these aptitudes are *en puissance* only; and in order to bring them into action a *stimulus* is necessary, indispensably necessary, and that stimulus is education.

This education each of us receives in his family, in schools, in society, and everywhere we go. But were an

infant, whatever its mental endowments, to be isolated from all social communication, so that it should never so much as hear a word, as it is said was done of old by Busiris, this child would be in a condition exactly the same as that of the deaf-mute. Like this last, and for the same reason, he would never speak.

The recent discoveries in astronomy and geology no longer allow us to assert the eternity of matter. This old theory—this last doctrine, confirmed by the recital in Genesis, teaches us that the globe on which we live has an assignable origin; that it has undergone numerous transformations; and that man is of recent creation.

We also learn from Genesis that the human race had its origin in a single pair, created at an adult age; and the results of anthropology, in accordance with the observation of every day prove, in fact, that it must have been thus, since the infant, if abandoned to itself, could never provide for its wants. The principle discovered by Leibnitz, and illustrated by the genius of Newton, who applied it to the case under consideration—this principle comes in confirmation of the account in Genesis, and proves that the human species has proceeded from a single pair.

But whether mankind owe their origin to two or to several individuals; whether they began life in the infantile or adult state, still their condition, as regards language, was that in which each of us would at this moment be had we never heard others speak, that in which the child deaf and dumb from birth is placed. Left to themselves, our first parents would have remained mute, and that they spoke was because they had previously been taught language.

This theory, which is neither more nor less than that it is a revelation of language, conformable in all respects with geology, philosophy, and history, derives still, we believe, a new argument from our experience in teaching a phonetic language to the deaf and dumb when cured. Our researches have convinced us that teaching such persons a language is so much the more easy the younger the subjects are, and the more imperfect their mimicry at the period when they are cured.

Far be it from us the pretension of assigning a limit to the realisable progress that may be made in the education of deaf-mutes, or in any other branch of human activity. In presence, however, of the obstacles which the professor encounters in teaching language to persons cured of deaf-dumbness—persons in their second infancy—we may yet doubt whether he could succeed in persons not cured till they reach the age of manhood.

To these difficulties, so great for the adult ere he can acquire language, we should have to add another still greater, supposing the theory of the innateness of language to be true—that of learning without a master.

Thus, unless we suppose that, in the whole creation, the human species alone has been perpetuated without transmitting its primordial type to its descendants, we must conclude that language was neither more natural nor more innate in our first parents than it is in their descendants. We must also conclude that the Creator alone, after having formed and animated man by His divine inspiration, could illumine his soul by His almighty word; and this logical deduction from well ascertained scientific facts, comes in confirmation of this the best authority and the most sublime of books.

### CAUTION.

Gentlemen ordering the Medical Directories through their booksellers, are requested to be particular in specifying the exact TITLE, otherwise a spurious imitation of these works may be imposed upon them:—

“THE LONDON AND PROVINCIAL MEDICAL DIRECTORY.”

“THE MEDICAL DIRECTORY FOR IRELAND.”

“THE MEDICAL DIRECTORY FOR SCOTLAND.”

Published only at the Office of the “Medical Circular,” 128, Strand; and by John Churchill, Princes-street, Soho.



## Biographical Notices.

### J. HALL DAVIS, M.D.

This gentleman is a son of the eminent physician-accoucheur, Dr. David D. Davis, a gentleman whose merits are well known, and have been in various ways recorded, and who died in 1841. His admirable work on Midwifery is held in high esteem. As the son of such a father, Dr. J. Hall Davis had a good introduction to professional life; he for some time assisted his father in his lectures prior to his death, and had much success with the class at the London University, but was not fortunate enough to succeed him in his important post. Nevertheless Dr. J. H. Davis has continued to lecture to a private class for many years with much *eclat*. His first course of lectures was given in 1843, and their success has been such as to encourage him to continue them to the present time.

Previous to his father's decease, Dr. J. Hall Davis was occasionally called in for his opinion in cases of difficult labour and for the performance of operations. He was known to have had rare opportunities of gaining experience, and therefore early acquired professional confidence. He passed the College of Surgeons in 1837, and took the degree of M.B. at the London University in 1842, that of M.D. in 1845. He is also a licentiate of the Royal College of Physicians. In 1842 he was elected a physician to the Royal Maternity Charity, an appointment which he has now therefore held ten years. He also holds the same appointment in obstetric cases in the St. Pancras Infirmary. He is likewise physician to the Artists' Amicable Fund.

Dr. J. H. Davis is a Fellow of the Royal Medical and Chirurgical Society, and one of the earliest members of the Pathological Society, to which he has made some contributions. He is also a member of the Epidemiological Society. His contributions to the hebdomadal press have been numerous, and chiefly consist of papers published in the "*Lancet*" during the last eleven years, under the title of "Illustrations of Difficult, Preternatural, and Complex Parturition," "Observations on Dr. Simpson's Practice in Placenta Prævia," in 1845, and a case of "Retroversion of the Uterus in Labour, which terminated favourably without instrumental aid, under the exhibition of tartar emetic and hyoscyamus." Dr. J. H. Davis resides at 17, Russell Place, Fitzroy Square, and we believe is making his way into a good practice.

### DR. RICHARD DAWSON.

This gentleman is well known for his publications on a subject—spermatorrhœa—which exhales an odour somewhat disagreeable to professional nostrils. It is not easy, even for a professional man, to escape the reproach that almost invariably attaches to special practice in this line. The only condition that can exempt any man from suspicion, is to treat this subject in a disinterested and scientific spirit, making practice a subordinate and secondary consideration. When the object is obviously *practice*, a volume on spermatorrhœa, however cleverly written, never wears a very attractive aspect.

We have recently read a work by Dr. Dawson on this subject, which, we were informed by the gentleman who presented it to us, was purchased in consequence of an advertisement offering advice, through this medium, in cases of nervous disease. (We hope that there is some mistake here.) However, our friend, considering himself to be a nervous man, bought the book, and on discovering the nature of the subject specially descanted on in the volume, made over the investment to ourselves, lest his modesty might be corrupted and his hypochondriacism not improved. We have read the work, we will admit, and can say of it that it might have been *worse* done. Dr. Dawson is also the author of works on "Syphilis," "Urinary Deposits," and "Nervous Disorders." Dr. Dawson

became a member of the College of Surgeons of England in 1841, and an extra-licentiate of the Royal College of Physicians in 1843.

### EDWARD DELANEY, ESQ., M.D.

Dr. Delaney commenced his medical career in the year 1818, when he entered at Trinity College, Dublin, under Dr. Sadleir. He graduated at Edinburgh, in 1822; and in the years 1823 and 1824, he studied in the University of Dublin, under the celebrated men whose names follow: Dr. Macartney, Dr. Jacob, Dr. Barker, Dr. Crompton, and at Sir Patrick Dunn's Hospital. He returned to Edinburgh in the years 1824 and 1825, and here had the advantage of the instructions of men of not less merit: Dr. Monro, Dr. Home, Dr. Hamilton, and Mr. Liston.

Still eager for instruction, Dr. Delaney entered at the Park-street School of Medicine, Dublin, in 1825 and 1826, and became a student again, under Jacob, Marsh, Cusack, and Wilmot, and attended the practice at Steeven's Hospital. Once more returning to Edinburgh, he concluded his studies in the years 1826 and 1827, under the distinguished teachers who at that time adorned the Scottish capital. Dr. Delaney resides at 61, Charington-street, Oakley-square—and enjoys a good practice.

NOTE.—We have on several occasions inserted a notice requesting information of errors into which we may have fallen in the course of our Biographical Sketches; and whenever we are apprised of them, we are always happy to make the correction. We hope that our readers will not fail, in future, to supply us with the necessary information.

In the case of Dr. Denis Cronin, of No. 35, Bruton-street, Berkeley-square, whose memoir appeared in our Number of October 5th, we were not supplied with the necessary data; failing which, it appears that certain errors occurred, which we have now much pleasure in correcting. We are informed that at the trial before Mr. Justice Coleridge, alluded to, Dr. Cronin was acquitted, the death of the young woman having been caused by an omission of an ingredient in a prescription prepared by a druggist. We are also assured that Dr. Cronin never practised in St. Giles's: not that we consider, had he done so, it could be regarded as prejudicial to him, as some of our most esteemed friends reside in that extensive parish; nor does he practise as a homœopathist; our error in this respect having arisen from the fact that another gentleman of the same name practises on homœopathic principles in this metropolis. We have therefore great pleasure in retracting any expressions derogatory to his character.

### LORD LANGDALE'S JUDGMENT.

*Printed for the benefit and calm consideration of Thomas Wakley, Esq., Editor of the "Lancet," and Author of a spurious imitation of the "London and Provincial Medical Directory."*

AT THE ROLLS COURT, WESTMINSTER-HALL,  
JANUARY 13, 1848.

YEARSLEY V. BUDGETT AND OTHERS.—JUDGMENT ON  
MOTION FOR DISSOLUTION OF INJUNCTION.

The Master of the Rolls.—It seems to me, from the facts that have been laid before me, that the proprietors of these two publications projected their publication pretty nearly about the same time, that is, towards the autumn or latter end of the year 1844. One of the parties then advertises a book, which he calls or gives the name to of "A Complete List of the Medical Profession," and the other shortly afterwards brings forward a book which he calls by the name of the "London Medical Directory." It is, therefore, probable from the circumstances that these parties were rivals in this matter from the very beginning. The first publication was, I think, in the year 1845. The plaintiff's publication took place in the month of March, 1845, and was introduced to the



public as "The London Medical Directory." The defendant's publication did not take place till the following month of May in the same year, and that publication is called "The Medical Directory of Great Britain and Ireland, having contained in it a division which is called "The Complete List of all Medical Men practising in London and its Suburbs." One thing I own strikes me rather as being extraordinary, and that is that counsel should gravely argue, as has been done in this case, that there is anything identical. But let that rest. These two works were published in the year 1845. The plaintiff brought forward another work for 1846. The defendant, it appears, for some reason, printed no work in the year 1846, but towards the beginning of that year the plaintiff published his work for 1846, under the same name or title of "The London Medical Directory." Towards the end of that very year, that is 1846, we find this fact, that the defendant is preparing for publication a work for the year 1847, and that for the printing he furnishes as copy to his printer the very leaves of the book, the very leaves which were contained in the plaintiff's work for the year 1846, making variations in some respects, but still, as he admits, in other cases in which he made inquiry, and could not get the information he required, containing the exact items contained in the plaintiff's work for the year 1846. He says there are four cases to be considered: he sought for information of his own—there are cases to be considered in which he obtained information more accurate than that which was contained in the plaintiff's book, and he correctly says he, in some instances, corrected the plaintiff's book. Then there were cases in which he, upon making the necessary enquiries, was referred by parties to whom he applied to the plaintiff's book for information, whereupon he copied the plaintiff's book; and he says also, that in other cases in which he applied for information to parties he got no answer, and that being so, he copied what he required from the plaintiff's book. And upon this, I have been told gravely by the learned counsel "This is not piracy—this is not an improper act—this is an honest undertaking—this is not culpable." It would seem by that argument as if a person who has published a book at a vast outlay of time and expense, might be deprived of all benefit arising from the publication, by any person who buys the book at a shop immediately after publication, and pays the price for it, and then publishes it himself, in some shape, perhaps at a less price. I have very seldom heard a case more strangely argued than this has been, and, I am very glad to say, have seldom seen a case of more flagrant and of more culpable piracy than the one at present before me. There is the fact not to be denied that he used the plaintiff's work, and there is the man's open avowal that he meant to do so; that he thought he was not properly treated about the title of the plaintiff's work, in which thought, it appears to me, he was quite wrong. He thought himself ill-used, and therefore he would get and take all the information he could from the plaintiff's book. This, by the argument, is considered to be a proper use of the labour and pains of one man by another. This sort of proceeding is considered to be honest and fair, and the proper use one man has a right to make of the labour and pains of another. I should not have thought it necessary to make these remarks, but common honesty and common morality require it of me. I consider it to be a very flagrant case of piracy. Then we have an argument about this being common property, and that the information contained in this book is information which might be obtained by any persons who have the means, and take the trouble to get the information, and they may put it together in any order they may please; and it is not because another publication, issued for the same purpose, contains the same matter, that therefore it is to be considered a piracy of the other. If two individuals make a map, independently and without the knowledge of each other, at the same time, of some country, and if they are both accurate, they will be both

alike, yet that will not be a case of piracy; nor was it so absurdly argued on the part of the plaintiff yesterday and to-day, that because there are many, very many, items in the plaintiff's book, which are like many of those in the defendant's, that that is a ground for saying the defendant has piratically obtained them. On the contrary, it is not on account of the similarity of the items, persons would argue there was piracy: they would look to the coincidences of error, and if the errors in the one book coincided exactly with those in the book from which the alleged piracy has taken place in any considerable number, then they have strong reason to suspect piracy, because it is to the highest degree improbable we should have two independent individuals seeking information separately and distinctly, who would fall into the same amount of, and exactly the same, errors; but if it were so, unless those errors were most satisfactorily explained and accounted for, it would be evidence of piracy. I am desirous to be understood. I say nothing and do nothing to impeach the defendant's right to publish an independent publication, for the purpose of showing who are the medical practitioners, and their qualifications and so on, in or about the metropolis. Both parties are at liberty to do that. The only question here is, whether one of the parties has a right to plunder the information which the other party has been at the trouble to obtain expressly for his own work. That falls in with the doctrine of Lord Eldon and every other case that has been mentioned. It may be a very difficult thing in some cases to apply the law in these points, but here is not only a proof of the piracy, but also the open avowal on the part of the defendant of his intention to do it. I am, therefore, very clearly of opinion that the injunction, as to substance, was rightly granted and cannot be disturbed, as the defendant asks. The only question is whether it ought not to be modified to some extent. It now appears to me, upon reading the terms of it, that they are too general, and that the last clause but one ought not to be so extensive as it was. There ought to be something put in to show the defendant is not to publish anything containing matter which is published by the plaintiff in his publication. Then comes a question of considerably more difficulty. What the plaintiff is desirous of introducing are words which will apply to the future publications of the defendant's. The plaintiff says that the defendant has flagrantly violated the law with respect to the plaintiff's book of 1846, and that if the injunction is modified, there ought to be words introduced into it to forbid him to introduce any future subject in any future work of the plaintiff's into any book of his own. If that is not done, the plaintiff says that in the defendant's book for the year 1849 he might publish the contents of the plaintiff's book for the year 1848, to the damage of the plaintiff, and therefore the plaintiff asked if the injunction is modified it may be modified so as to prevent the defendants so using the plaintiff's books. A case has been cited, *Sweet v. Maughan*, for the purpose of showing that that has been done, but I hardly think the bill is so framed as to accomplish that object. There is the allegation that the plaintiff intends to publish this work annually, but there is not the same allegation on the part of the defendant, therefore I think I had better abstain from making any order on that subject, as especially it will not deprive the plaintiff from coming here again for protection, if the defendant should commit the like offence hereafter, as he has shown the disposition to do in this case. I shall content myself upon the present occasion with altering the last clause, and the insertion of other words, confining it in this case to limiting him from the publishing fresh copies, or from continuing to publish fresh copies, or making extracts from the plaintiff's works.

Mr. Kindersley.—Your lordship, then, strikes out the last clause, and then the last clause but one stands thus: "And from printing, publishing, selling, or disposing of, or causing or permitting to be printed, published, sold, or disposed of, any book or work under the title of 'The



London Medical Directory,' or any colourable imitation or copy of such title." And then your lordship adds: "containing matter copied from the plaintiff's 'London Medical Directory.'"

The Master of the Rolls.—I have no objection to that.

Mr. Heathfield.—I think the word "article" would be better.

The Master of the Rolls.—It might.

Mr. Kindersley.—The word "article" is more applicable to a subject than a name, but I have no objection to the name; passages might be added.

The Master of the Rolls.—Yes.

Mr. Kindersley.—Then it will stand thus: "and from printing, publishing, selling, or disposing, or causing or permitting to be printed, published, sold, or disposed of, any book or work under the title of 'The London Medical Directory,' or any colourable imitation or copy of such title, containing articles or passages or parts of articles or passages copied from the plaintiff's 'London Medical Directory.'"

The Master of the Rolls.—Yes. He has no right to take a *part*. If this application had been made—suppose this time last year—and the attention of the Court had been called to the words the injunction contained, I am not satisfied the expense would not have been properly thrown upon the plaintiff, but coming to the Court at the present time, I think the costs must be costs in the cause.

Mr. Kindersley.—Costs in the cause, your lordship said.

The Master of the Rolls.—Yes.

## Medical Societies.

### MEDICAL SOCIETY OF LONDON.

DECEMBER 3, 1853.

FORBES WINSLOW, M.D., D.C.L., President, in the Chair.

#### EXOSTOSIS OF THE SKULL IN EPILEPSY.

Dr. Gibb presented to the notice of the Fellows a small exostosis of the parietal bone of a woman who had died in the hospital at Montreal from delirium tremens and epilepsy. He stated, that the patient was then 40 years of age, but had had epileptic fits from the period of puberty. Little was known of her history. During the four days in which she remained in the hospital, the tremulousness was intense, and the epileptic fits recurred three times a day. The *post-mortem* examination showed but a slight adhesion between the exostosis and the dura mater, and the latter membrane was entire and non-vascular.

Mr. Adams conjectured that the bony growth proceeded from the dura mater, and not from the bone.

Mr. Streeter illustrated the case by reference to a preparation in St. Thomas's Hospital, in which the surgeon had used the trephine, and chanced to remove the bony growth.

Dr. Camps was of opinion that the relation of the exostosis to the epilepsy was merely that of a coincidence.

Mr. Milton read a paper

#### ON THE PATHOLOGY AND TREATMENT OF SWELLED TESTICLE.

He had found no proof that either neuralgia, tubercle, or carcinoma, were caused by orchitis. He had only seen the common proceeds of inflammation so caused. These, however, were serious enough, and he leaned to the opinion, that neglected orchitis very often impairs the functions of the testicle. A long time after a so-called cure, he had found the epididymis hard and diseased; and, after death, examinations of the testicle, where a similar hardness could be felt through the scrotum, showed induration and contraction of the vas deferens. Mr. Holmes Coote had also found this tube contracted, and its walls softened.

Impotence without wasting might arise from the inflammation having affected the nerves of the testicle. Mr. Milton examined the various plans of treatment; but, first of all, suggested preventive treatment by means of the salts of potass, and graduated injections. In upwards of six hundred cases of gonorrhœa treated thus, three only had been attacked, and in them it had not had a fair trial. He thought antiphlogistic treatment useless. Its advocates admitted that it often failed, that relapses occurred, etc. He preferred  $\frac{1}{2}$ -grain doses of morphia, with acetate of ammonia, and blistering on the second or third day. He applied hot water to the scrotum, and allowed nutritious diet and stimulants in moderation.

The discussion which followed the reading of the paper was restricted to the treatment of the disease.

Mr. Sturt referred to the case of one of his patients, in which the depletory and the tonic plans of treatment had been equally successful. He had treated the inflammation of one testis with leeches, fomentation, cold lotions, opium, and salivation, and the other with quinine, iron, and cold lotions. He informed the meeting, that, as he understood, a freezing mixture was employed for that purpose at King's College Hospital, and was inclined to attach value to it.

Mr. De Méric was of opinion, that, in treating orchitis, we ought to be guided by those principles which are known to govern the treatment of inflammation in general. On this ground, he objected, on the one hand, to the treatment by narcotics, since it would allow the disease to run on to effusion and destruction of the functions of the testis; and, on the other, to the injections of nitrate of silver, since so powerful a stimulant could only add to the disease.

Mr. Hancock advocated the opiate plan of treatment in ordinary cases of orchitis, believing that it did not tend to effusion; but, in orchitis with rheumatic gonorrhœa, he had found the greatest benefit from the exhibition of lemon-juice. He objected to the use of leeches, and stated, that he never bled, even in pleuritis caused by fractured ribs.

Mr. Dendy was of opinion that the exhibition of narcotics or sedatives would be ineffectual in acute cases, while it might relieve exalted nervous sensibility of the organ.

Mr. Weedon Cooke commended the exhibition of 3j. doses of tincture of hyoscyamus, as employed by Mr. Gay at the Royal Free Hospital. He (Mr. Cooke) was also accustomed to use depletion, and even to open the veins of the scrotum in acute cases.

Mr. Acton coincided in many of the author's views, but believed that the improved mode of treating gonorrhœa had almost driven orchitis from private practice. In acute cases, he always employed bleeding, rest, and compression with adhesive plaster. He also approved of large doses of opium in preference to hyoscyamus, but did not commend the use of mercury. He should object to the application of blisters to the scrotum, but had not seen any evil results follow in those cases in which that organ had been accidentally blistered. He eulogised the application of blisters to the penis or perinæum, in gonorrhœa, as recommended by Mr. Milton, in his published works, and preferred a solution of cantharides in chloroform, which, being pencilled over the part, left a thin coating of cantharides, and produced a good blister in a few hours. In advocating the use of opium, he did not believe that it induced effusion, and he denied the statement, that induration of the epididymis necessarily led to the destruction of the functions of the testis.

Dr. Gibb recommended the external application of 1 grain of the biniodide of mercury in 10 grains of lard, as adopted at Montreal, and the internal administration of potassii iodidum and tinct. hyoscyami.

Mr. Ross thought it was necessary to determine the cause of orchitis before deciding on the treatment. He had employed active treatment in acute cases of orchitis produced by cold or a blow; opium, in large doses, in gonorrhœal cases; and approved of the use of remedies,



qualified to depurate the blood, such as, colchicum, in those connected with rheumatism.

Mr. Milton, in reply, impressed upon the Fellows the importance of so completely curing the disease that no thickening of the epididymis should remain. It was with this object that he had used blisters so largely and perseveringly. He believed that an indurated epididymis is frequently a cause of sterility.

### Correspondence.

MR. ROBERT GARDINER HILL.

To the Editor of the "Medical Circular."

SIR,—In the midst of the opprobrious attacks which are now once more unsparingly heaped upon the devoted head of Mr. R. Gardiner Hill, because, forsooth! he has had the courage to stand forth prominently and disinterestedly as a benefactor to mankind, it may be refreshing to some of your readers to find that his character is, at least, appreciated by those who have had the best opportunity of knowing it. The testimony of Sir E. H. Bromhead, Bart., a vice-president of the Lincoln Asylum, referring to the astonishment with which Mr. R. G. Hill's bold and uncompromising announcement was received, has been often quoted, viz.: that "not one of the Governors ever expected a total abolition of restraint, or deemed it possible;" that "they did all the good they could in a proper direction—they mitigated evil." But although the virulent attacks to which Mr. R. G. Hill was subjected, compelled him to bring forward this testimony as evidence, yet this man of "arrogant pretensions" (for, according to the "Lancet," Dr. Conolly and Dr. Charlesworth are not worthy to tie his shoes!) omits, modestly enough, one would suppose, to satisfy even the "Governor of twenty years' standing," to quote the remainder of the paragraph, which continues thus: "they elected an *honest, firm, sensible, and benignant* medical man as a resident officer; they placed every possible facility in his way, and this *honest and good man* found himself landed triumphantly on an unhopd-for territory. He had much to struggle with—the character of visionary humanity—the underplot of reluctant servants, who found every step in his progress a trespass on his own repose; and it may be considered most fortunate for mankind that no unlucky *apropos fatal* accident blasted the plan for ever."

Such a character cannot be blighted by the withering blast of envy and falsehood; nor can it be traduced by the "bitter and piercing" aspersions of interested and "professional jealousy." Does it never occur to these unprincipled maligners, that it is written in the records of eternal truth, "*Thou shalt not bear false witness against thy neighbour?*"

I am, Sir,  
Your faithful obedient Servant,  
JOHN DANIEL,  
Incumbent of East Ardsley.

East Ardsley Parsonage, Wakefield,  
December 7th, 1853.

To the Editor of the Medical Circular.

SIR,—If your journal be conducted with a spirit of justice and impartiality (which is more than I have found in your two contemporaries), you will insert the enclosed letter, which will greatly oblige

Your humble servant,

WM. MOSS.

Carlton-place, Tunbridge Wells, Nov. 4, 1853.

### THE BOOK AND THE BOARD.

SIR,—Since the publication of my letter on the "Nature and Treatment of Asiatic Cholera," in your journal of last week, I have received, from an unknown source, a copy of

Dr. Stevens's valuable work on that subject, which would seem to infer that I was either ignorant of its existence, or unwilling to do justice to its distinguished author. With your permission, therefore, I will proceed to show how far I am amenable to either charge. In the year 1832 I had the medical attendance on the two parishes of Windsor and Eton, in which a good deal of choleraic diarrhoea prevailed together with some malignant cases of collapse, all of which recovered under the 'saline treatment' of Dr. Stevens, with the exception of one old man, who died in the Eton workhouse, under the use of calomel and opium. I published an account of the treatment at that time, and the following extract occurs in my letter:—

"Of all the various remedies that have been employed in cholera, the saline and alkaline treatment lately introduced by Dr. Stevens is by far the most successful, and it has this advantage to recommend it, that it was founded on the basis of chemical investigation. The poison of cholera appears to have the same effect upon the fluids of the body that a sultry state of the atmosphere has upon milk—it decomposes and turns them acid, and unfit for the purposes of life: this remedy or antidote, in the first instance, neutralizes and corrects the acid sections of the stomach, and then mingling with the mass of vitiated blood supplies it with the last principle of vitality. Many inventions have lately been proposed for restoring heat to the body in cholera, but a few grains of the carbonate of soda or potass, taken in solution, will be found more efficacious for that purpose than all the external applications that can be devised."

On the publication of the above, I received a letter from Dr. Stevens (who was then working hard with Mr. Wakefield in curing cholera patients in Coldbath-fields prison), in which he writes—"I return you my most sincere thanks for the interest you are taking in the saline treatment, for it is only from impartial and candid individuals, like yourself, that I am to expect anything like fair play. You will receive with this a copy of my work on the Blood, and as soon as I can find an opportunity I will take a run out and see how you are getting on at Eton." The Doctor did pay me a visit soon after, and the result of his remarks on those cases that terminated fatally under his own treatment induced me to adopt an additional remedy in the disease, viz., *Calomel*, which is all the credit I lay claim to, and which as recommended by myself in your journal, in conjunction with the saline treatment, I believe to be by far the best and most efficacious remedy used in the disease. I will venture without hesitation to affirm, that under this treatment, *no case of choleraic diarrhoea need or ought to be lost*; and that, moreover, *nine-tenths of the most malignant cases of collapse will be recovered*. How fearful, then, is the responsibility of the General Board of Health, who, with a full and perfect knowledge of a cure for a great national calamity, have the daring to refuse to either test its merits, or promulgate such knowledge—preferring an immense sacrifice of human life to the confession of their own ignorance, or the adoption of a remedy that does not emanate from themselves! What has the expensive machinery of this said Board done for the benefit of the country, or towards obtaining the confidence of the Profession? Nothing! Yes, I beg their pardon—they have inundated Newcastle with water for the purpose of purifying the atmosphere; and, in conjunction with the College of Physicians, have recommended chalk and opium as a cure for the cholera: they have, besides, by way of prevention, waged a war of extermination upon the poor man's pig for knowing something about the cause of the pestilence, though as innocent of the charge as themselves; that they may not plead ignorance, however, of my remedy in the last visitation of cholera, I beg leave to quote from a paper published by me in 1848, on the "Nature and Treatment of Asiatic Cholera," and presented to them at the time,—"*With regard to that disease, I must be allowed to add, as due to a most talented and distinguished man,*



that by far the most successful treatment that has been practised in this country, was introduced by Dr. Stevens, under the denomination of the 'Saline Treatment.' It was successful for this reason, that it was based upon scientific and rational principles; and all remedies not so based, are purely empirical; and as for naphtha and all other nostrums proposed by charlatans for the cure of cholera, they may be classed among the charms of the Indian juggler, or the wares of the modern Autolyens!" Again,—“Although the saline treatment has cured a very large proportion of cases of cholera, it has, nevertheless, often failed; and occasional disappointing relapses have occurred when the patient seemed on the verge of convalescence, and, as Dr. Stevens himself informed me, secondary fever ensued in every case, and retarded the cure. Under these circumstances, I considered how his treatment might be altered or improved to meet these objections, believing, as I did, that the failures and consecutive fevers were occasioned by *congestion* of the liver. With this impression, I made the addition of a remedy that had never been used in conjunction with the saline treatment, and with the happiest results.”

I have now done but justice to a man upon whom the College of Physicians and the Board of Health have combined to inflict the grossest and most infamous injustice; whose only crime in their eyes is, that he has written a book which not alone exposes their ignorance and injustice, but which, for its practical wisdom and sound sense, will be quoted and admired long after all their petty deeds shall have been lost in oblivion. Dr. Stevens, in revealing the mysteries of the modern pestilence, and devising a remedy therein, has conferred the greatest boon and blessing on mankind that has ever been recorded in the annals of medicine; and his name, honoured and revered, will go down to posterity as one of the greatest benefactors of the human race. After the treatment experienced by such a man at the hands of the Board of Health, it is not probable that my remedy for the cholera, recently sent them, will receive any attention from that Body, though backed by the authority of the “Home Secretary.” It must rest, then, with the profession at large to appoint a tribunal, independent of the Government, whose members shall have sufficient honesty and regard for the public health to test and make known every method that can conduce to the public advantage.

I am, Sir, your obedient servant,

WILLIAM MOSS.

Tunbridge Wells, Nov. 4th, 1853.

## Medical Notes and Queries.

### QUERY.

LOSS OF HAIR.—SIR,—A young lady has suffered long from chlorosis and leucorrhœa, with violent nervous headaches. Iron and time, &c., have, with out-door exercise, cured these diseases; but the hair of her head falls off rapidly, in spite of the *usual remedies*. Can you, or any of your correspondents, inform me, from *their experience*, if shaving the entire head will tend to promote a healthy growth of hair?—Yours, &c., NEMO.

December 15th, 1853.

### REPLY.

SWALLOWING ARTIFICIAL TEETH.—I thank “Omnibus” for his hint, which was prescribed without effect; they still remain, and give no uneasiness. The plate on which the teeth are fixed is 2 inches and 7-8ths in length.

M.D.

### REPLY.

SWALLOWING FALSE TEETH.—SIR,—In answer to the inquiry of “M.D.,” I beg to inform him that a patient of mine swallowed a bone piece  $2\frac{1}{2}$  inches long, with four fine, sharp-pointed bands attached. I had cautioned him against wearing the piece, but he persisted, and was awoke in the night with a sense of suffocation. He im-

mediately drank some water, and with difficulty swallowed the piece, then awoke to a consciousness of what he had done. I gave him the ol. ricini repeatedly for three days, when he sent for me, complaining of a sense of fullness at the rectum. I immediately examined, and found the piece lodged there longitudinally, but was enabled to alter its position. I ordered ext. colocynth co. gr. x, and nature did the rest, expelling the piece with hardened faeces. No ill-effects followed, and the patient keeps the piece as a memento of its travels.—I remain, yours, &c.

W. BARTLETT.

Nov. 26, 1853.

### REPLY.

GUACO IN CHOLERA.—SIR,—With reference to the query contained in your week before last number—Guaco in Cholera, permit me the honour to inform your correspondent, signifying himself “A Subscriber,” that the brevity of my remarks on the use of the Guaco is, I believe, quite in accordance with the plan and design of your admirably conducted Journal; and, if I have erred in my enthusiasm for the merits of the remedy, so much as to call down his quotation of my words thus hurriedly penned, I am perfectly ready to fully state the “When” and “Where;” and, if that will not satisfy, to introduce him to some of the parties who were sufferers from the attack, and it will afford me much pleasure to explain my ideas of its *modus operandi*, which has been already done in past numbers of the Medical Circular; also in the Medical Times and Gazette, and in “Braithwaite’s Retrospect of Medicine,” January to June, 1853, to which I beg to refer him.—I am, Sir, yours, &c.,

EDWARD WILLIAM PRITCHARD, M.D., M.R.C.S.,  
late R.N.

Hunmanby, Scarborough, Yorkshire, Dec. 9th, 1853.

## Obituary.

Nov. 30.—JOHN THATCHER, M.D., at his residence, 14, Picardy-place, Edinburgh. Dr. Thatcher graduated at Edinburgh, in 1805; and in 1816 commenced to deliver lectures on Midwifery and the Diseases of Women and Children. He gradually acquired, and for a long time possessed, a large share of public confidence. Increasing infirmities had for some time past greatly withdrawn him from practice.

Dec. 1.—ROBERT FOOKES, Esq., M.R.C.S. Eng. 1823; L.S.A. 1823; (of Stalbridge, Dorset) at Cambridge-street, Hyde-park, aged 52. The immediate cause of his death was an epileptic attack, but his illness commenced several months before, with fever, brought on by the fatigues of the previous winter. He had, during a period of 30 years, a very extensive and laborious practice, for which he was in every respect—physically, morally, and intellectually—well qualified. He was a man of great vigour and energy, scrupulously honourable in all the affairs of life, open-hearted and generous in the extreme, and those qualities were brightened by a truly Christian spirit, which adorned his whole life. No wonder, therefore, that such a man was beloved and respected. Rich and poor alike sought him in their troubles; and he rarely failed, either as the skilful practitioner or a sympathising friend, to alleviate their distresses. No man ever more thoroughly endeared himself to all around him, for he was never weary of doing good; and it may be safely predicted that all classes will long venerate his memory as their physician, their benefactor, and their friend.

Dec. 2.—DAVID WATKINS, Esq., surgeon, at 23, Clare-street, Clare-market, aged 38; deeply regretted by those who have experienced his professional kindness and skill, and as much by those who were aware of his social qualities. Mr. Watkins was a surgeon possessed more of practical skill than of theoretical knowledge, an excellent operator, a good judge of diagnosis and prognosis, and well acquainted with the treatment of disease. It will be



long, indeed, ere his loss can be replaced in the neighbourhood where he practised. He ever exhibited a most kind and obliging disposition and an honest heart; in fact he was universally beloved. His father was a dissenting clergyman, in Carmarthenshire; but having a brother in the medical profession, his attention was early directed to it; and he became a student at the borough Hospitals, where his name will be long remembered, as, from his assiduity and earnest application to his studies, he soon acquired and retained the good-will and friendship of his teachers. It was the same throughout his life. It was impossible to know, and not become attached to him. Originally of a most robust frame, the ravages of disease were of late years clearly marked. For a long while past, he suffered fearfully from rheumatic gout, generally affecting the extremities, and thus undermining his strength, but occasionally invading the chest. During 1848 and 1849, he held a public appointment as one of those specially appointed to repel the epidemic then prevalent. In his neighbourhood it was very severe and fatal; and the exhausting labours he had to perform nearly terminated his existence. They resulted in a very severe illness, from which he escaped with difficulty. Subsequently to this attack, from which he never fully recovered, he suffered from bronchial mischief and emphysema: these degenerated into pulmonary phthisis, and on the 2nd of this month he expired, partly from exhaustion, and partly from suffocation consequent upon the rupture of a large blood-vessel in the lungs. His friends must ever deeply regret his early decease.—*Medical Times and Gazette.*

Dec. 6.—JOHN PHILP, Esq., L.R.C.S. Edin. 1814, at Kirkealdy, Fifeshire. The deceased was the Certificated Surgeon under the Factory Act for Kirkealdy District; Medical Officer Kirkealdy Prison, until it was abolished, and Author of a Paper on "Spurious Melanosis of the Lungs, as it appears among Miners and Colliers."

Dec. 12.—HENRY HOOPER, M.D., at 3 St. Peter's Alley, Cornhill, aged 27.

Lately.—J. AGAR, M.D., of Parham, Antigua.

## Medical News.

PORTRAIT OF MR. GAY.—We have lately seen a beautiful portrait of this eminent surgeon, from the graver of Maguire, whose admirable skill has already familiarised the features of many other leading surgeons to the eye of our readers. The portrait is one of the series published by Mr. Stowe, and is both an excellent likeness and a good work of art.

THE NON-RESTRAINT SYSTEM IN LUNACY.—In the "Illustrated London News, of January 3rd, 1852, will be found a most graceful acknowledgment and record, in the shape of a superb testimonial, of the valuable service rendered by Robert Gardiner Hill, Esq., of Lincoln, as the originator of the total abolition of restraint in the treatment of the insane, now commonly called the non-restraint system. Notwithstanding this public recognition, endorsed also by the words of Dr. Charlesworth and Dr. Conolly, at the Hull Medical Meeting, most ungenerous attempts have recently been made by interested individuals to deprive Mr. Hill of his legitimate and hard-earned honour, by ascribing the merit of this grand discovery to men who whilst living, were too high-minded to appropriate to themselves what they publicly acknowledged and well knew was the work of another. In addition to a large amount of documentary evidence, the declaration of Dr. Charlesworth and Dr. Conolly, that "The real merit belonged to Mr. Hill, of the Lincoln Asylum," must make any attempt to pluck a single leaf from Mr. Hill's laurels quite futile and ridiculous.—*Illustrated London News*, Nov. 26th, 1853.

COMFORTS FOR INVALIDS.—We beg to call the attention of our readers to the beautiful mechanical inventions of Messrs. Chapman and Alderman, of 8, Denmark-street,

Soho, London, who have, by their studies and perseverance, conferred the greatest blessings upon suffering humanity. They have not only studied the perfection of the mechanical adjustments to their invalid beds, couches, chairs, and carriages, but beauty of design, so as to render them suitable for either bed-room or drawing-room, and at prices suitable for all classes. And, in order that their articles may be properly understood we intend giving an illustration of them in our next number.

## Notices to Correspondents.

A SUBSCRIBER.—No; but you can write to Mr. Blatch.

PSI.—Remuneration for the service ought to be given by the Board of Guardians, who are empowered to do so under the Act passed for the purpose. In some instances the Board of Health, having required a Board of Guardians to appoint Officers of Health, the Local Board has elected its Union officers, who have taken the duty without salary—a most injudicious and suicidal step. The matter must be settled between yourself and the Board of Guardians.

MR. WEST.—Communication received. We regret the delay in the transmission of the "Circular," but it was unavoidable.

DR. CAMPS.—Communication received.

To the Editor of the "Medical Circular."

SIR,—Will some of the authorities connected with Guy's Hospital explain why the late Astley Cooper Prize on the Spleen, awarded in July last, is not visible? According to the will of the late Sir A. Cooper, the Prize Essay, with the preparations and drawings, are to be deposited in the Library or Museum, and are to be "the exclusive property of the Hospital."—I am, Sir, your obedient servant, INQUIRER.

Dec. 14, 1853.

MR. C.—A private letter shall be sent.

R.S. paper. "Homœopathy Truly Represented," shall appear on an early occasion.

To the Editor of the "Medical Circular."

SIR,—Can you furnish me with the following information:—1st. What number of medical men are employed in attending convicts? How many convicts each has charge of? And what remuneration does each medical man receive? 2nd. Whether Mr. Farr's report on Cholera is to be purchased, and at what price? If not, how it can be obtained? If you can tell me these things, you will much oblige your obedient servant, W. E. C. N.

To the Editor of the "Medical Circular."

SIR,—In the Circular, Nov. 30, it is stated that Mr. Jardine gives it as his opinion medical witnesses are entitled to a "usual sum as a matter of course." Now I know there is an act implying the necessity of magistrates in certain cases employing medical witnesses, but I know of no act affecting Ireland that names how or from what fund the fees are to come. I have suffered considerably in this way, and will feel obliged if you cannot direct me to the act, you will kindly ask Mr. Jardine for the information, Yours, obliged, J. M. GARTY, M.D.

Slane, Ireland, December 3rd, 1853.

[Perhaps some of our correspondents may be able to answer the question.]

A SUBSCRIBER.—The Leeds ale referred to is similar to that brewed at Burton-on-Trent. It is, we believe, known as Tetley ale. We have tried it, and consider it to be a good and properly-brewed beverage, possessing the usual properties peculiar to pale ale. We believe that the only mystery in the making, is the employment of genuine malt and hops.

MR. JACKSON.—We answer "Yes" to all the questions.

M.R.C.S. Eng.—We have been informed of the infamous treatment to which the eminent surgeon has been exposed. We shall refer to it in due time.

DR. C.—The subject is not, in our opinion, worth the notice bestowed upon it. There is much cry but little wool.

INQUIRER.—The process is well described in Queckett's "Lectures on Histology," published by Bailliere.

A MILITIA SURGEON.—We advise our correspondent to communicate with Dr. Williams, of Mold, who will receive the names of gentlemen willing to co-operate in the good cause. It has our best wishes.

MR. MOSS'S letter "On the Saline Treatment in Cholera" is published this week. It would have been published earlier, but, owing to the press of other matter, was unavoidably postponed.



## Moveable Artificial Eyes. — The

PRIZE MEDAL of the Great Exhibition was awarded exclusively to the EYES made by W. R. GROSSMITH, 175, Fleet-street, London. They are fitted in a few hours without pain or operation, in every case where sight has been lost; they effect a perfect MOVEMENT, in accordance with the action of the natural Eye; the colours of the Iris are closely matched, and they are the only Artificial Eyes yet invented not liable to crack in wearing. Sent by post to all parts of the world, from the Manufactory, 175, Fleet Street, London.

\*\*\* References given to the Senior Surgeons of the Royal Ophthalmic, Bartholomew's, St. George's, Thomas's, and all the principal hospitals of London, Edinburgh, Dublin, Liverpool, &c., by whom they are recommended.

## H. Silverlock's Medical Label Ware-

house, LETTER-PRESSES, COPPER-PLATE, AND LITHOGRAPHIC PRINTING OFFICES, 3, Wardrobe-terrace, Doctor's Commons, London.

The Members of the Medical Profession are respectfully informed that at H. SILVERLOCK'S Establishment they will find every kind of Label they can possibly require; and also, that every description of ENGRAVING, LETTER-PRESS, COPPER PLATE, and LITHOGRAPHIC PRINTING is executed by competent workmen, and at the lowest terms.

Catalogues of each sort of Labels are published separately, and will be sent per post on application.

Established 1831.

## Bowles's Letter-press, Copper-plate,

and Lithographic PRINTING OFFICE and LABEL WAREHOUSE, 274, WHITECHAPEL ROAD, LONDON. Surgeons and Chemists' Labels in great variety, 2d. per hundred. Plain Labels, 2d. to 3d. per hundred. Pill and Ointment Labels, 2d. to 3d. per hundred. Dispensing Labels, with Name, &c., printed on cream post paper, well gummed and cut, 3s. per. 1000. Retail ditto, 2s. per 1000. Ornamental and Latin Labels, Show Cards, &c., &c. Priced Catalogues and books of specimens may be had on application. Engraving in all its branches.

TO SURGEONS, CHEMISTS, &c.

## Sulphate of Quinine (without

Alcohol). Patented 28th of July, 1853, by EDWARD HERRING. Chemical Works, Trinity-street, Southwark, London.

These Sulphates of Quinine are prepared by extracting the coloring of the bark by means of a caustic solution of Soda or Potash; thus avoiding the necessity of the usual bleaching Agent, impure Animal Charcoal—and dispensing with the use of Alcohol. The Patent has, therefore, the advantage of manufacturing a Sulphate of a Quality very superior to that produced by the ordinary Spirit process.

The WHITE (Bleached) SULPHATE is the usual article of commerce, but being manufactured by the patent Caustic Alkali process, requires the agency only of pure Animal Charcoal, for the perfect bleaching of the Salt, producing a whiteness which is scarcely possible to be attained by the hitherto known processes. Put up in the usual 1oz. bottles; also in 4oz. bottles (free).

THE UNBLEACHED SULPHATE, although of such recent introduction, has not only been chemically attested and approved, but already put into extensive application by the large London and Provincial Hospitals and Dispensaries.

The Crystalline form is the same, and is, in every respect, identical with the usual white article, with the exception of the one being bleached and the other unbleached.

Independently, therefore, of its commercial points, the vast saving of about 20 per cent. in price, is not the least of its recommendations. Put up in bottles (free) of 3 oz. each, also 1 oz. sample bottles.

The PATENTED SULPHATES to be had of the leading Drug gists in London and the United Kingdom, and in quantities of not less than 100 ounces, from the Manufactory, Chemical Works, Trinity-street, Southwark, London.

July 28, 1853.

## The Most Certain Prevention of

Cholera yet Discovered.—Further Great Reduction in Price.—CREW'S DISINFECTING FLUID is the Best and Cheapest. The improved Chloride of Zinc for the purification of Dwelling Houses, Stables, Dog Kennels, Ships' Holds, Cess-pools, Drains, Water Closets, &c., the Disinfection of Sick Rooms, Clothing, Linen, and for the Prevention of Contagion and Bad Smells.

The extraordinary power of this Disinfecting and purifying Agent is now acknowledged, and its use recommended by the College of Physicians. Unlike the action of many other disinfectants, it destroys all noxious smells, and is itself scentless. The manufacturer, having destroyed a monopoly fostered by the false assumption of the title of a patent, has to warn the public against all spurious imitations. Each Bottle of Crew's Disinfecting Fluid contains a densely concentrated solution of Chloride of Zinc, which may be diluted for use with 200 times its bulk of water. Vide instructions accompanying each bottle. Sold by all Chemists and Shipping Agents in the United Kingdom. Imperial quarts at 2s.; pints at 1s.; half pints, 6d.; larger vessels at 5s. per gallon. Manufactured at H. G. GRAY'S, Commercial Wharf, Mill End, London.

## Horne, Thornthwaite, and Wood,

PHILOSOPHICAL and CHEMICAL INSTRUMENT MAKERS, 122, and 123, NEWGATE-STREET, LONDON.

Medical Achromatic Microscopes, in Case, for Anatomical Urinary Deposits, &c., £2 2s., £5 5s., and upwards.

Electro-Galvanic Machines, giving a uniform Current of Galvanism of great quantity, in one direction only, and of the only form and construction suitable for medical application, in portable case, £3 2s., £5 5s., and £8 8s.

Urinometers, gilt metal, 14s.; glass, 4s. 6d.; in case for pocket with Thermometer, Acid, &c., 21s. and 35s.

Apparatus and Tests for Analyses of Urine, and Toxicology. In Cases, £3 3s., £5 5s., and £10 10s.

## Henry Simpson, No. 55, Strand,

London, Manufacturer of SURGICAL INSTRUMENTS, of every description. Enema, and other Syringes, Trusses, Bandages, Crutches, Splints, Improved Extension Splints, Elastic Stockings, Knee Caps, &c., &c., &c. Surgical Instrument and Truss Maker to the ROYAL NAVAL HOSPITALS, &c., Manufacturer of Table Knives, Razors, Pen and Hunting Knives, and every description of Fine Cutlery. Cases of Razors, Scissors, Needles, Cutlery, &c. in great variety.—Prize Medal, Exhibition of 1851.

## Dissecting and all other Surgical

Instruments, best quality, and lowest price. ELASTIC STOCKINGS from 5s.; URINALS, for Railway or Night use, from 12s.

ENEMAS at all prices, at

PRATT & CO'S

420, OXFORD-STREET, LONDON.

## Blackwell, Surgeon's Instrument

and Truss Maker, and Cutler, 3, Bedford court, Covent-garden, and at the Royal Panopticon of Science and Art, Leicester-square, London, Inventor and Maker of the Registered Guard Razor, the Bostrukizon.—Ellis's Belts and Splints for Fractured Clavicle Improved Ear Speculum, Belts for Lunatics, Invalid Removing Seat. Cylinder Bandage Roller, Revolving Head-Spring extending Crutch. Patent Elastic Stockings, 7s. each; Knee-caps, 4s.; Anklets, 4s.; Calf-pieces, 5s. Urgently recommended by the Faculty, for the prevention of Varicose, and to all using violent exercise.

## Stringfellow's Patent Electro-Gal-

VANIC PORTABLE BATTERY.—These Batteries, being the size of a lady's card-case, easy in their application, and certain in their action, afford the most complete method yet known of applying, for curative purposes, a mild, continuous, Electro-Galvanic Current, and have been most successfully applied. Price One Guinea; by post 22s. "Its principle is the same as Pulvermacher's Chain; but it is more effective and energetic, &c."—ASSOCIATION MEDICAL JOURNAL.—W. ELLIOTT and SONS, Opticians, 56, Strand, London.

## Silver Superseded and Robbery

PREVENTED by RICHARD and JOHN SLACK'S

CHEMICALLY PURIFIED NICKEL SILVER,

acknowledged to be the purest metal in existence, at one-twelfth the price of silver, made into every article for the table, as cruet-frames, tea-pots, candlesticks:—

	Fiddle Pattern	Strongest Fiddle	Tbread Pattern	King's Pattern
Table Spoons and Forks, per Dozen	12s. and 15s.	19s.	28s.	30s.
Dessert do.	do. 10s. and 13s.	16s.	21s.	25s.
Tea Spoons do.	do. 5s. and 8s.	8s.	11s.	12s.

A sample tea spoon sent free, on receipt of ten postage-stamps.

## SLACK'S NICKEL ELECTRO PLATED.

R. & J. S. also call attention to their NICKEL SILVER, Electroplated by Messrs. Elkington and Co.'s Patent Process, which cannot be distinguished from Sterling Silver except by mark.

TABLE SPOONS and FORKS, per Dozen . 30s. and 40s.

DESSERT ditto and ditto ditto..... 20s. and 30s.

TEA SPOONS ..... 12s. and 18s.

SLACK'S TABLE CUTLERY has been celebrated for 35 years for quality and cheapness.

RICHARD and JOHN SLACK also solicit an inspection of their extensive stock of NICKEL SILVER WARES, Electroplated by Messrs. Elkington and Co.'s Patent Process, which cannot be distinguished from Sterling Silver. Their stock also consists of Paper and Japan Tea-trays, Palmer's Candle Lamps, Dish Covers, as well as every article in Furnishing Ironmongery; every article marked in plain figures, at such prices that will fully convince purchasers of the advantages of purchasing at their establishment.

A most elegant assortment of Bronzed Fenders, at Prices that defy competition.

Their Catalogue of Drawings and Prices may be had gratis, or sent post free. Orders above £2 sent carriage free, per rail, within 200 miles.

RICHARD and JOHN SLACK, 366, STRAND,  
(Opposite Somerset House)  
ESTABLISHED 1818.



# MEDICAL BENEVOLENT COLLEGE.

OFFICE:—37, SOHO SQUARE.

President.

THE RIGHT HONOURABLE THE EARL MANVERS.

Trustees.

DR. J. A. WILSON.  
JOHN BACOT, ESQ.  
DR. R. LEE, F.R.S.

B. PHILLIPS, ESQ. F.R.S.  
W. FERGUSSON, ESQ. F.R.S.

Treasurer.

JOHN PROPERT, ESQ. 6, New Cavendish-street.

The preliminaries that delay the execution of great undertakings, and that have not failed to impede the progress of the Medical Benevolent College, have been overcome. The Foundation-stone has been laid by the noble President, under the acclamations of thousands of spectators, who proved their zeal in the cause by a liberality worthy of themselves and the occasion. The first contract for a large part of the building, comprising the offices for the School, [and dwellings for Four Pensioners, has recently been entered into, and we may safely look forward to the ensuing Spring as the time when the portion which is now to be commenced will have risen above the ground, and give promise of speedy completion.

But for a large and hearty co-operation on all sides, thus much could not have been achieved, even by the indomitable perseverance and energy that have been brought to bear; yet it is necessary to remind the friends of the Institution of the peculiar and unexpected changes which have influenced the entire commercial world since the first estimate for the College was made, and which cannot but react upon this individual undertaking. The higher value of labour, as well as material, has already greatly added to the cost, and there is no reason to assume that a future reduction will occur, while we may justly fear a further advance. The plans have been somewhat enlarged, so that an amount considerably beyond what was originally considered necessary will now be required, and it is only right that the supporters of the College should be aware of the fact. At the same time it must spur them on to continue in their warm and zealous endeavours; it should urge them to accelerate, by every means in their power, by word and deed, the completion of the undertaking, in order that here, at least, may be a monument, showing both the unanimity of the Members of the Profession, and their ability to achieve a great deal. It was this yearning after a symbol of their real unity that prompted greater activity in this cause than has yet been displayed by medical men as a body; it is this consciousness of its importance in a moral, as well as a physical point of view, which promises its realization. We must not, however, be satisfied with the grandeur of the idea; we must be active, zealous, and persevering; we must not leave a stone unturned, or a faculty unemployed, until the germ is developed, and the acorn which was planted, we trust under the blessing of the Almighty, will have been matured into a sturdy and wide-spreading oak.

Let every individual medical man take these words to heart, and consider it his duty to aid in the speedy completion of the Medical Benevolent College, and he will at once do honour to himself, to his profession, and to his country!

## AMOUNT PREVIOUSLY ADVERTISED ... .. £21,000.

£ s. d.	£ s. d.	£ s. d.			
Archer, G. S. Esq. Wingham Green, near Canterbury, per Dr. Gooch	1 1 0	Cooper, Mrs. Dorchester, the Executors of the late, per Dr. Cowdell	5 0 0	Miller, Mrs. Southend, per W. R. Warwick, Esq.	1 1 0
A Lady, per Dr. Barker, Bedford...	1 0 0	Davey, Mrs. Norris F. Romford	5 5 0	Onslow, Col. the Hon. McElliker, Guildford, per James Steadman, Esq.	1 1 0
Armstrong, Rev. J. E. D. D. L. L. D. Incumbent of St. Paul's, Bermondsey, per H. Cuolahan, Esq.	1 0 0	Dunn, Robert, Esq. Norfolk street, A Lady, per...	1 1 0	Potter, — Esq. Pall mall	5 0 0
Bruce, W. Downing, Esq. Middle Temple	10 10 0	Drew, Hayward, & Barron, Messrs. Wholesale Druggists, per Wm. Carr, Esq.	5 5 0	Palmer, Charles, Esq. the Hospital, Gt. Yarmouth, per S. Smyth, Esq.	1 1 0
Brock, Rev. Octavius, Rector of of Deŋgie, Essex, per G. M. Whimper, Esq.	1 0 0	Garland, Edward, Esq. Student at St. George's Hospital, collected by	1 13 0	Parke, John Latimer, Esq. Sideswell, Derby, per Dr. Robertson, Buxton	1 1 0
B. O. X. (a surgeon's son)	5 0 0	Garden, Mrs. Gloucester terrace, Hyde park	1 1 0	Patrick, Thomas, Esq. St. James's street, A Lady per	0 10 0
Boyd, Miss, Down, Ireland, per Dr. Boyd, Wells	1 0 0	Goodwin, Dr. Norwich, 2nd don. per Dr. Cotton	0 10 0	Partridge, C. Esq. Horsenden house Princes Risborough, per T. D. Warren, Esq.	1 0 0
Butcher, John Langton, Esq. Herne Hill, per Charles Harris, Esq. Guildford street	10 10 0	Goodwin, Mrs. Southend, per W. R. Warwick, Esq.	1 1 0	Pollard, Mrs. E. W. Brompton, the 3rd instalment arising from the sale of the "Penshurst Quadrilles"	10 10 0
Browne, Mrs. Hullett, Euston sq. collected by...	9 3 6	Hall, W. H. Esq. Wareham, per Dr. Cowdell	3 3 0	Rayner, Dr. Paris	60 0 0
Burdett, Rev. A. Long, Buckby, per W. Dix, Esq.	0 10 0	Hodson, J. Esq. per H. Barnett, Esq. Farringdon	1 1 0	Rothery, H. Cadogan, 94 Gloucester terrace, Hyde park	1 1 0
Colgate, Mrs. Robert, Eastbourne	5 5 0	Harrison, G. F. Esq. Devonport	1 1 0	Rosevear, Mrs. Barnpark, Boscastle, Cornwall, per R. Bluett, Esq.	1 0 0
Cotton, Miss Eve, Holland, per Dr. Cotton, Lynn	0 5 0	Husband, W. D. Esq. York, per E. Allen, Esq.	1 1 0	Ryder, T. J. Esq. Royal Kent Dispensary, Deptford, per Dr. Price	8 8 0
Coleby, John, Esq., Fynone, Newcastle-Emlyn	2 2 0	Jeffreys, Wm. Esq. Harewell, per E. Garraway, Esq.	1 1 0	Stedman, James, Esq. Guildford	2 2 0
Collected at St. Michael's Church, Pimlico, after a Sermon by the Rev. Wm. Harrison, M.A., Rector of Birch	72 0 0	Jones, Miss Lydia, Bala, North Wales	5 0 0	Senior, Miss, per G. Fincham, Esq.	5 5 0
Cressingham, Jonah, Esq. Carshalton	10 10 0	Kay, John, Esq. Old street, St. Luke's	5 0 0	Sanders, Miss, Ferry, Pontefract, per Dr. Simpson	5 0 0
Curling, George, Messrs. and Co. Cullum street, City, per A. Markwick, Esq.	5 5 0	Keown, Mrs., Down, Ireland, per Dr. Boyd, Wells	1 0 0	Taylor, Miss C. Trowbridge, collected by	7 0 0
Cuolahan, Hugh, Esq. Bermondsey ann.	1 1 0	Lowndes, Edward, Esq. Eaton pl. and Preston, per George C. Jonson, Esq.	5 0 0	Taylor, Miss, Kennington row, Kennington common	5 5 0
C. G. Miss, per T. D. Warren, Esq. Princes Risborough	0 5 0	Martin, J. Esq., Portsmouth	10 10 0		
		McTernan, James, Esq., Greenwich Hospital, per E. McShane, Esq.	1 0 0		



# ADVERTISEMENTS.

	£	s.	d.
Terry, John, Esq. Montpelier street, Brighton, per Dr. Price, Deptford...	1	1	0
Turner, Thomas, Esq. Manchester, A Friend per ...	1	12	0
The Editor of the "Cambrian" ...	1	10	0
Upfold, Richard, Esq. Bush house, Arundel ...	10	10	0

	£	s.	d.
Wallis, Mrs. M., Mayfield ...	5	5	0
Wilkinson, Mrs. Cachus, Sydenham Welch, Mrs. John, Manor road, Walworth ...	5	5	0
White, J. L. Esq. Dowlais, Glamorganshire ...	10	10	0
Webb, Edward Low, Esq. Elizabeth street, Eaton square ...annual	1	1	0

	£	s.	d.
Wakeham, Miss, per T. Taylor, Esq. Bocking ...	5	5	0
Williams, William Rhys, Esq. Wellington road, St. John's wood, per G. Fincham, Esq....	1	1	0
Whimper, G. M. Esq. Tillingham...	1	0	0

## COLLECTED BY HONORARY LOCAL SECRETARIES AND OTHERS.

	£	s.	d.
By Dr. KENNY, Canton, China.			
Dent, John, Esq. Canton ...	5	0	0
Gilman, R. G. Esq. ditto ...	2	10	0
Nye, G. Esq. ditto ...	2	10	0
Framjee Pestonjee. ditto ...	2	10	0
Wardley, W. H. Esq. ditto ...	2	10	0
A Mahomedan Friend, ditto ...	1	5	0
Johnson, D. Esq. ditto ...	2	10	0
Smith, H. H. Esq. ditto ...	2	10	0
Smith, A. Esq. ditto ...	1	5	0
Ripley, P. W. Esq. ditto ...	1	5	0
Neave, T. D. Esq. ditto ...	2	10	0
Anderson, G. Esq. ditto ...	1	5	0
Bateson, C. E. Esq. ditto ...	1	5	0
Butt, John, Esq. ditto ...	1	5	0
Cleverly, O. Esq. ditto ...	1	5	0
Margesson, H. D. Esq. ditto ...	1	5	0
Vandenburgh, A. Esq. ditto ...	1	5	0
Mackenzie, S. Esq. ditto ...	1	5	0
Still, E. A. Esq. ditto ...	1	5	0
Barnet, G. Esq. ditto ...	2	10	0
Seare, G. Esq. ditto ...	1	5	0
Croix, St. George de, ditto ...	1	5	0
Hulbert, J. A. Esq. ditto ...	1	5	0
Moul, George, Esq. ditto ...	1	5	0
Kenny, Dr. ditto ...	10	10	0

By Wm. SWEETING, Esq. Abbotsbury.			
Amount previously advertised ...	38	0	6
Ilchester, Earl ...	5	0	0
Groves, Mr., Abbotsbury ...	0	10	0
Dodson, Mr. ditto ...	0	7	0
Cox, Mrs., Letton ...	1	1	0
In small sums...	0	3	0

By Mrs. HATTON, Manchester.			
Hatton, John, Esq. Oxford street, Manchester...	2	2	0
Kirkman, John M. Esq. Ardwick ...	1	1	0
Hoyle, John, Esq. Manchester ...	1	1	0

By Dr. POWER, Maidstone.			
Amount previously advertised ...	95	1	0
Brenchley, Mrs. Monckton J. ...	5	5	0
Vallance, Rev. Wm. Maidstone ...	2	0	0

By H. B. C. HILLIER, Esq. Tenby.			
Amount previously advertised ...	3	2	0
Puxley, J. L. Esq. Tenby ...annual	1	1	0
Cox, Rev. Hayward, ditto ...	0	10	0
Potter, J. Esq. Haverfordwest ...	0	10	0
Hillier, H. B. C. Esq. Tenby, annual ...	1	1	0

By THOMAS ROLPH, M.D. Portsmouth.			
Amount previously advertised ...	2	2	0
Martin, J. Esq. Portsmouth ...	10	10	0
Everleigh, Capt. ditto ...	1	1	0
Gillman, G. Esq. ditto ...	1	1	0
Emanuel, E. Esq. ditto ...	0	10	6

By J. C. SYMES, Esq. Devizes.			
Amount previously advertised ...	10	16	0
Waylen, Mrs. George, Devizes ...	5	5	0
Wood, Rev. P. A. ditto ...	1	10	0
McCormack, Rev. J. ditto ...	0	5	0

By JUKES DE STRAP, M.D. Shrewsbury.			
Amount previously advertised ...	15	2	0
Hickman, Joseph, Esq. Brockton, Salop ...	1	1	0
Broughton, Robert, Esq. Ruyton XI Towns, near Shrewsbury, ann.	1	1	0

By F. B. HUNT, M.D. Farningham.			
Amount previously advertised ...	21	12	0
Cooper, Mrs. Farningham ...	5	0	0
Dare, Mrs. G. H. ditto ...	3	0	0

By J. TAYLOR, Esq. Old Kent road.			
Gay, John Lewis, Esq. Chester pl. Old Kent road ...	0	10	6
Durham, William, Esq. Surrey pl. Old Kent road ...	0	10	0
Smith, Mrs. Thomas, Swan street, Dover road ...	1	0	0
Hains, Henry, Esq. New Dorset pl. Clapham road ...	1	1	0
Milbank, Capt. Ormond place, Old Kent road ...	0	10	0
Collett, Mr. Walter, Old Kent road ...	0	10	0
Phillips, James, Esq. White cottage Old Kent road ...	1	1	0

Jones, Alfred A. Esq. Quality court Chancery lane ...	1	1	0
Taylor and Palmer, Messrs. Surgeons, Old Kent road ...	2	2	0

By Wm. DALTON, Esq. Cheltenham.			
Amount previously advertised ...	101	8	9
Capper, Mrs. Cheltenham ...annual	1	1	0
Smith, T. M.D. ditto ...annual	1	1	0
Clutterbuck, Miss, ditto ...annual	1	1	0
Hooper, Dr. ditto ...annual	1	1	0
Tibbs, S. Esq. ditto ...annual	1	1	0
Eleum, E. F. ditto ...annual	1	1	0
Clarke, Miss H. ditto ...annual	1	1	0
Gabb, A. W. Esq. ditto ...annual	1	1	0
Burns, Col. ditto ...annual	1	1	0
Newman, T. Esq. ditto ...annual	1	1	0
Thackwell, W. Esq. ditto ...annual	1	1	0

By CHARLES SYLVESTER, M.D. Cowbridge.			
Amount previously advertised ...	31	18	0
Toogood, — Esq. Cowbridge ...	0	10	6
Rees, — Esq. ditto ...	0	10	0
Williams, E. M.D. Dublin... ..	0	10	0
A Friend ... ..	1	0	0
Edmondson, Rev. W. Cowbridge ...	1	1	0
Pritchard, Wm. Esq. Taleston ...	1	1	0
Ritchie, J. Esq. Swansea ...	1	1	0
Rees, Miss, Cowbridge ...annual	1	1	0
Franklyn, Richard, Esq. ...annual	1	1	0
Sylvester, Charles, M.D. ...annual	1	1	0

By J. W. EASTMENT, Esq. Wincanton.			
Amount previously advertised ...	3	0	0
Bastard, T. C. Esq. Charlton house, Wincanton ...	5	0	0
Marriott, Rev. Thomas, Wincanton ...	1	1	0
A Curate ditto ...	0	11	0
Biging, Mrs. Penn Lodge ditto ...	1	1	0
Taylor, James, M.D. Castle Cary ...	1	1	0
Larcombe, John, Esq. Langport... ..	1	1	0
Brine, J. E. Esq. Shaftesbury. annual	1	1	0

Mead, Rev. David, Brewham ...	1	1	0
Foster, Rev. A. B. Horsington ...	1	1	0
Dodginton, Rev. T. M. Horsington house, Wincanton ...	1	1	0
Rumsey, Charles, Esq. Mere, Wilts ...	1	1	0
By DRAPER MACKINDER, M.D. Gainsborough.			
Jepson, Geo. Esq. Gainsbrough ann.	1	1	0
Mackinder, D. Esq.... ..annual	1	1	0
Williams, James, H. Esq. West Stockwith ...	0	10	6

By F. HAWARD, Esq. Halesworth.			
Athill, Rev. Sombe, Halesworth ...	1	0	0
Johnson, A. Esq. ditto ...	5	0	0
Howard, Edwin, M.D. Harley st. Cavendish square ...	1	1	0
Crisp, B. J. Esq. Harleston, Norfolk ...	1	0	0
Haward, Frederick, Esq. ...	1	1	0

By C. D. FENTON, Esq. Doncaster.			
Schofield, Edward, M.D. Doncaster ...	10	10	0
Russell, Wm. Cook, Esq. ditto ann	1	1	0
Baxter, Robert, Esq. ditto ann	1	1	0
Mapplebeck, Thomas, Esq. Skelbrook, near Doncaster ...annual	1	1	0
Mapplebeck, Miss, ditto ...annual	1	1	0
Payne, John Parkin, Esq. the Yews in Bradfield, Yorkshire ...annual	1	1	0
Moore, Wm. Withers, Esq. Doncaster ...	1	1	0
Walker, George Clark, Esq. Mayor of Doncaster ...	1	1	0
Sykes, John, M.D. Doncaster ...	1	1	0
Wright, Rev. Godfrey, Bilham house, near Doncaster ...	5	0	0

By E. EVANS, Esq. Cardiff.			
Jones, Henry, Esq. Heathfield Cardiff ...	10	10	0
Williams, C. C., Esq., Roath court, Cardiff ...	1	1	0
Evans, E. H. Esq. ditto ...	1	1	0
Reece, R. F. Esq. Cardiff ...	0	10	0
Reece, Mrs. ditto ...	0	10	0
Evans, C. H. Esq. ditto ...	1	1	0

A Lady 'ditto ...	0	5	0
Morgan, Rev. W. L. Vicar of St. Mary's, Cardiff ...	1	1	0
Stacey, Rev. T. Rector of Gellygare	1	0	0
Lewis, Jas. Esq. Cardiff ...annual	1	1	0
Paine, H. J. Esq. ditto ...annual	1	1	0
Edwards, Dr. ditto ...annual	1	1	0
Evans, Thomas, ditto ...annual	1	1	0

By J. D. BROWNE, Esq. Haverfordwest.			
Phillipps, J. H. Esq. M.P. for Haverfordwest ...	5	0	0
Walters, Wm. Esq. Mayor of ditto	5	0	0
Adams, Mrs. Haverfordwest ...	1	1	0
Harney, John, Esq. ditto ...	1	1	0
Davies, Wm. Esq. ditto ...	1	1	0
Rees, Wm. Esq. ditto ...	1	1	0
Harries, John Harding, Trevacon	1	0	0
Harries, Miss ditto ...	0	5	0
Harries, the Misses ditto ...	0	10	0

By NATHANIEL HENRY CLIFTON, Esq. Islington			
Amount previously advertised ...	182	5	10
Smith, R. T. Esq. Springfield house, Canonbury square, ...annual	1	1	0
Jackson, J. P. Esq. Scibbon's buildings, Islington ...	5	5	0

By R. W. WATKINS, Esq. Towcester.			
Deacon, Samuel, Esq. Towcester ...	1	0	0
Ives, Rev. C. Bradden, ditto ...	1	0	0
Hutton, B. Esq. Park street, Grosvenor square ...	1	0	0
Watkins, R. C. Esq. Towcester ...	1	0	0
Watkins, E. T. Esq. R.N. Towcester ...	1	0	0
Smith, Rev Samuel, Lois Weedon	1	0	0

By GEORGE F. WILKS, Esq. Ashford.			
Furley, Robert, Esq. Ashford ...	10	10	0
Wilks, Mrs. ditto ...	5	5	0
Sheppard, Mrs. ditto ...	5	5	0
Thornton, Mrs. John, St. Alphage, Canterbury ...	5	5	0
Curteis, Mrs. W. Ashford ...	5	5	0
Walsh, Mrs. T. W. Worcester ...	5	0	0
Paine, — Esq. Ashford ...annual	1	1	0
Wall, Mrs. ditto ...annual	1	1	0
Dobree, John, Esq. ditto ...	1	0	0
Dobree, Miss, ditto ...	1	0	0
Elliott, George, Esq. ditto ...	1	0	0
Stoddard, Edward, Esq. ditto ...	0	10	0
Ramsey, H. P. Esq. ditto ...	0	10	0
Morley, — Esq. ditto ...	0	10	0
Brothers, — Esq. ...	0	10	0
In small sums...	0	7	6

By CHARLES F. POLLARD, Esq. Brompton crescent.			
Pollard, R. B. Esq. Crescent House, Brompton... ..annual	1	1	0
Price, A. Esq.... ..	1	1	0
Pollard, Charles F. Esq. Brompton crescent ...	1	1	0
Pollard, Mrs. F. B. ...	1	1	0
Rodwell, Mrs... ..	0	10	0
Smart, Mrs. ...	0	10	0
Beaumont, Miss ...	0	10	0
Salt, the Misses ...	1	1	0
In small sums ...	3	16	0

By JOHN WALTERS, Esq. Dover.			
Amount previously advertised ...	571	5	0
Wheeler, Wm. Lowe, Esq. Northfleet ...	1	1	0
Day, Thos. Esq. Tunbridge Wells	1	1	0
A Surgeon's Sister ...	0	10	6
Kingsford, Wm. Esq. Dover ...	1	1	0

By JOHN PRICHARD, Esq. Leamington.			
Amount previously advertised ...	89	0	0
Leigh, Lord ...	1	0	0
Charles, Mrs.... ..	5	5	0

By J. T. HESTER, Esq. Oxford.			
Amount previously advertised ...	39	2	6
Wakeman, G. Esq. Thame...annual	1	1	0
Rusher, Wm. Esq. Oxford...annual	1	1	9
Doughty, T. Esq. Wantage...annual	1	1	0



# ADVERTISEMENTS.

£	s.	d.	£	s.	d.	£	s.	d.			
Stone, Mrs. T. Prebendel house, Thame	0	10	0	Graham, Mrs. George, collected by	6	10	6	Benson, Patrick, Esq. Luton ann.	1	1	0
By PETER MARTIN, Esq. Reigate.				Hudson, Frederick, Esq.	1	1	0	Butlin, Mrs. George St. ditto	1	1	0
Amount previously advertised	130	12	1	Rayner, John, Esq. ...annual	1	1	0	Clarke, Frederick Esq. ditto ann.	1	1	0
Lainson, Henry, Esq. Reigate...ann	1	1	0	Vaudrey, Wm. C. Esq. Bredbury, near Stockport	2	2	0	Eade, —, Esq. ditto	0	10	6
M. W. ...	0	10	0	Wilkinson, James, Esq. Stockport	1	1	0	Farr, Joseph, Esq. Dunstable ann.	1	1	0
Young, George, Esq. Surgeon, from the brother of the late	10	10	0	A Friend	0	5	0	Farr, Frederick, Esq. ditto ann.	1	1	0
By JOSEPH GODDEN, Esq. Oxted, Birkenhead.				By T.R.JACKSON, Esq. New Mills, Derbyshire.				Ford-Bowes, Rev. T. F. D.D. Barton rectory, near Luton	1	1	0
Amount previously advertised	20	17	4	Ingham, James, Esq. Watford villa, New Mills	5	0	0	Gregory, George, Esq. Luton	0	5	0
Wilson, J. W. Esq. Oxted...	0	10	0	Taylor, J. Esq. Highfield house, New Mills	0	10	0	Heale, A. Esq. ditto ann.	1	1	0
Nuttall, J. H. Esq. ...	1	0	0	Forlen, Thomas, Esq. Lower Willington, Cheshire	1	0	0	Hunt, William, Esq. ditto	1	1	0
S. P. ...	0	5	0	By J. Howe, Esq. Marple, Cheshire.				Hadow, the Misses, Streatly, Luton	3	3	0
By J. CORDY BURROWS, Esq. Brighton.				Andrew, Charles, Esq. Comstall	1	0	0	Jones, John, Esq. ditto	1	1	0
Amount previously advertised	180	11	0	Dickson, Rev. T. B. M.A. Marple	0	10	6	Kingston, —, Esq. Harpenden, near St. Albans	1	0	0
Roberts, Dr. Brighton	10	10	0	Turner, Wm. H. Esq. ditto	0	10	6	Medland, Wm. Esq. Dunstable	1	1	0
Burrows, J. Cordy, Esq. Brighton 2nd don.	5	5	0	Slater, Mrs. Leigh, Disleywood	0	10	6	Stevens, Richard, Esq. Markgate street, Bedford	1	1	0
Vallence, B. Esq. Brighton...annual	1	1	0	Orford, Thomas, Esq. High Lane	0	10	6	Sworder, Thomas, Esq. Dunstable	1	1	0
Dingle, John K. Esq. ditto...annual	1	1	0	Brooke, Edward, Esq. ditto	1	1	0	Thompson, K. Esq. Luton...annual	1	1	0
Rowe, Wm. Hy. Esq. ditto...annual	2	2	0	Stephenson, Mrs. Marple	0	10	6	Sillkes, Rev. Thomas, Vicar of Luton	1	1	0
By HORATIO BLOOMFIELD, M.D. Poplar.				By Mrs. RENSCHAW, Altrincham, near Manchester.				Vyse, Richard, Esq. Luton...	2	2	0
Amount previously advertised	38	17	0	Dumville, C. W. Esq. Ardwick green, Manchester	1	1	0	Waters, Mrs. George street, Luton	1	1	0
Collected in All Saints Church, Poplar, after a Sermon by the Rev. Thomas T. Bazeley, Vicar	16	0	0	Windsor, John, Esq. Piccadilly, Manchester	5	0	0	Williamson, E. C. Esq. ditto	1	1	0
Hearnsnip, Rev. H. Poplar	1	1	0	Fletcher, J. Shepherd, Esq. Lever street, Manchester...	1	1	0	By Dr. BOWEN and Miss PRYTHERCH, Carmarthen.			
Stock, Mrs. ditto	1	1	0	Watts, T. H. M.D. Piccadilly, Manchester	1	1	0	Morris, D. Esq. M.P. Carmarthen	3	3	0
Pater, Miss Mina ditto	0	10	0	Boutflower, J. Esq. Strangeways, Manchester	1	1	0	Morris, W. Esq. Mayor of Carmarthen	2	2	0
Bloomfield, Miss ditto	0	10	0	Bates, Wm. M.D. Ardwick green, Manchester	1	1	0	Morris, T. Chas, Esq. Carmarthen	2	2	0
By R. D. GOODWIN, Esq. Ashbourne.				Stott, W. B. Esq. Birom street, Manchester	1	1	0	Davis, Valentine, Esq. ditto...	2	2	0
Amount previously advertised	9	11	0	Williamson, W. C. Esq. Rusholme road, Manchester	1	1	0	Williams, C. D. Esq. ditto...	2	2	0
Archer, Mrs. Bradley, Rectory annual	1	1	0	Lund, Edmund, Esq. St. John street, Manchester	1	1	0	Davis, Rev. John, R.N. ditto...	5	0	0
Errington, Rev. J. R. Vicar of Ashbourne	1	1	0	Birks, Edward B. Esq. Salford, Lancashire	1	1	0	Prytherch, Daniel, Esq. ditto...	2	0	0
Powell, H. F. Esq. ...	1	1	0	Brownbill, Thos F. Esq. Crescent, Salford	1	1	0	Bowen, Major ditto...	1	1	0
Goodwin, Robert D. Esq. annual	1	1	0	Teale Joseph, Esq. Chapel street, Salford	1	1	0	Morris, Lewis, Esq. ditto...	1	1	0
Skerrington, John, Esq. annual	1	1	0	Roy e, Peter, Esq. Lever st. Manchester	1	1	0	Lloyd, Walter, Esq. ditto...	1	1	0
Whitham, Mr. J. ...	0	5	0	Harrison and Cooke, Messrs. surgeons, Manchester...	2	2	0	Davies, G. Esq. Pibor ditto...	1	1	0
E. B. ...	0	5	0	Lynch, Daniel, Esq. Broughton, Manchester	1	1	0	Rees, Mrs. Evan ditto...	1	0	0
By H. R. HUGHES, Esq. Bangor.				Shaw, J. Esq. Cheetham hill, Manchester	1	1	0	Harris, R. D. Esq. ditto...	1	0	0
Amount previously advertised	3	2	0	Walsh, John, Esq. Oldham street, Manchester	0	10	6	Price, J. L. Esq. Glangwilly, ditto...	0	10	0
Jones, Wm. M. D. Carnarvon	1	0	0	By Dr. SPARKE, North Buildings, Finsbury.				Williams, John L. Esq. ditto...	0	10	0
Joucs, Robert, Esq. ditto	1	1	0	Amount previously advertised	57	15	0	Owen, Rev. Jeremiah ditto...	0	10	0
Roberts, Watkins, W. Esq. ditto	1	1	0	Gridith, Newcombe, and Co. Messrs. Rood lane	5	5	0	Barker, John, Esq. ditto...	0	10	0
By L. NEWTON, Esq. Alconbury Hill.				Shepherd, J. Esq. Fenchurch street Green & Co. Messrs. Cornhill	2	2	0	Jeffreys, John, Esq. ditto...	0	10	0
Amount previously advertised	16	18	0	Toulmin, Messrs. Great St. Helen's Woolley, Thos. Esq. Fenchurch st.	1	1	0	Green, Francis, Esq. ditto...	0	10	0
Cooch, S. E. Esq. Huntingdon	1	1	0	Hodgton and Mobbs, Messrs. Leadenhall street	2	2	0	Jones, P. G. Esq. ditto...	0	10	0
Smith, Mrs. Cambridge	1	1	0	By PATRICK BENSON, Esq. and K. TOMSON, Esq. Luton.				Timmins, Joseph, Esq. ditto...	0	10	0
Sharman, Mr. Huntingdon	0	10	6	Benning, C. S. Esq. Dunstable	1	0	0	Timmins, John A. Esq. ditto...	0	10	0
Few, Mrs. Ramsey, collected by	3	8	6					Lloyd, Dr. ditto...	0	10	0
By EDWARD J. SPRY, Esq. Truro.								Higenbottom, — Esq. ditto...	0	10	0
Amount previously advertised	1	1	0					Jones, B. Esq. ditto...	0	10	6
Collins, E. Esq. Trentham, Truro	10	10	0					Jardrew, S. Esq. ditto...	0	10	0
Tweedy, W. M. Esq. ditto	1	0	0					Matthews, — Esq. ditto...	0	10	0
Micell, Tobias, Esq. Redruth annual	1	1	0					Warren, E. W. Esq. ditto...	0	10	0
Spry, Edward J. Esq. Truro annual	1	1	0					Davies, R. M. Esq. ditto...	0	10	0
A Friend	0	10	0					Jones, E. B. Esq. ditto...	0	10	0
By GEORGE Y. GRAHAM, Esq. Stockport.								Spurrell, George, Esq. ditto...	0	10	0
Kershaw, James, Esq. M.P. Victoria park, Manchester	5	0	0					Thomas, G. W. Esq. ditto...	0	10	0
ditto	1	1	0					Stacey, J. Esq. ditto...	0	10	0
Turner, George, M.D. Stockport	5	0	0					Lewis, John, Esq. ditto...	0	10	0
Bellow, Wm. H. Esq. ditto	1	1	0					Bagnall, George, Esq, ditto...	0	10	0
Brooke, John H. Esq. ditto	1	1	0					In small sums...	8	5	6
Brooke, Isaac, Esq. ditto ann.	0	10	0					By A. M. MCWHINNIE, Esq. Blackfriars.			
Cheetham, S. H. Esq. ditto	1	1	0					Amount previously advertised	132	6	0
Downes, George, Esq. ditto ann.	1	1	0					Wright, Constantine, Esq. Hampstead...	1	1	0
Graham, Geo. Y. Esq. ditto ann.	1	1	0					Burt, George, Esq. Crescent place, New Bridge street...	1	1	0
								Drew, John, Esq. New Burlington street	1	1	0

Members of the Profession who are desirous of acting as Honorary Local Secretaries for their respective neighbourhoods, or of otherwise assisting the Council, are informed that Collecting Cards, and such papers as are necessary to make known the claims and objects of the Institution, have been prepared, and will be forwarded on an intimation being made to the Secretary, at the Office.

All Donors of TEN GUINEAS and upwards are LIFE GOVERNORS; and Annual Subscribers of One Guinea are Governors during the continuance of their Subscriptions.

Any information with regard to the details of the Institution will gladly be communicated to parties addressing inquiries to the Secretary, at the Offices of the College, 37, Soho-square, by whom, as well as by Members of the Council, Subscriptions and Donations will be thankfully received; and also by the Treasurer and the following Bankers:—Messrs. Goslings and Sharpe, 19, Fleet-street; Coutts and Co., 59, Strand; Drummonds, Charing-cross; Glynn and Co., 67, Lombard-street; Scott and Co., 1, Cavendish-square; Hoare and Co., Fleet-street; The Union Bank of London, Regent-street Branch; Williams, Deacon, Labouchere, and Co., Birchin-lane; and by Cunliff and Co., Manchester.

The TENTH LIST will be published early in FEBRUARY.

By order of the Council,

EDWARD HENRY SIEVEKING, Honorary Secretary.  
HERBERT WILLIAMS, Assistant-Secretary.

Office, 37, Soho-square, November 30, 1853.



## King's College.—Practical Demon-

STRATIONS ON THE CHEMICAL AND MICROSCOPICAL CHARACTERS OF THE URINE. By Dr. BEALE, on Monday and Friday Evenings, from Eight to Half-past Ten. The next Course of Seven Demonstrations will commence in January. This class is limited to practitioners and gentlemen licensed to practice. For Syllabus, &c., apply at the Secretary's Office, King's College.

27, Carey-street, December 16th, 1853.

## Indian Bael.—“As to the Bael Fruit,”

says a professional friend in Calcutta, “I consider it the most certain remedy we possess for Dysentery and Diarrhoea. I have frequently seen it arrest the progress of these diseases in twenty-four hours, after all other medical treatment had failed.—See “Practical Observations,” by J. R. Martin, Esq. F.R.S., “Lancet,” July 16.

The Bael is imported and sold Wholesale, both in the ripe and unripe state, and in the form of Concentrated Decoction, by M. POUND, Chemist, 198, Oxford-street.

## Jozeau's Copahine-mege, or Sac-

charated CAPSULES, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhoea, Gleet, and Leucorrhoeal Discharges, on an average of six days (see “Lancet” of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by G. Jozeau, sole French Chemist, 49, Haymarket, London; and Jozeau, Pharmacien, 161, Rue Montmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with the name of Gabriel Jozeau printed thereon.

## Cod Liver Oil.—His Excellency the

Governor, and her Majesty's Council of Newfoundland having authorised letters patent to CHARLES FOX and CO., granting to them the exclusive right of manufacturing Cod Liver Oil by the process described in the said letters patent, they respectfully intimate to the medical profession and to the pharmaceutical chemists, that several importations of the produce of this season have been already received from Newfoundland, and have passed into the hands of the principal wholesale druggists in the kingdom. CHARLES FOX and CO. have also the satisfaction to state, that the oil of this season is pronounced by the trade to be of the finest quality ever introduced into this country.

Scarborough, 27th Sept., 1853.

## BROWN'S CANTHARIDINE BLISTERING TISSUE,

*Prepared from pure Cantharidine.*

## An Elegant Preparation, Vesicating

in much less time than the Emp. Lytta. P.L., easily applied and removed, and will not produce stranguary or troublesome after-sores. It has received the sanction and commendation of the most eminent practitioners in the kingdom.—In Tin Cases, containing twelve square feet, 6s. 6d.; and small Cases of six feet, 3s. 6d. each.

## BROWN'S TISSUE DRESSING,

An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the “New York Journal of Medicine,” March 1st, 1850.

“BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharidis are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the medical profession.

“Accompanying this article is a very simple and neat dressing.”

From the “Medical Examiner and Record of Medical Science,” for May, 1850, published in Philadelphia.

“We have received from Mr. George D. Phelps of New York, specimens of Brown's Cantharidine Blistering Plaster and Dressing, with which our readers are doubtless familiar as a new and exceedingly neat preparation, easy of application and certain in their effects. We have given them a fair trial, and find they fully answer our expectations.”

“Army Medical Department, January 16th, 1847.

“The Principal Medical Officer of the General Hospital, Port Pitt, Chatham, reports that Mr. Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of stranguary.

ANDREW SMITH, M.D.

“Deputy Inspector-General of Hospitals.

“Mr. T. B. Brown, Druggist.”

Prepared by THOMAS B. BROWN, PHARMACEUTICAL CHEMIST, 42, ADMIRAL-TERRACE, VAUXHALL-BRIDGE-ROAD, LONDON, and sold by the Sole Consignee, Mr. William Bailey, Wolverhampton, and all Wholesale and Retail Druggists and Medicine Agents throughout the British Empire.

## White's Saccharized Hydrate of

MAGNESIA.—This elegant and new preparation of magnesia may be relied on for its chemical purity. The manufacturer, having devoted several years to its preparation, can with confidence introduce it to the medical profession, from many of whom he has had the pleasure of receiving evidence of approval. The preparation is pure magnesia, freed from all unpleasant taste, but possessing both an alkaline and detergent property, each ounce containing an equivalent to twenty grains of the carbonate. For children and delicate persons it has proved most useful, as no disturbance or uneasiness is produced, by reason of its not liberating carbonic acid. The Hydrate of Magnesia has of late been found to be an antidote for numerous poisons, both metallic and vegetable.

Sold wholesale by W. V. Wright and Co., 11, Old Fish street, from whom may be had the article, particularly prepared for dispensing, in Gallons or Half-gallons; and retail by John Bell and Co., Savory and Moore, P. Squire, G. Waugh, George Colby, and other respectable chemists.

## Blake's Aerated Citrate of Potash

Water.—BLAKE, SANDFORD & BLAKE, 47, PICCADILLY, have recently prepared an Aerated Solution of Citrate of Potash, which they beg to introduce to those members of the profession who may desire it for the use of their patients. It will be found a valuable auxiliary in the treatment of Gout and Rheumatic Affections, as well as the Lithic acid Diathesis and Dyspepsia. Their Potash Water, as usual, contains 18 grains of the Bi-carbonate in each bottle; Soda, 15 grains; Magnesia, 12 grains; and Ammonia, 10 grains. Seltzer, Vichy, and other foreign waters from the respective analyses.

## W. Twinberrow begs to draw the

attention of the Medical Profession to his

## EXTRACT OF INDIAN HEMP,

Prepared expressly for him at Calcutta, its peculiarly sedative properties being so beneficial where opiates are inadmissible; also to his

## MEDICINAL EXTRACTS,

Prepared from the fresh plants (Hyoscyamus Niger, Conium Maculatum, Atropo, Belladonna, COTYLEDON Umbilicus, &c.), also to his Liq. Taraxaci, Liq. Galli Aparinis (a valuable alterative), Liq. Parietariae (diuretic), and Liq. Belce (prepared from the Egle Marmelos or Indian Bael), for Dysentery and Diarrhoea.

W. T. has a large supply of INDIAN BAEL, and PURE COD'S LIVER OIL of his own manufacture on hand.

2, Edwards-street, Portman-square.

## Davenport's Syrup of the Iodide of

QUININE and IRON.

FROM DR. GOLDING BIRD.—“48, Russell-square.—I have now for some time employed pretty largely the triple Compound of Iodide, Quinine, and Iron, prepared by Mr. John T. Davenport, in the form of Syrup. I do not hesitate to express my opinion of its great value as a therapeutic agent. It has appeared to me, that the Quinine assisted the assimilation of the Iron, and I have found it to be of very great value in cases in which the Iodide of Iron is recognised. This triple Compound possesses many advantages over the simple Iodide, and not the least of them is, the satisfactory manner in which it is tolerated by the stomach, especially if administered (as all preparations of Iron ought to be) immediately after a meal.—“GOLDING BIRD, A.M., M.D., F.R.S., Fellow of the Royal College of Physicians, Physician and Professor of Materia Medica at Guy's.”

FROM DR. GEO. P. MAY.—“Having for some time past extensively used the ternary compound of Quinine, Iodide, and Iron, prepared by Mr. J. T. Davenport, I can with confidence testify to its marked efficacy in cases of Struma and Anemia, and, indeed, in all instances in which the exhibition of Iron and its compounds is indicated. This preparation appears to combine all the therapeutic powers of its constituents without their nauseous qualities, which renders it an admirable medicine in the treatment of some of the disorders of childhood.—Geo. P. MAY, M.D.—Maldon.”

SYRUP OF THE IODIDE OF ZINC, as prepared for Dr. Barlow, of Guy's Hospital.

TARAXACUM (Davenport's) LIQUOR, or FLUID EXTRACT, Prepared by Spontaneous Inspissation, possesses every characteristic of the fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm. 6s. per lb.

CITRATE OF QUININE AND IRON. 25 per Cent. Quinine, 4s. 6d. per oz.

SYRUP OF THE IODIDE OF IRON. P. L. 3s. per lb.

BIMECONATE SOLUTION OF OPIUM. Professional testimonials acknowledge this preparation to be the most efficient sedative extant. The unpleasant effects of ordinary opiates are entirely obviated. Dose, fifteen to thirty drops. 8d. per oz.

COTYLEDON UMBILICUS. The Solid and Fluid Extracts, 1s. 3d. and 1s. per oz.; also, the Preserved Juice, 5s. 4d. per lb., as recommended by Mr. Salter, of Poole, in Epilepsy.

J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 33, Great Russell-street, Bloomsbury. A List of Preparations forwarded on application.



## ADVERTISEMENTS.

### Medical Agency & Lunatic Asylum

REGISTRATION.—MESSRS. LANE AND LARA, 14, JOHN-STREET, ADELPHI (Established A.D. 1828), have always for disposal, Practices, Partnerships, Asylums and such Businesses as are usually carried on by Professional men, of all kinds, in every locality. Commission is charged only to vendors for successfully conducting a negotiation, payable out of the purchase money. Any description of business transacted for medical gentlemen at a fixed and moderate cost. Assistants are provided without expense to principals.

Messrs. LANE and LARA have also much pleasure in respectfully inviting the attention of the profession to their LUNATIC ASYLUM REGISTRY, by which the friends of the Insane and of Invalids may obtain, gratuitously, the Terms and Prospectuses of establishments adapted to every class of the community, and the fullest information on every point connected with them. A list is kept of Superintendents, Medical Officers, Matrons, and Male and Female Attendants.—(Vide "The Lancet," May 10, and "Medical Times," May 17, 1851.

\*\*\* Office hours from Twelve till Four.

### Notice.—The List of Applications

of Surgeons for Appointments to Ships leaving England and France during the next year is being made up by J. HALL & CO., 34, Terrace, Trinity-square, Tower-hill, who are the only recognised Agents of the principal Houses and Steam Companies in this Country.

Duly Qualified Surgeons will be required for ships proceeding to India, China, Alexandria, Australia, the Cape, Mediterranean, Black Sea, Canada, New York, Baltimore, New Orleans. Every information relative to the Surgical Instruments required by Law, and Medicine Chests, which may be had at the Warehouse, Tower-hill. Passengers booked for any of the General Screw Steam Shipping Company's Vessels, to the Cape, Australia, and India.

### Royal College of Physicians, Degree

OF M.D., APOTHECARIES' HALL, &c.—DR. COOKE continues to assist (personally or by correspondence) Gentlemen desirous of Graduating in Medicine or Surgery, or of Matriculating at British or Continental Examining Boards.—For terms, &c., apply to DR. COOKE, East Temple Chambers, 2, Whitefriars-street, Fleet-st.

### To all Bad Writers.—Mr. T. H.

CARSTAIRS continues to give LESSONS to Ladies and Gentlemen in his highly-improved METHOD OF WRITING, enabling all those who require it to obtain a command and freedom seldom (if ever) equalled. Prospectuses of terms, &c., may be had at the Establishment, 18, Lombard street, City.

### Mayall's Daguerreotype Portrait

GALLERIES, 224, Regent-street, corner of Argyle-place, and 443, West Strand.—Mr. Mayall invites inspection of his newly patented process for producing crayon effects in daguerreotype miniatures, also his extensive collection of original portraits of parliamentary, scientific, literary, and theatrical celebrities. Portraits taken daily in the highest style of art, "Mr. Mayall's crayon pictures are much distinguished for the beauty of their execution, the tint being harmonious and neutral, the various textures of flesh, hair, drapery, &c., discriminated with a painter's taste, and an entire absence of a certain commonness of aspect which has tended hitherto to disparage this art."—Athenæum.

### Argyll Baths, 10, Argyll-place,

REGENT-STREET,  
AND AT 5, NEW BROAD-STREET, CITY.

TERMS:

WARM BATHS—ONE SHILLING EACH.

Reserved Rooms, including the Ladies' Department, One-and-Sixpence each; Twenty-one Transferable Tickets, One Guinea. Vapour, Sulphur, and Harrowgate Baths, 3s. 6d. each—8 for 21s. Hot Air, Mercurial, and other dry Fumigating Baths, 5s. each—8 for 21s.

Portable Warm Baths sent out within ten miles of London. Single Bath (with hot linen, &c.), within one mile of Argyll-place, 5s. every additional mile, 1s. extra.

An idea may be formed of the capacity of these Establishments when it is stated that upon their erection and completion upwards of £30,000 has been expended, and that at each place one hundred Baths can be given in an hour.

### Dr. Pereira.—This late Eminent

Physician's opinion of HARDS' FARINACEOUS FOOD for Infants and Invalids:—

"I have carefully examined, and repeatedly prescribed 'Hards' Farinaceous Food' (See Pereira's 'Treatise on Food and Diet,' pp. 309 and 473, &c.), which is prepared from the most nutritious of the cereal grains. It combines both nitrogenised and non-nitrogenised alimentary principles, and forms a very valuable food for children and invalids. "JOHN PEREIRA, M.D., F.R.S.,

"Assistant-Physician to the London Hospital.

"47, Finsbury-square, July 1, 1843."

Sold by Chemists and Druggists, Patent Medicine Vendors, Tea Dealers, and Italian Warehousemen, in 1s. and 2s. packets, and tin cases, 7s. 6d. each. Observe—all genuine packets and cases are signed "Jas. Hards," and manufactured at the Royal Victoria Mill, Dartford, Kent.

### Medical Agency, 50, Lincoln's-inn-

fields, Conducted by

MR. BOWMER, M.R.C.S.L.

All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.

(OFFICE HOURS 11 TILL 4.)

### Clerical, Scholastic, and Governess

AGENCY OFFICES (late Valpy, Established 1833), 7, TAVISTOCK-ROW, COVENT-GARDEN, LONDON. The gentry and families requiring Tutors, Governesses, or Companions, for either residence, travelling, or daily attendance, on making known their requirements to Messrs. MAIR and SON, will at once be introduced, FREE OF CHARGE, to qualified and experienced applicants with good testimonials. Schools recommended, and Ecclesiastical and School property transferred. A prospectus forwarded on application.

### Anglo-Australian and Universal

FAMILY LIFE ASSURANCE COMPANY.

Incorporated under Act of Parliament, 7 & 8 Vict., cap. 110.

For granting Infantile, Adult, and Matrimonial Assurances, Annuities, Endowments, Loans and Guarantee; and for the purchase of Reversionary Property, Life Interests, etc., with special application to INFANTS, EMIGRANTS, and GOLD MINERS.

Seventy-five per cent., and eventually One Hundred per cent. of the entire profits divided on a new and most equitable principle among the Members.

CAPITAL FUND £150,000, IN 15,000 SHARES of £10 EACH.

First Call £1 per Share. The Paid-up portion of the Capital, with its accumulations, to bear a Dividend at the Rate of not less than £5, nor more than £10 per cent. per annum, with a Bonus of 25 per cent. of the Profits.

NO COMMISSIONS PAID TO AGENTS OR OTHERS.

NO PREMIUMS FORFEITED THROUGH INABILITY TO CONTINUE THEM.

This Company has not been established as a rival to other Assurance Societies, as there are none at present founded which comprise its peculiar objects. Its design is original.

The operations of the Company will embrace every improvement calculated to be permanently beneficial to its Members, who will be protected from liability and loss by the peculiar features of its constitution.

Particular attention is earnestly requested to the system of granting Annuities and Assurances on Infant Lives, originated by this Company.

The chief objects of the Company are comprised under the following heads, viz.:—1. Infant Assurance; 2. General Assurance; 3. Matrimonial Assurance; 4. Emigration Assurance; 5. Australian Assurance; 6. Gold Mining Assurance; 7. Guarantee Assurance; 8. Universal or Whole World Assurance.

A brief summary of some of the advantages offered is presented below:—

1. ASSURANCES, ENDOWMENTS, and ANNUITIES, specially adapted to educational and other purposes, granted on Infant Lives, from the age of three months to fourteen years. 2. PREMIUMS for all Deferred Assurances, Annuities, and Endowments, Returned in Full on death before the given Age. 3. All INFANT ASSURANCES effected under ten years of age carry UNIVERSAL POLICIES. 4. REVERSIONS, LIFE INTERESTS, and POLICIES, purchased at their full value. 5. ASSURANCES and ANNUITIES of every description granted on Adult Lives from fifteen to ninety-five years of age. 6. PROFITS determined and distributed among Policy Holders upon a NEW and MOST EQUITABLE PLAN. 7. All POLICIES of this Company rendered safe by a valuable principle of indisputability. 8. LOANS granted upon personal and other security, on an improved system. 9. No charge for Policy Stamps, or Medical Fees. 10. POLICIES granted from £25 to £15,000, and made payable to Registered Holder. 11. INVALID and Diseased Lives Assured upon an equitable principle. 12. AN INVALID FUND, for granting Free Annuities to afflicted Policy Holders. 13. PREMIUMS payable in one or more fixed sums, or by yearly, half-yearly, or quarterly payments. Proposals for Assurance, Prospectuses, and further information, can be had on application to

JOHN NEWTON, Secretary.

\*\*\* Medical men are particularly invited to a consideration of the liberal dealing of this Company towards the profession, and their attention is specially directed to the confidential communication which has been forwarded to them. Full particulars of this Office will be found both in the "Post Magazine Almanack," and the "London and Provincial Medical Directory," for 1854.

LONDON OFFICES—5, CANON-STREET WEST, CITY.

The Publisher of the "MEDICAL CIRCULAR," in answer to several enquiries from the country, begs to state that the following are the terms for inserting Advertisements:—

Four lines and under . . . . .	£0 2 6
Every additional line . . . . .	0 0 6
Whole Column . . . . .	2 15 0
Whole Page . . . . .	5 5 0

London: Printed by WILLIAM TROUNCE, at his Office, No. 9, Cursitor-street. Chancery-lane, in the Parish of St. Andrew, Holborn, in the County of Middlesex; and published by CHARLES JAMES HARRIS, at No. 129, Strand, in the City of Westminster.—December 21st, 1853.



# THE MEDICAL CIRCULAR

AND

## General Medical Advertiser.

No. 52, New Series. }  
No. 78. }

WEDNESDAY, DECEMBER 28, 1853.

{THREEPENCE  
{ STAMPED, 4d.

On the First of January next will be published, most carefully revised, and with many new features, which will add greatly to the utility of the Works,

**THE LONDON AND PROVINCIAL MEDICAL DIRECTORY.** Price to Subscribers, 76s.  
Non-Subscribers, 7s. 6d.

**THE MEDICAL DIRECTORY FOR IRELAND.** Price to Subscribers, 4s.; Non-Subscribers, 5s.

**THE MEDICAL DIRECTORY FOR SCOTLAND.** Price to Subscribers, 4s.; Non-Subscribers, 5s.

OBSERVE, that the above are the only Medical Directories, published by Mr. John Churchill, Princes-st., Soho, one of which (the London and Provincial) has been the Index to the Profession for the last eight years, and has received the warmest commendations both from the medical and general press. The utmost pains are taken in the compilation of these works, which are found in all Public Offices, Scientific Institutions, &c., and are constantly referred to in the Courts of Law. Office, 128, Strand, where all communications are to be addressed. C. J. Harris, Secretary.

Recently published, Third Edition, 8vo, price 6s.,

### On Curvatures of the Spine: Their

Causes and Treatment. By SAMUEL HARE, F.R.C.S., etc.

"The author has had much success in his plan of treatment, and we are of opinion that the principles upon which he acts in the treatment of these affections are correct."—*Lancet*.

"We unhesitatingly commend his work as a truthful and trustworthy statement of the power of scientific surgery and medicine over some of the most grievous hindrances to human activity and industry."—*London Medical Gazette*.

"Mr. Hare may take credit to himself for having effected much good in the treatment of the cases described."—*Provincial Association Journal*.

By the same Author, 8vo., price 2s.,

On the PHYSICAL EDUCATION OF CHILDREN, especially as regards the PREVENTION of SPINAL and other DEFORMITIES  
London: J. Churchill, 46, Princes-street, and all Booksellers.

### Fourth Edition, Just Published,

illustrated, price 1s., GILBERT ON THE EXTRACTION OF TEETH; being a work descriptive of a new and much less painful method of operating, by means of GILBERT'S PATENT FULCRUM. The jaw cannot be fractured, or the gums lacerated; there is less danger of breaking the diseased tooth, and of hæmorrhage, &c.

Mr. Gilbert invites the profession to inspect his invention from eleven till four. 3, Suffolk-street, Pall-mall.

"We can confidently direct attention to it as a boon to the profession and the public."—*THE LANCET*, Dec. 2nd.

"It allows of the extraction of teeth in the most scientific and easy manner; and in performing certain other surgical operations the chair will prove of inestimable value to the surgeon."—*MEDICAL TIMES*, Feb. 10th. London: Henry Renshaw, 356, Strand.

TO GENTLEMEN SEEKING APPOINTMENTS.

### The Civil Service Gazette (Weekly

Family Journal, Price Sixpence) contains each week a List of all Vacancies and Appointments in the Treasury, Post Office, Admiralty, Audit Office, Royal Dockyards, War Office, Home and Colonial Departments, Foreign Office, Customs, Coast Guard, and all other Departments of the State, both in England and the Colonies. The information is official and authentic. The CIVIL SERVICE GAZETTE is also a complete Newspaper, with the usual Parliamentary, Legal, Home and Foreign News, Literary Notices, and Theatrical Critiques. Its Ecclesiastical Intelligence supplies a List of Clerical Vacancies, with the name of the Patron and Value of each Living. It contains the usual Naval and Military Gazettes; and in the General News will be found an account of Vacancies in Railways and Dockyards, and all the great Incorporated Companies. Office—5, Catherine street, Strand.

Just Published, Second Edition, Price 1s. 6d., by post 2s.

### Lateral Curvature of the Spine,

With directions for its treatment without the necessity of constantly lying down. By Charles Verrall, Surgeon to the Spinal Hospital, Portland road, London.

London: Churchill, Princes-street, Soho.

### Practical Observations on Deafness

and DISEASES of the EAR. By P. ALLEN, M.D.

Longman and Co. London. Price 2s. 6d. By post for 36 stamps, from Mr. Prince, Bridport.

Just published, with ten coloured Engravings, price 5s.,

### Notes on Aquatic Microscopic

SUBJECTS of Natural History, selected from the "Microscopic Cabinet." By ANDREW PRITCHARD, M.R.I.

Also, in 8vo.; pp. 720; Plates, 24; price 21s., or Coloured, 36s.

A HISTORY of INFUSORIAL ANIMALCULES, Living and Fossil, containing Descriptions of every species, British and Foreign; the methods of procuring and viewing them, &c., illustrated by numerous Engravings. By ANDREW PRITCHARD, M.R.I.

"There is no work extant in which so much valuable information concerning Infusoria (Animalcules) can be found, and every Microscopist should add it to his library."—*Silliman's Journal*.

Also, price 8s. 6d.,

MICROGRAPHIA, or Practical Essays on Reflecting and Solar Microscopes; Eye-Pieces; Micrometers, &c.

Also, edited by the same, price 18s.,

ENGLISH PATENTS; being a Register of all those granted in the Arts, Manufactures, Chemistry, &c., during the first forty-year of this century.

London: Whittaker and Co., Ave Maria-lane

The Second Edition, in 8vo. price 8s.

### The Anatomy and Diseases of the

PROSTATE GLAND. By JOHN ADAMS, Surgeon to the London Hospital, and Lecturer on Anatomy, Consulting-Surgeon to the Tower Hamlets Dispensary, and the Royal Infirmary for Asthma and Diseases of the Chest.

London: Longman, Brown, Green, and Longmans.

### Drug Price Currents forwarded, free

of Postage, on application, by Messrs. HEWLETT and GODDARD, Wholesale Druggists, 6, Arthur street West, Upper Thames-street, near London-bridge, containing the ready-cash prices for Drugs and Pharmaceutical Preparations of the purest quality. Messrs. H. and G. solicit the attention of the Medical Profession resident in the Provinces, Infirmary Committees, Dispensaries, &c., &c., to the advantages attendant upon the above Price Current.



## Jozeau's Copahine-mege, or Sac-

charated CAPSULES, approved by the French College of Physicians, and successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of Gonorrhoea, Gleet, and Leucorrhoeal Discharges, on an average of six days (see "Lancet" of 6th Nov., 1852, an extract from which will be forwarded immediately on application). Prepared and sold by G. Jozeau, sole French Chemist, 49, Haymarket, London; and Jozeau, Pharmacien, 161, Rue Montmartre, Paris; and the principal Chemists of France, England, and the Colonies. Price of bottle of 100 capsules, 4s. 6d.; 50 ditto, 2s. 9d.; with directions, and stamp with the name of Gabriel Jozeau printed thereon.

## Cod Liver Oil.—His Excellency the

Governor, and her Majesty's Council of Newfoundland having authorised letters patent to CHARLES FOX and CO., granting to them the exclusive right of manufacturing Cod Liver Oil by the process described in the said letters patent, they respectfully intimate to the medical profession and to the pharmaceutical chemists, that several importation of the produce of this season have been already received from Newfoundland, and have passed into the hands of the principal wholesale druggists in the kingdom. CHARLES FOX and CO. have also the satisfaction to state, that the oil of this season is pronounced by the trade to be of the finest quality ever introduced into this country.

Scarborough, 27th Sept., 1853.

## Indian Bael.—"As to the Bael Fruit,"

says a professional friend in Calcutta, "I consider it the most certain remedy we possess for Dysentery and Diarrhoea. I have frequently seen it arrest the progress of these diseases in twenty-four hours, after all other medical treatment had failed.—See "Practical Observations," by J. R. Martin, Esq. F.R.S., "Lancet," July 16.

The Bael is imported and sold Wholesale, both in the ripe and unripe state, and in the form of Concentrated Decoction, by M. POUND, Chemist, 198, Oxford-street.

## White's Saccharized Hydrate of

MAGNESIA.—This elegant and new preparation of magnesia may be relied on for its chemical purity. The manufacturer, having devoted several years to its preparation, can with confidence introduce it to the medical profession, from many of whom he has had the pleasure of receiving evidence of approval. The preparation is pure magnesia, freed from all unpleasant taste, but possessing both an alkaline and detergent property, each ounce containing an equivalent to twenty grains of the carbonate. For children and delicate persons it has proved most useful, as no disturbance or uneasiness is produced, by reason of its not liberating carbonic acid. The Hydrate of Magnesia has of late been found to be an antidote for numerous poisons, both metallic and vegetable.

Sold wholesale by W. V. Wright and Co., 11, Old Fish street, from whom may be had the article, particularly prepared for dispensing, in Gallons or Half gallons; and retail by John Bell and Co., Savory and Moore, P. Squire, G. Waugh, George Coleby, and other respectable chemists.

## The Most Certain Prevention of

Cholera yet Discovered.—Further Great Reduction in Price.—CREWS'S DISINFECTING FLUID is the Best and Cheapest. The improved Chloride of Zinc for the purification of Dwelling Houses, Stables, Dog Kennels, Ships' Holds, Cess-pools, Drains, Water Closets, &c., the Disinfection of Sick Rooms, Clothing, Linen, and for the Prevention of Contagion and Bad Smells.

The extraordinary power of this Disinfecting and purifying Agent is now acknowledged, and its use recommended by the College of Physicians. Unlike the action of many other disinfectants, it destroys all noxious smells, and is itself scentless. The manufacturer, having destroyed a monopoly fostered by the false assumption of the title of a patent, has to warn the public against all spurious imitations. Each Bottle of Crews's Disinfecting Fluid contains a densely concentrated solution of Chloride of Zinc, which may be diluted for use with 200 times its bulk of water. Vide instructions accompanying each bottle. Sold by all Chemists and Shipping Agents in the United Kingdom. Imperial quarts at 2s.; pints at 1s.; half pints, 6d.; larger vessels at 5s. per gallon. Manufactured at H. G. GRAY'S, Commercial Wharf, Mile End, London.

## W. Twinberrow begs to draw the

attention of the Medical Profession to his

### EXTRACT OF INDIAN HEMP,

Prepared expressly for him at Calcutta, its peculiarly sedative properties being so beneficial where opiates are inadmissible; also to his

### MEDICINAL EXTRACTS.

Prepared from the fresh plants (Hyoscyamus Niger, Conium Maculatum, Atropo, Belladonna, Cotyledon Umbilicus, &c.), also to his Liq. Taraxaci, Liq. Galli Aparinis (a valuable alterative), Liq. Parietariae (diuretic), and Liq. Beloe (prepared from the Egle Marmelos or Indian Bael), for Dysentery and Diarrhoea.

W. T. has a large supply of INDIAN BAEL, and PURE COD'S LIVER OIL of his own manufacture on hand.

2, Edwards-street, Portman-square.

## Blake's Aërated Citrate of Potash

Water.—BLAKE, SANDFORD & BLAKE, 47, PICCADILLY, have recently prepared an Aërated Solution of Citrate of Potash, which they beg to introduce to those members of the profession who may desire it for the use of their patients. It will be found a valuable auxiliary in the treatment of Gout and Rheumatic Affections, as well as the Lithic acid Diathesis and Dyspepsia. Their Potash Water, as usual, contains 18 grains of the Bi-carbonate in each bottle; Soda, 15 grains; Magnesia, 12 grains; and Ammonia, 10 grains. Seltzer, Vichy, and other foreign waters from the respective analyses.

## Taraxacum (Davenport's) Liquor,

or FLUID EXTRACT, Prepared by Spontaneous Inspissation, possesses every characteristic of the fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inort. Dose, a liquid drachm. 6s. per lb.

COTYLEDON UMBILICUS.—The Solid and Fluid Extracts, 1s. 3d. and 1s. per oz.; also, the Preserved Juice, 5s. 4d. per lb., are recommended by Mr. Salter, of Poole, in Epilepsy.—J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 33 Great Russell-street, Bloomsbury.—A List of Preparations forwarded on application.

## Teeth.—By Her Majesty's Royal

Letters Patent.—Newly-invented and Patented application of Chemically prepared White India-rubber in the construction of Artificial Teeth, Gums, and Palates.—Mr. EPHRAIM MOSELY, Surgeon Dentist, 61, Grosvenor-street, Grosvenor-square, sole Inventor and Patentee.—A new original, and invaluable invention, consisting in the adaptation, with the most absolute perfection and success, of CHEMICALLY-PREPARED WHITE INDIA-RUBBER as a lining to the ordinary gold or bone frame. The extraordinary results of this application may be briefly noted in a few of their most prominent features, as the following:—All sharp edges are avoided; no springs, wires, or fastenings are required; a greatly increased freedom of suction is supplied; a natural elasticity, hitherto wholly unattainable, and a fit perfected with the most unerring accuracy, is secured; while, from the softness and flexibility of the agent employed, the greatest support is given to the adjoining teeth when loose, or rendered tender by the absorption of the gums. The acids of the mouth exert no agency on the chemically-prepared white India-rubber, and as it is a non-conductor, fluids of any temperature may with thorough comfort be imbibed and retained in the mouth, all unpleasantness of smell or taste being at the same time wholly provided against by the peculiar nature of its preparation. To be obtained only at 61, Grosvenor-street, London; 22, Gay-street, Bath; 34 Graingerstreet, Newcastle-on-Tyne.

## Mr. Rymer's Preparations for the

TEETH.—RYMER'S CLEANSING POWDER for Artificial Teeth, and RYMER'S PRESERVATIVE DENTIFRICE, are the most elegant and efficient preparations before the public. Applications for Agencies to be addressed to Mr. Rymer, Dentist, Croydon, Surrey. Wholesale Agents: Dutton and Co., Bow Church-yard; Dietrichsen and Hannay, Oxford-street, London; also Raimies, Edinburgh. Retail price, Two Shillings and Ninepence per Box.

## Allen's Illustrated Catalogue, con-

taining Size, Price, and Description of upwards of 100 articles, consisting of Portmanteaus, Travelling Bags, Ladies' Portmanteaus, Despatch Boxes, Writing Desks, Dressing Cases, and other travelling requisites, forwarded on the receipt of two stamps. Messrs. ALLEN'S Registered Despatch Box and Writing Desk, their Travelling Bag (with the opening as large as the bag), and the new Portmanteau, containing four compartments, are the best Articles of the kind ever produced.—J. W. and T. ALLEN, Manufacturers of Portable Furniture and Military Outfits, 18, & 22, WEST STRAND.

## The Respirator.—The extensive

use of Mr. JEFFREYS'S Respirator by sufferers from irritation in the air passages and lungs, renders it desirable that the attention of the profession should be invited to the different forms of the instrument. These are—for the mouth, THE FIXED ORAL RESPIRATOR, and the HAND ORAL—the latter so convenient in form as to supersede in many cases a necessity for the former. The NASAL for the nostrils, and the ORINASAL to cover both orifices, are instruments used chiefly at night, to promote rest by allaying cough and irritation. The earlier and more steadily the Respirator is employed in the forms needed, the sooner does the patient cease to require it. There can be no greater mistake in therapeutics than to defer the employment from a fear of inducing a dependence on it, the very contrary being true in theory and in all experience. A pamphlet, entitled "Answers to Objections, &c.," and procurable at all the Depots, may be worth the attention of medical men, as containing philosophical replies to mistaken views. West-end Depot, 26, Holles-street, Oxford-street.—S. Griffiths. Wholesale Office, City, 25, Bucklersbury. The leading Chemists and Instrument Makers are Agents for Mr. Jeffreys's Respirators.



**The Best Fit Wears Best.—**  
So say HEMMENT and Co., Practical Tailors, 73 Cornhill.

**Hemment's Guinea Trowsers,**  
FIT WELL,  
WEAR WELL,  
LOOK WELL,

In any Colour. Better value impossible.  
Hemment and Co., Trowser Makers, 73, Cornhill.

**Hemment's Winter Over-Coat,**  
THAT BRUSHES ITSELF,  
is only made by  
HEMMENT and Co., Tailors, 73, Cornhill.

**“When the Well is dry we know**  
the value of Water.”—Solid truth this good old saying.  
Equally so the maxim, that, in Dress, the Best Fit Wears Best;  
while, in Cloth, the Best Quality Gives Most Wear. Every well-  
dressed man is a true Economist. He wears the best fit and the best  
cloth, which really are the best value. Both are supplied by  
HEMMENT and Co., Practical Tailors, 73, Cornhill.

**Hemment & Co., Tailors, 73, Cornhill,**  
study the peculiarities of Every Figure, and, by satisfying  
its requirements, invariably produce a garment—whether a Lady's  
Riding Habit, Double Cloak, &c., or a Gentleman's Coat, Trowsers,  
Waistcoat, &c.—that is specially suited for the purpose it is intended  
to serve, Economy and Quality being duly regarded.

**The Warm Coat that Brushes Itself,**  
is made of  
PURE WOOL,  
and is the  
VERY BEST COAT  
for  
WINTER WEAR.  
Only Manufactured by  
HEMMENT AND COMPANY, PRACTICAL TAILORS, 73, CORNHILL,  
LONDON. PRICES—35s., 45s., 55s., 70s.  
N.B.—Freedom from Cold is secured by wearing this Warm  
Woolly Over-Coat

**Examine your Tailor's Bills, and if**  
you are dissatisfied with the charges, try one whose business is  
conducted exclusively for cash, and at prices in accordance, as illus-  
trated by the world-famed SCOTCH TROUSERS, at 16s., made by  
MILES, 62, New Bond-street.

**Hats perfectly ventilating, pliant**  
to the head, many ounces lighter than those in present use,  
yet equally durable. These Hats, as exhibited by MESSRS. GAIMES,  
SANDERS, & NICHOLL, at the Great Exhibition, 1851; and  
which are now so extensively patronised by the nobility and gentry,  
by the leading members of the legal and medical professions, and  
by many of the most eminent literary men, can be obtained in  
London, at 22, BIRCHIN-LANE, CORNHILL, and 111, Strand; or of  
their agents in most of the principal towns in England, Scotland,  
and the Colonies. The usual discount allowed to shippers.

**Arnold's Stamped Gold Chains and**  
FIRST-CLASS WATCHES, at the wholesale prices from  
the Manufactory.

adies' Chains. . . 3 guineas. | Gold Watches . . 6 guineas.  
Gentlemen's ditto . 1½ „ | Silver ditto . . 3 „  
The Watches are all extra-jewelled, and warranted for one or  
three years, according to their value.

The great success of the plan of stamping all Gold Chains sold at  
this Manufactory, now in operation many months, and the consequent  
increase of business, has led to the discontinuance of the wholesale  
trade in favour of the public and the extensive retail connection of  
the house, all customers being served alike at the manufacturing  
prices.

OFFICE, SHOP, and HALL EIGHT-DAY DIALS, Three  
Guineas; to Strike, Half-a-Guinea extra; only best work.

All orders in the United Kingdom delivered free.  
ARNOLD, 59 & 60, RED LION-STREET, HOLBORN, LONDON.

**Warmth and Ventilation.—The**  
PATENT PORTABLE SUSPENSION STOVE will  
warm and ventilate at the same time, and is recommended by eminent  
medical men as the only stove suitable for the chamber of the  
invalid. It is made in sizes suited for the largest building or the  
smallest office. To those who study health, comfort, and economy,  
it offers advantages which no other possesses. No. 3, price 20s., will  
burn ten hours without attention, at a cost of three farthings. Pro-  
spectuses, with prices and instructions, post free. In operation daily,  
at DEANE, DRAY, and COMPANY'S Show-rooms, &c., London-  
bridge.

STAYS SUPERSEDED.

**Great Exhibition Elastic Bodice.**

—Stiff Stays destroy natural grace, produce deformity, and  
implant disease. Curvature of the spine, consumption, and a host of  
evils arise from their use. MARTIN'S ELASTIC BODICE is with-  
out whalebone or lacing, at the same time furnishing a sufficient  
support, and imparting to the figure that natural elegance, which is  
quite impossible under the pressure which is the great aim, as mis-  
chief is the certain end, of all kinds of stays. The time and patience  
of the wearer are also spared, by a simple fastening in front, to  
obviate the trouble of lacing. As there are several imitations of these  
celebrated Bodice, it is necessary to inform the Public that they can  
be obtained only of the Inventors and Manufacturers, E. AND E.  
H. MARTIN, 504, New Oxford-street.

A Prospectus, &c., on receipt of a stamp, can be sent by post.

**Brecknell's Skin Soap.—Alteration**

of FORM and PRICE.—BRECKNELL, TURNER, and  
SONS, beg to inform their Customers and the public that their  
celebrated Old Yellow Soap for the Skin is now sold in Shilling  
Packets of either Four Rounded Tablets or Eight Squares, each of  
which is stamped “Brecknell's Skin Soap,” as heretofore.

This Soap is recommended by the Faculty as the best for producing  
a Clear and Healthy Skin, being made expressly for the purpose, of  
the best materials, and not scented.

Brecknell, Turner, and Sons, Wax and Tallow Chandlers, Soap and  
Oil Merchants, &c., to her Majesty, Bee-Hive, 31, Haymarket,  
London.

**Glenfield Patent Starch.—Now**

used in the Royal Laundry.—The Ladies are respectfully re-  
quested to make a trial of the Glenfield Patent Double Refined  
Powder Starch, which, for Domestic Use, now stands unrivalled.  
Sold by nearly all the Oil and Colourmen and Chandlers in London  
and throughout the Kingdom.—Agents wanted; apply to Mr. R.  
WOTHERSPOON, 40, Dunlop-street, Glasgow. London Depot.—  
Wotherspoon, Mackay, and Co.

**Mayall's Daguerreotype Portrait**

GALLERIES, 224, Regent-street, corner of Argyle-place,  
and 443, West Strand.—Mr. Mayall invites inspection of his newly  
patented process for producing crayon effects in daguerreotype mini-  
atures, also his extensive collection of original portraits of parlia-  
mentary, scientific, literary, and theatrical celebrities. Portraits  
taken daily in the highest style of art, “Mr. Mayall's crayon pic-  
tures are much distinguished for the beauty of their execution, the  
tint being harmonious and neutral, the various textures of flesh, hair,  
drapery, &c., discriminated with a painter's taste, and an entire  
absence of a certain commonness of aspect which has tended hitherto  
to disparage this art.”—Athenæum.

**Prince of Wales's Sketch-Box.—**

Containing Colours, Pencils, &c. with printed directions, as  
now used by the Royal Family. Price 5s.

MILLER'S, Artist's Colour Manufacturer, 56, Long-aere, London:  
and at her Majesty's Steam Colour and Pencil Works, Pimlico.

**Railway Travellers are invited to**

inspect W. S. SPARK'S Stock of URINALS, both Male  
and Female, of the most approved forms, and at reduced prices; also,  
Water and Air Pillows, Cushions, Mattresses, Bed Pans, Surgical  
Bottles, Bandages, and every article made in India Rubber or Gutta  
Percha for Invalids. W. S. S. also manufactures Waterproof Coats,  
Capes, and Overalls, in Silk, Alpaca, Cambric, &c., of the lightest  
and best description, Fishing Boots, Stockings, Driving Aprons, &c.,  
warranted not to crack, and to stand all climates.

List of Prices and Circulars forwarded on application to W. S.  
SPARKS, India Rubber Manufacturer, 115, New Bond-street.

The Trade and Country Dealers supplied on the best terms.

**Parnell's Patent Defiance Locks,—**

DEPOT, 52, STRAND, LONDON.

Messrs. PARNELL and PUCKRIDGE respectfully inform the public  
that they have a stock of these Locks ready for inspection.

To give a detailed description of this Lock within the limits of an  
advertisement is impossible; Messrs. P. and P. content themselves  
with saying, that it is not one lock, but several locks in one; that  
no instrument but its own key can possibly open it; that it cannot,  
by any art or ingenuity, be picked; that the principles of it are  
simple, and APPLICABLE TO LOCKS of all sizes; that it cannot be put  
out of order; and, notwithstanding that, it is moderate in price.  
Messrs. P. and P., satisfied of the peculiar excellence of this Lock,  
with great confidence place it before the Public, as being what they  
have called it—

THE DEFIANCE LOCK, THAT CANNOT BE PICKED.

Also, PARNELL'S PATENT NOISELESS STAPLES AND  
STRIKING PLATES.

Messrs. P. and P. have also a Stock of Fire-proof Safes of the  
best make, Deed and Cash-boxes, Copying and Lever Presses.



## City of London Life Assurance

Society. 2, ROYAL EXCHANGE BUILDINGS, LONDON. Every description of business connected with Life Contingency transacted in the most Liberal and Equitable manner. Medical Referees remunerated.

Physician—Dr. James Risdon Bennett.

Do., (West-end)—Dr. C. J. B. Aldis.

Surgeon—G. W. Mackmurdo, Esq.

Do., (West-end)—R. L. Thorn, Esq.

EDWARD FREDERICK LEEKS, Secretary.

ALL POLICIES INDISPUTABLE.

## Sovereign Life Assurance Company.

49, St. James's-street, London.

No Charge for policy stamps.

Sums may be assured payable on attaining the age of 50, 55, or 60, or at death, should that event occur previously.

H. D. DAVENPORT, Secretary.

## The London Assurance.—Incorporated

by Royal Charter in the Reign of King George the First, A.D., 1720. Offices—7, Royal Exchange, and 7, Pall Mall.

Governor—Edward Burnester, Esq.

Sub-Governor—John Alves Arbuthnot, Esq.

Deputy Governor—Samuel Gregson, Esq., M.P.

Actuary—Peter Hardy, Esq., F.R.S.

This Corporation has effected Assurances for a period exceeding ONE HUNDRED AND THIRTY YEARS, on the MOST FAVOURABLE TERMS.

ALL POLICY STAMPS and the FEES of the MEDICAL REFEREES are PAID by the Corporation.

JOHN LAURENCE, Secretary.

### MENTOR.

## LIFE ASSURANCE COMPANY,

No. 2, OLD BROAD-STREET, LONDON.

#### PRESIDENT.

His Grace the DUKE of RUTLAND, K.G.

#### VICE-PRESIDENT.

The Right Hon. the EARL FITZ WILLIAM, K.G. F.R.S., F.S.A.

#### TRUSTEES.

The Right Hon. Lord Viscount Sidney.

The Hon. Edward Mostyn Lloyd Mostyn, M.P.

The Hon. John Henry Thomas Manners Sutton.

Sir William George Hylton Jolliffe, Bart, M.P.

#### DIRECTORS.

CHAIRMAN.—Sir John Dean Paul, Bart.

DEPUTY-CHAIRMAN.—George Berkeley Harrison, Esq.

Robert Makin Bates, Esq.

William Charles Caldwell, Esq.

Samuel Whitfield Daukes, Esq.

Sir Wm. Gore Ouseley, K.C.B.

Lieut-Gen. Harry Thompson.

Capt. Wetherall, R.N.

Sir George Graham Otway, Bart.

PHYSICIAN.—Protheroe Smith, M.D.

SURGEON.—Barnard Wight Holt, Esq., F.R.C.S.

CONSULTING ACTUARY.—W. Barwick Hodge, Esq.

Some of the Advantages of this Institution:—

A Subscribed Capital of £250,000, embracing in its security the Mutual as well as the Proprietary Branch.

STAMP DUTY.—Assurers exempt from this charge.

MEDICAL FEES Paid by this Company.

Credit given for Half the Premiums for the first Seven Years.

Economical Rates of Premium.

PREMIUM TO ASSURE £100 AT DEATH.

EQUAL.	Age 25.	30	35	40	45
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Yearly .....	1 17 6	2 1 9	2 8 1	2 16 7	3 7 11
Half-yearly .....	0 18 9	1 1 2	1 4 5	1 8 9	1 14 7
Quarterly .....	0 9 5	0 10 8	0 12 4	0 14 6	0 17 8
INCREASING.					
First Seven Years.....	1 6 0	1 7 10	1 10 7	1 14 10	2 1 9
Remainder of Life.....	2 2 4	2 8 10	2 17 7	3 9 3	4 5 3

By recent Act of Parliament the Income Tax is abated on such portion of the Income as may be devoted to the Payment of Premiums for Life Assurances.

Prospectuses, with Tables of Premium for the above and other modes of Assurance, will be forwarded on application being made to the

Manager, F. ALLAN CURTIS.

\*\* The usual Commission allowed to Medical Men, Solicitors, and Agents.

## The Official and General Life

ASSURANCE SOCIETY, 15, FINSBURY-PLACE SOUTH, LONDON.

Life Assurance business, comprising all sound and practical provisions contingent on human Life or for terms certain, is transacted by this Society on the most equitable scale.

JAMES A. BIRD, A.I.A., Manager.

## Money received on Deposit at five

per cent. interest, payable half yearly, on the 1st of April and 1st of October. HOUSEHOLDERS' LIFE ASSURANCE COMPANY. Capital £250,000. The funds of the Company are lent upon freeholds and life securities, accompanied always by an Assurance on Life, which yield a high rate of interest with perfect safety. 15 and 16, Adam Street, Adelphi. R. HODSON, Sec.

## United Kingdom Life Assurance

COMPANY. Established by Act of Parliament in 1834.

No. 8, Waterloo-place, Pall-mall, London.

The distinctive features of the Company embrace, amongst others—Tables of Premiums formed on the lowest scale compatible with security, and constructed to meet the various wants of Assurers, and every risk to which protection by Assurance can be extended.

One-half the Life Premium for the first Five Years may remain on credit.

Loans granted on approved Personal Security.

Assured not restricted in their limits of travel, as in most other Companies, but may proceed from one part of Europe to another in decked vessels, without License, and to British North America, and many parts of the United States, without extra premium, by merely giving the ordinary notice to the Office in London of the intended visit.

Whole-world Policies granted at slightly increased rates of Premium, thus rendering a Policy in money transactions a real security.

Prospectuses, and every information, may be obtained on application to the Resident Director.

### BANKS OF DEPOSIT AND SAVINGS BANKS.

#### INVESTMENT OF CAPITAL.

### NATIONAL ASSURANCE & INVESTMENT ASSOCIATION

#### TRUSTEES.

The Right Hon. the Earl of Besborough.

The Right Hon. Lord George Paget, M.P.

The Right Hon. Lord Templemore.

The Hon. Henry Fitzroy, M.P.

The Rev. Joseph Prendergast, D.D. (Cautab.), Lewisham.

George Stone, Esq., Lombard-street.

Matthew Hutton Chaytor, Esq., Reigate.

## Persons desirous of investing Money

are requested to examine the Plan of this Association by which a high rate of Interest may be obtained combined with perfect security.

Prospectuses and full information may be had at the Office, or sent post free, on application. PETER MORRISON,

Managing Director.

St. Martin's place, Trafalgar-square, London.

## To Life Assurers.—A List of all the

Principal Assurance Offices, their Tables, Names of Secretaries, Medical Officers, and every information required by assurers will be found Indexed and Alphabetically arranged in the LONDON AND PROVINCIAL MEDICAL DIRECTORY, and the MEDICAL DIRECTORIES for Ireland and Scotland for 1854. Office, 128, Strand.

## H. Silverlock's Medical Label Ware-

HOUSE, LETTER-PRESSES, COPPER-PLATE, AND LITHOGRAPHIC PRINTING OFFICES, 3, Wardrobe-terrace, Doctor's Commons, London.

The Members of the Medical Profession are respectfully informed that at H. SILVERLOCK'S Establishment they will find every kind of Label they can possibly require; and also, that every description of ENGRAVING, LETTER-PRESS, COPPER-PLATE, and LITHOGRAPHIC PRINTING is executed by competent workmen, and at the lowest terms.

Catalogues of each sort of Labels are published separately, and will be sent per post on application.

Established 1831.

## Bowles's Letter-press, Copper-plate,

and Lithographic PRINTING OFFICE and LABEL WAREHOUSE, 274, WHITECHAPEL ROAD, LONDON. Surgeons and Chemists' Labels in great variety, 2d. per hundred. Plain Labels, 2d. to 3d. per hundred. Pill and Ointment Labels, 2d. to 3d. per hundred. Dispensing Labels, with Name, &c., printed on cream post paper, well gummed and cut, 3s. per 1000. Retail ditto, 2s. per 1000. Ornamental and Latin Labels, Show Cards, &c., &c. Priced Catalogues and books of specimens may be had on application. Engraving in all its branches.



## The Medical Circular.

WEDNESDAY, DECEMBER 28, 1853.

### MR. GAY AND THE ROYAL FREE HOSPITAL.

A STORY such as that we are about to narrate requires no introduction to engage the attention of the reader. The scandalousness of the facts will most strikingly appear when they are exhibited in their naked simplicity, and the misconduct of the actors most confessed when they are allowed to condemn themselves. It is true that our breast burns with indignation while we review the details of menace, meanness, and violence which compose the history of the transactions we are about to relate, but we believe that it will be for the benefit of the cause we have espoused,—that of justice and honour,—not to allow our private feelings to colour the statements it is our duty to put on record for the judgment of the public.

Some months ago we inserted in this journal a letter from Mr. GAY, in which that gentleman requested the correction of an error alleged to have occurred in our Biographical Sketch of him published three months before, and desired also that we would exonerate him from the responsibility of the personal and general remarks which we made incidental to the facts recorded.

We did what Mr. Gay requested, excepting in one particular—the correction of the shocking “error” of which we had been guilty. We had styled Mr. Gay “*principal surgeon*” to the Royal Free Hospital. He disavowed the distinction, informed us that *Dr. Marsden* was the *Senior Surgeon*, and desired that we would rectify the mistake. We added an explanatory note to his letter, in justification of our judgment, from which we extract the following sentences:—

“We cannot but think that in the foregoing letter Mr. Gay estimates his qualifications and services too low in comparison with those of his colleagues at the Royal Free Hospital. It appears that Mr. Gay is not the “principal surgeon” at this institution, *Dr. Marsden* enjoying that distinction, but, although this may be true in the strictly official sense, yet, in the sense in which we intended the words to be understood, we should say that he is not simply the “principal surgeon,” but he is the *only* surgeon in that renowned infirmary. This is, of course, mere matter of opinion. There can be no doubt, however, that Mr. Gay is a man of first-rate talents as a surgeon—that he has exhibited much originality in his operations, and is an honour to the Hospital.

“When we wrote our notice of Mr. Gay, we were not aware that the well known *physician*, *Dr. Marsden*, was, in the technical sense, *principal surgeon* to the Royal Free Hospital, such an anomaly being utterly inconsistent with the usages of the profession.”

It was due to Mr. Gay to publish his disavowal; it was equally due to ourselves to establish the correctness of our opinion. We at the same time wrote:—

“We cannot avoid the suspicion that a detestable plot, inspired by an agency yet unseen, is in formation, and that our notice is merely a plea for effecting the intended object.”

Did we misjudge the circumstances? Let our readers answer, after the perusal of this article, how far our notice was a pretext employed to gratify a pitiful jealousy, and to ruin the professional prospects of one of the ablest of English surgeons. To our judgment it is manifest that he was towering to too great a height, and dwarfing the already puny stature of such of his colleagues as pretended to be his rivals. His proximity was a blight to the gaseonade and charlatanry of the small men who aped his skill and envied his reputation.

The result has been that the Committee of the Hospital have dismissed Mr. GAY from his office—a proceeding which has induced this gentleman to publish a plain statement of facts for the information of the Governors who are convened for the 30th of December to decide on the vote of the Committee.

From this statement we learn that the following letter, demanding explanations of our article, was sent to Mr. Gay on the 15th of July, 1853, by the Committee of the Hospital—Mr. WAKLEY and his son THOMAS, one of the Surgeons of the Hospital, being present at the meeting:—

“Royal Free Hospital, July 15, 1853.

“DEAR SIR,—In conformity with a resolution adopted by the Committee of Management of this Hospital, I take the liberty of submitting to you the following questions:—

“1. Was the manuscript or proof of your Biography, published in a medical paper of the date of the 30th of March last, seen by you previously to its publication?

“2. Did you supply any part of that Biography?

“3. If that Biography was published without your knowledge or sanction, have you written to the publisher to complain of any statements or allegations it contained?

“If you will favour me with an early reply, I shall be obliged, and am, dear Sir, yours, &c.,

“(Signed) “W. H. FENN.

“John Gay, Esq.”

It is scarcely necessary to comment on the indecency implied in the presence at the Committee of one of the COLLEAGUES who was a *personal antagonist* of Mr. Gay, and of the Editor of a RIVAL JOURNAL to that in which the Biographical Sketch appeared, but it may be doubted whether if *these individuals had not been there* this impertinent letter would have passed the Committee. Literary and professional jealousy were obviously the motives of this dastardly attack. Originating in feelings so unworthy how can it issue otherwise than in the disgrace of the men who have sought to work their purposes by conduct so reprehensible? Had we received such a letter we would have marked our contempt of the senders by taking it back to the Committee at their next meeting, and deliberately trampling it under our feet while we defied their machinations. Mr. Gay took another course; he believed that he was dealing with gentlemen who honestly desired an explanation, and would be content with words of truth spoken by the lips of a man of honour. He therefore replied

“Finsbury Place South, July 19, 1853.

“DEAR SIR,—In reply to your note of the 15th, relative to a Biography of myself which has recently appeared in



a Medical Periodical, I beg to make the following observations:—

"I supplied the Editor of that Journal with the simple facts of the places of my birth and education, and with such references to my own writings and other works as were required for the compilation of that Biography.

"I am not in any way responsible for the personal or general observations which it contains. I did not either supply or suggest them; I did not see them in manuscript or proof; nor was I aware of their nature prior to their publication.

"I have not complained to the Editor of any statements or allegations contained in that Biography.

"I am, yours truly,

"JOHN GAY."

What could Mr. Gay say more? Ought not a body of just and impartial men to have been satisfied with this explanation? Mr. Gay attended the Committee at which his letter was read; there was some difference of opinion among the members present, and at length he was requested to write that letter to us to which we have already referred.

Another meeting of the Committee was held on August the 3rd, when it was resolved "That Mr. Gay's explanation is not satisfactory to this Committee."

Another meeting was held on the succeeding Wednesday—eight members only being present—when it was resolved "That John Gay, Esq., one of the surgeons of this Hospital, has forfeited the confidence of this Committee."

The matter was now allowed to rest for four months, at the expiration of which period Mr. Gay received notice of a meeting to be held on the 14th of December. In order that the Committee should be under no misapprehension as to the state of his feelings on the subject, he addressed to them a conciliatory letter, setting forth his claims to consideration, and expressing his regret for the occurrences that had deprived him of their confidence. Mr. WAKLEY, his enemy, was present when this letter was read; and the result appears in the following resolution:—

"That this Committee, referring to its former resolution of the 10th of August, records its conviction that neither Mr. Gay's letter, read this day, nor any other act of his since that period, has in any way tended to alter the opinion of his conduct then expressed; and, therefore, it is further resolved, that Mr. Gay be, and he is hereby dismissed from his office as one of the surgeons of this Hospital."—Carried unanimously.

Comment on such a series of unjust and tyrannical resolutions is superfluous. It would imply a diffidence of our cause, and of the good sense of our readers, to attempt to stigmatize resolutions that bear in every letter marks of animosity and of a settled purpose of revenge.

Mr. Gay was, of course, well aware that Mr. WAKLEY was the person who inspired these proceedings, and, in order to deprecate his resentment, wrote him a long letter, breathing feelings of kindness, amity, and sorrow for the differences that had arisen. To this gentlemanlike communication an answer of the coarsest and most insolent character was returned. As we intend to deal with this letter in another manner we shall not, at present, enlarge upon its contents.

Mr. Gay having described this brutal letter as a "threat" at the subsequent meeting of the Committee, Mr. WAKLEY, with the usual pusillanimity of a bully, protested in a tone of humiliation against such an intention, and indulged in the usual cant about "private communications" and "feelings of friendship;" and even had the impudence to pretend to a knowledge of "the custom

among GENTLEMEN (!!) for a writer to be allowed to explain the meaning of his own words."

Does this Mr. WAKLEY imagine that he can traduce in his fury the character of honourable men, and that he will be permitted to escape the penalty of the law by appealing to "the custom among gentlemen," as if it were the "custom among gentlemen" to utter libels, and afterwards in a fit of terror, to swallow their lies. This a custom among gentlemen! Mr. WAKLEY and "the custom among gentlemen!" there is something inexpressibly ludicrous in the association.

Mr. Gay's statements further show that we were right in assuming that our notice was merely a plea to cover a discreditable design. On this matter Mr. Gay says:—

"The transactions embodied in the foregoing statements and correspondence, in order to be fully intelligible, must be viewed in connection with others that took place simultaneously with the meeting of the 13th July last. The Committee secretly let some premises, which form part of the Hospital, to Dr. Marsden, Mr. Thomas Wakley, and a Mr. Gant, for the purpose of a medical school. They had summoned me a fortnight before to a conference with themselves and my colleagues, to take into consideration the question of forming a school; but from some cause, unknown to myself, the projected meeting did not take place, and to that of the 13th of July I was not invited."

The meaning of these secret transactions is, that Mr. THOMAS WAKLEY wished to be appointed Lecturer in Surgery at the New School,—a post due to Mr. GAY, as his SENIOR in the Hospital. The position was awkward; Mr. Gay could not be superseded without insult, and not to supersede him would have been to disappoint the petty ambition of his rival. Mr. Gay was, therefore, excluded from the meeting, and a course of hostility commenced against him, with the view of compelling him to resign his appointment, and to leave the field open to his antagonists. He has defended his post and his honour to the last, and deserves the support of all highminded and independent men.

We do not believe that the Governors, many of whom are men of station and character, will ratify the unjust decision of the Committee. It cannot be tolerated that a surgeon of eminent skill and reputation, who has faithfully performed, without other reward than the approval of his conscience and the gratitude of the poor, all the duties of his office; who has brought credit to the institution, and against whom no charge of neglect, malpractice, or misconduct can be alleged, who is also a man of probity and high honour,—it cannot be tolerated that such a man should be either offered up to satisfy the instincts of private malice and professional jealousy, or be made the victim of the intrigues, the caprice, and the tyranny of a cabal.

We appeal to the Governors against their Committee, with a confident expectation that they will "be just and fear not." A personal wrong of this kind once accomplished, would injure the institution in public estimation beyond the power of "appeal" or "advertisements" to repair. Confidence in its management would be deservedly dissipated, and the ruin of the charity would be quick and sure.

What might be the effect of such an injury on the medical officers of other Hospitals we forbear to indicate; but of this we are certain, that in any other charity such a wrong would not be attempted, because, on the one hand, the medical staff would combine to resent the insult, and, on the other, the Governors would possess too much of the spirit of gentlemen to commit it.

NOTICE.—Owing to the space occupied by our INDEX, we are obliged to omit the ordinary departments of the Journal this week, and also to postpone the publication of our Correspondence to our next Number. Our "Notices to Correspondents" will also appear next week.



THE  
MEDICAL CIRCULAR,

AND

General Medical Advertiser :

A

REGISTER OF THE SAYINGS AND DOINGS OF THE  
MEDICAL PROFESSION.

---

VOLUME III.—1853.

---

---

LONDON:

PUBLISHED AT THE OFFICE, 128, STRAND.



# INDEX.

- Abeille, M. on Dropsy, 247.  
 Aberdeen, King's College, 155.  
 Abortion Case, Clapham, 40.  
 Abortion, Alleged Charge of procuring, 214.  
 Abscess, Mammary, during Lactation, 91.  
 Abscess, Mammary, Entiology of, 58.  
 Abscess, Serotal, Singular case of, 286.  
 Abstract of Eighteen Cases of Typhus Fever, treated by Brandy, 164.  
 Academy of Medicine, Paris, 350.  
 Academy, Royal, 409.  
 Accidental Obliteration of the Vagina, 37.  
 Accidental Poisoning by Aconite, 445.  
 Accidents, Street, Medical Fees for, 116.  
 Account of the Rupture Truss with Screw Adjustments, 433.  
 Acid, Hydrocyanic, 403.  
 Acid, Hydrocyanic in Chorea, 36.  
 Acid, Hydrocyanic, value of, as a Remedial Agent, 15, 91, 170, 191, 365.  
 Acids, Treatment of, Diarrhoea and Cholera by, 334.  
 Aconite Accidental Poisoning by, 445.  
 Act, Vaccination for England and Wales, 246.  
 Act, the New, on Charitable Trusts, 194.  
 Action against Dr. Henry, 195.  
 Action, Muscular, 81.  
 Action of Cod Liver Oil, as a Curative Agent, 376.  
 Action of Chloroform, 387.  
 Acts, Lunacy, a few more Words on the, 334.  
 Adams W. Esq., on false Aneurism of the Posterior Tibial Artery, 94.  
 Address to Medical Students. by G. Ross, Esq., 217.  
 Address to our Subscribers, 447.  
 Addresses, Introductory, at the Opening of the Medical Session, 277.  
 Admission of Cholera Patients into Hospital, 248.  
 Adulteration of Snuff and Tobacco, 232.  
 Adulteration, Drugs and their, 17.  
 Albert, Prince, 59.  
 Ali Ahmed's Plaster, 419.  
 Alison J. S., M.D. on Cholera, its Nature and Treatment, and Sanitary Requirements, Review of, 359.  
 Alnwick County Court, 370.  
 Alston H. M., M.D. on the only original case in the Dublin Medical Press, 287.  
 America, Superintendence of the, 32.  
 Amputations, 418.  
 Analysis of Three Hundred Cases of Midwifery, 286, 320.  
 Anastomotic Aneurism, Large, on the Scalp, 210.  
 Anatomical Characters of Chronic, Tubercular, and Hæmorrhagic Pericarditis, 415.  
**ANATOMY OF QUACKERY.**  
   Ali Ahmed's Plaster, 419.  
   Barker's Dr. "Guide to Health," "Help for all who need it," &c., 381.  
   Baynton's Plaster, 419.  
   Berg's Anti-Rheumatic Plaster, 419.  
   Brodie, 382.  
   Brodum's, Dr., Restorative Nervous Cordial, and Botanic Syrup, 107.  
   Brooks, 382.  
   Curtis's Manhood, "Anti-venereal Lotion," 362.  
   De Roos, Walter, M.D. "Secret Sorrow, Certain Help," "Medical Adviser," &c., 382, 438.  
   Gibson. W. S. 382.  
   Jordan's, 382.  
   La Mert's "Self Preservation," 322, 342.  
   Malry's American Plaster, 419.  
   Papier Plaster, 420.  
   Perry, Messrs B. and L. and Co's. "Silent Friend," Cordial Balm of Syriacum, &c., 144, 204, 239, 283.  
   Roper's Royal Bath Plaster, 419.  
   Rosalie Coupelle, 438.  
   Solomon's "Balm of Gilead," Anti Impetigines, &c., 48, 69.  
   Scott's Plaster, 419.  
   Sloan & Co., 382.  
   Sterry's Poor Man's Plaster, 419.  
   Walton's, 382.  
 Anchylosis and Contractions of the Knee and Hip Joints, Treatment of, 63.  
 Andrew's, St. University of, Pass List, 350.  
 Aneurism, Carotid, 466.  
 Aneurism, False, of the Posterior Tibial Artery, 94.  
 Aneurism, Popliteal, 380, 381.  
 Aneurism, Varicose, New Mode of Operating in, 115.  
 Animals, Experiments on the use of Cod Liver Oil in Fattening, 357.  
 Anniversary Meeting of the Provincial Medical and Surgical Association, 130.  
 Antigua, Yellow Fever in, 171.  
 Antimony, Tartarized, in Scarlatinous Nephritis, 315.  
 Anus, Artificial, Case of, 160, 418.  
 Apoplexy and Epilepsy, results from flogging in the Navy, 467.  
 Apothecaries' Company, 427.  
 Apothecaries' Hall, Pass List, 18, 39, 59, 76, 97, 116, 135, 155, 174, 194, 214, 232, 270, 290, 389, 408, 427, 464.  
 Appointments, Medical, 18, 38, 138, 156, 183, 232, 331, 406, 408.  
 Aqua Benedicta, 209, 347.  
 Aran, M., on Ferruginous Collodion, 58.  
 Aran, M., on Uterus; Ulcers of Os, 97.  
 Arm and Head Presentation, Case of, 237.  
 Army, English, Sickness and Mortality of the, 97.  
 Army Medical Officers, 76.  
 Artificial Anus, Cases of, 160, 418.  
 Arts, Recent Distribution of Medals at the Society of, 2, 21.  
 Ascites, 75.  
 Asiatic Cholera, 2, 87.  
 Asiatic Cholera, Report of Cases of, 206, 361.  
 Asiatic Cholera, Saline Treatment, 325.  
 Asphyxia from Chloroform, Tracheotomy in, 348.  
 Assault Felonious, Charges of, in Dublin, 163.  
 Assistant Surgeons, Naval, 42, 74, 409.  
 Association, British, for the Advancement of Science, 223, 232.  
 Association Journal, Medical Circular, and Medical Times and Gazette, 411.  
 Association, Provincial Medical and Surgical, Anniversary Meeting, 130.  
 Asylum, Lunatic, Belfast, and the Government Chaplain, 138.  
 Asylum, Lunatic, County, and their Medical Officers, 157.  
 Asylum, Lunatic, Dorset County, 59.  
 Asylums, Lunatic, Bill, 119.  
 Asylums, Lunatic, Bill, Letter from J. Brady, Esq., M.P., on the, 127.  
 Asylums, Lunatic, Medical Officers of our, 79.  
 Asylums, Lunatic, Medical Officers, Duty of, 371.  
 Aztecs, The, 37, 39.



- Bakewell, F. C., Esq., on Electric Science, its History, Phenomena, and Applications, (Review,) 32.
- Balm of Gilead, Anti Impetiginous, &c., (Dr. Solomons,) 48, 69.
- Barclay, A. W., M.D., on Fatal Cases of Diseases of the Brain, 113.
- Barker, A., M.D., "Help for all who need it;" "Guide to Health," &c., 381.
- Barker, T. H., M.D., Letter from, on the Medical Benevolent College, 3.
- Barlow, W. F., Esq., on Fatty Degeneration, (Review,) 470.
- Barnes, R., M.D., on the Management of Labour, and the Comparative Value of Ergot and Galvanism in Practice, 366.
- Barwell, R., Esq., on Asiatic Cholera; its Symptoms, Pathology, and Treatment, (Review,) 359.
- Bascome, E., M.D., on Cholera; its Nature and Treatment, (Review,) 359.
- Bascome, E., M.D., Non-Restraint System in the Treatment of Lunacy, 441.
- Base of the Skull, Fracture of the, 23, 266, 466.
- Battersby, F., M.D., on Tapping for Hydrocephalus, 93.
- Baynton's Plaster, 419.
- Becquerel, A., on the Composition of Human Milk in Health and Disease, 96.
- Belfast Lunatic Asylum, and the Government Chaplain, 137.
- Bellingham, O. B., M.D., on Diseases of the Heart, (Review,) 12.
- Benevolence, 42, 55, 116.
- Benevolent Medical College, 1, 3, 21, 36, 76, 116, 177, 214, 249, 311, 320, 392, 427.
- Benevolent Medical College, Letter from Jas. Yearsley, Esq., to Committee of, 99.
- Bennett, Dr., on Dyspepsia, 75.
- Bennett, Dr. J. H., on the Pathology and Treatment of Pulmonary Tuberculosis, (Review,) 434.
- Berg's Anti-Rheumatic Plaster, 419.
- Berthy, Dr., on Treatment of Vesico-Vaginal Fistula, 37.
- Bethlehem Hospital, 283.
- Biography, 27, 84, 105, 163, 202, 258, 277, 319, 417, 434, 469.
- Bill, Burial Ground, 85.
- Bill, Lunatic Asylums, 119.
- Bill, Lunatic Asylums, Letter from J. Brady, Esq., M.P., on the, 127.
- Bill, New Medical Registration, 465.
- Bill, Vaccination Extension, 61, 75, 95, 99, 114, 138, 150, 274, 294.
- Bills, Lord St. Leonard's Lunacy, and the Medical Profession, 1.
- Binioidide of Mercury, Solubility of, in Cod Liver Oil, 365.
- BIOGRAPHY.**
- Bird, G. G., M. D. (with Portrait), 129.
- Borrett, J., M.D., 401.
- Bulley, F. A., Esq. (with Portrait), 11.
- Collins, W. J., Esq., 147.
- Conquest, J. T., M.D. with Portrait, 51.
- Cooper, W. W., Esq. (with Portrait), 383.
- Coote, H., Esq., 31.
- Copeland, T., Esq., 31.
- Corbould, H. H., Esq., 53.
- Corfe, G., M.D., 53.
- Cormack, J. Rose, M.D., 109.
- Courtenay, T. B., Esq., 71.
- Cotton, R. P., Esq., 72.
- Cox, W. J., Esq., 147.
- Crawford, A., M.D., 207.
- Crawford, M. A. R., M.D., 207.
- Crisp, E., M.D., 207.
- Critchett, G., Esq., 263.
- Cronin, D., M.D., 263, 473.
- Cronin, E., M.D., 263.
- Curie, P. F., Esq., 323.
- Curling, T. B., Esq., 421 (with Portrait), 439.
- Cursham, G., Esq., 323.
- Cutler, E., Esq., 323.
- Dalton, F. B., Esq., 440.
- Daniell, J. B., M.D., 363.
- Davies, H., M.D., 439.
- Davis, J. H., M.D., 473.
- Dawson, R., M.D., 473.
- Delaney, E., M.D., 473.
- Day, G. E., M.D. (with Portrait), 241.
- Evans, O., M.D. (with Portrait), 303.
- France, J. F., Esq., 147.
- Hill, R. G., Esq. (with Portrait), 187.
- Moore, J., M.D. (with Portrait), 89.
- Saunders, E., Esq. (with Portrait), 343.
- Startin, J., Esq., (with Portrait), 457.
- Bird, Dr. G. G., Biographical Notice of, 127.
- Birmingham, Queen's College, 116, 309.
- Bites, Leech, 73.
- Black, C., M.D., on the Pathology of the Bronchio-Pulmonary Mucous Membrane (Review), 53.
- Blood, Certain Pathological States of the, 404.
- Blood, Infection of the, Suppuration of the Joints from, 326.
- Board, Book and the, 476.
- Board of Health, Dartford, and the, 117.
- Board of Health, General, 56.
- Boards of Health, Local, Cholera and, 273, 313.
- Boards of Health, Local, Duty of Establishing, 253.
- Bone Setters and Qualified Surgeons, 214.
- Book and the Board, 476.
- Book, Scrap, Stray Leaves from a Doctor's, 173.
- Books Received for Review, 9, 46, 66, 105, 143, 163, 223, 258, 277, 298, 319, 359, 434, 469.
- Borrett, J., M.D., 401.
- Brady, J., Esq., M.P., Letter from, on the Lunatic Asylum Bill, 127.
- Brady, J., Esq., M.P., Letter from, on the Vaccination Extension Bill, 150.
- Brain, Diseases of the, Fatal Cases of, 113.
- Brain, Softening of the, 340.
- Branston, T. F. Esq., The Druggist's Hand-Book of Practical Receipts (Review), 470.
- Breakfast, Medical, 249.
- Bribing the "Lancet," 447.
- British Association for the Advancement of Science, 223, 232.
- British Troops in Burmah, Remarks on the Diseases of the, 123.
- Brodum's, Dr., Restorative Nervous Cordial and Botanic Syrup, 107.
- Brown, T. Esq., on Friendly Cautions regarding Cholera (Review), 435.
- Bubo, by Dr. Claiborne, 37.
- Budgett and others, Yearsley v. Lord Langdale's Judgment in case of, 473.
- Bulley, F. A., Esq., Portrait and Biographical Notice of, 11.
- Bulley, F. A., Esq., an Account of some Cases of Asiatic Cholera, successfully treated by Hot Water Applications (Review), 435.
- Burial Ground Bill, 85.
- Burmah, Remarks on the Diseases of the British Troops in, 123.
- Burn, R. S., Esq. on Illustrated London Geometry (Review), 32.
- Burn, R. S., Esq., on Mechanics and Mechanism (Review), 32.
- Bursa, Large, containing Solid Bodies, beneath the Deltoideus Muscles, 210.
- Busch, Dr. on Puerperal Miasmata, 75.
- Bushnan, J. S., M.D., on Burton and its Bitter Beer (Review), 190.
- Cambridge, 311.



- Cambridge University, 330, 350.  
 Cancer of the Stomach, 161.  
 Cancer, Medullary, large growth of, in Back of Child, 85.  
 Cancerous Growth in the Forearm of an Infant, Large, 47.  
 Capillary Tubes, Method of Preserving Vaccine Lymph in, 354.  
 Carcinoma of the Uterus, Pregnancy complicated with, 22.  
 Carotid Aneurism, 466.  
 Cartilages, Loose, Extraction of, from the Elbow Joint, 295.  
 Cartilaginous Tumour within the Upper Part of the Fibula, 86.  
 Cases, Fatal, of Diseases of the Brain, 113.  
 Cases of Typhus Fever, Abstract of Eighteen, treated by Brandy, 164.  
 Cataract, Operations for, 152.  
 Cataract, Incipient Lenticular, Diagnosis of, in Elderly Persons, 256.  
 Catarrh, Uterine, and Internal Metritis, 433.  
 Causes of Dilatation of the Heart, 5.  
 Cerebellum, Case of Tumour in the, 149.  
 Cerebral Diseases, Pathology and Diagnosis of, 405.  
 Chamælaea Tricocco, 170.  
 Chaplain, Government, and the Belfast Lunatic Asylum, 137.  
 Charlesworth, Dr., the late, Mr. G. Hill, and the "Lancet," 354.  
 Charge against a Physician for Rape, 117.  
 Charge of Procuring Abortion, 214.  
 Charges of Felonious Assaults in Dublin, 163.  
 Charing Cross Hospital, 42, 101.  
 Charing Cross Hospital, Distribution of Prizes, 174.  
 Charing Cross Hospital, Disturbances at the, 79.  
 Charing Cross Hospital, Letter from Mr. Hancock, 126; Letter from Dr. Smith, 124.  
 Charitable Trusts, New Acts on, 194.  
 Charlesworth, Dr., the late, 104.  
 Chart, Synoptical, of the Medical Schools, 224.  
 Chest Protectors, 170.  
 Chest, Puncture of, 314.  
 Child, Back of, Large Growth of Medullary Cancer in, 85.  
 Children, Royal Infirmary for, 135.  
 Chlorate of Potass and Turpentine, a Cure for Purpura Hemorrhagica, 35.  
 Chloroform, a Motive Power, 174.  
 Chloroform, Action of, 387.  
 Chloroform and Ether, Effects of, 413.  
 Chloroform, Deaths from, 57, 321, 340, 350, 393.  
 Chloroform, Means of Averting Death from, 58.  
 Chobham, Health of Troops at, 39, 65.  
 Cholera and Local Boards of Health, 273, 313.  
 Cholera and the Government, 333.  
 Cholera, Asiatic, Report of Cases of, 201, 361.  
 Cholera, Cases of Epidemic, 238, 289.  
 Cholera, Disorders of the Renal Secretion in, 235.  
 Cholera, Epidemic, Specific for Cramp or Spasms in, 110.  
 Cholera, Epidemic, Treatment of, 149, 235, 324, 325, 423, 477.  
 Cholera, Hot Water Cushions in,  
 Cholera in the Channel Islands, 403; Christiana, 270; Glasgow, 263; Isle of Man, 403; Metropolitan Hospitals, 360; Russia, 77.  
 Cholera in the Gaol of Newcastle-on-Tyne, Report of, 467.  
 Cholera, Investigation into the Merits of the Saline Treatment of, 449.  
 Cholera, its Treatment by Salines, &c., 386.  
 Cholera Patients, Admission of, into Hospital, 248.  
 Cholera, Progress of, 233.  
 Cholera, Saline Injections in, 256.  
 Cholera Simulated in Sheep, 427.  
 Cholera, Sporadic, 46.  
 Cholera, The, 117, 156, 175, 194, 213, 214, 247, 248, 267, 287, 289, 308, 328, 330, 349, 369, 387, 389, 407, 423, 426, 432, 444.  
 Choleraic Diarrhoea, Treatment of, 275, 294, 334, 402, 436.  
 Chordee, by M. Döringer, 37.  
 Chorea, Hydrocyanic Acid in, 36.  
 Chowne, Dr., on Small Pox and Vaccination, 55, 93.  
 Chronic Discharge of Purulent Matter from the Ear after Fever, 86.  
 Chronic Pericarditis, Anatomical Characters of, 415.  
 Chronic Renal Disease, Inflammation of Serous Membranes in, 6, 182.  
 Chronic Ulcer of the Leg, treated by Incisions, 415.  
 Crystal Palace, Letter on Closure of, by M.D., 73.  
 Chylous Urine, so called, 394.  
 Cinnamon, Use of, in Certain Examples of Menorrhagia, 296.  
 Circulars of the Royal College of Surgeons, 236.  
 Claiborne, Dr., on Bubo, 37.  
 Clapham Abortion Case, 40.  
 Clark, R. Esq., on the Poor Law Surgeons of Scotland, 112.  
 Clericus on Reviewing in the "Lancet," 35.  
 Climates, Nature and Treatment of Diseases of Europeans returned from Tropical, 24, 62.  
 Clinical Remarks on Yellow Fever, 80.  
 Cloetta on Nerves of the Heart, 213.  
 Closure of Crystal Palace, letter on, by M.D., 73.  
 Cockle, J., M.D., on Mammary Abscess during Lactation, 91.  
 Cocoa, 348.  
 Cod Liver Oil, Action of, as a Curative Agent, 376.  
 Cod Liver Oil. Experiments on the Use of, in Fattening Animals, 357.  
 Coelius Aurelianus, 13.  
 Colic, 81.  
 College Examiners and the Private Scholars, 197.  
 College, King's, 16.  
 College Kings, Aberdeen, Names of Gentlemen upon whom the degree of M.D. has been conferred, 155.  
 College, Medical Benevolent, 1, 3, 21, 36, 76, 116, 177, 214, 249, 311, 320, 392, 427.  
 College, Medical Benevolent, Letter from J. Yearsley, Esq., to the Committee of, 99.  
 College, New Medical, that is to be, 138.  
 College of Surgeons and the Metropolitan Schools, 119.  
 College of, Royal Free, Hospital Medical, 234.  
 Collins, F., M.D., on a singular Case of Scrotal Abscess, 286.  
 Collins, W. J., Esq., Biographical Notice of, 147.  
 Collodion Ferruginous, 58.  
 Colocynth on Medical Reform, 168.  
 Comforts for Invalids, 478.  
 Companies, Life Insurance, Important to, 105.  
 Comparative Healthiness of England, France, Prussia, &c., 174.  
 Compliment to the Medical Profession, 115.  
 Composition of Human Milk in Health and Disease, 96.  
 Compound Fractures, 115.  
 Compression, Cure of Urinary Fistula by, 199.  
 Compulsory Vaccination, 192, 247.  
 Congratulatory Address to Dr. Thomson, 387.  
 Conquest, J. T., M.D., Biographical Notice, with Portrait of, 51.  
 Considerable Sprouting of Warts on the Glans Penis, 470.  
 Consumption, Sanatorium for, 35.  
 Contents of the Medical Journals, 8, 26, 46, 65, 84, 104, 123, 142, 162, 182, 202, 223, 237, 257, 276, 296, 318, 337, 358, 377, 395, 416, 433, 461, 468.  
 Contractions and Anchylosis of the Knee and Hip Joints, Treatment of, by forced Rupture, 63.  
 Cooper, B. B., Esq., 285.  
 Cooper, B. B., Esq., a passage in the Life of, 178.  
 Cooper, B. B., Esq., Post-mortem Examination of the Body of, 179.  
 Cooper, W. White, Esq., Biographical Notice, with Portrait of, 383.  
 Cooke, H. Esq., Biographical Notice of, 31.  
 Copeland, T., Esq., Biographical Notice of, 31.



Copland, Dr., on Certain Pathological States of the Blood, 404.  
 Cosbould, H. H., Esq., Biographical Notice of, 53.  
 Corfe, G., M.D., Biographical Notice of, 53.  
 Cormack, J. R., M.D., Biographical Notice of, 109.  
 Cormack, J. R., M.D., on Cholera, 387.  
 Cornea, Opacity from the Removal of a Particular Kind of, 375.

# CORRESPONDENCE.

Action of Chloroform, by W. H. C., M.D., 387.  
 Asiatic Cholera, Saline Treatment, by A. Leckie Esq., 325.  
 Benovolence, by J. Cox, Esq., 55.  
 Book and the Board, by W. Moss, Esq., 476.  
 Cholera: its Nature and Treatment, by W. Moss, Esq., 324.  
 Cholera; its Treatment by Salines, Alkalies, Sulphuric Acid, by M. D., 386.  
 Circulars of the Royal College of Physicians, by E. E. Hooper, Esq., 287.  
 Cox, Mr., on Hydrocyanic Acid, by A. B. Granville, Esq., 364.  
 Cure for Quackery, by W. Moss, Esq., 463.  
 Dissentions at the Charing Cross Hospital; Letters from Dr. Smith and Mr. Hancock, 224.  
 Extraordinary Success in Lithotomy, by M. D., 151.  
 Gay, Mr., and the Royal Free Hospital, 111.  
 Homœopathy, by a General Practitioner, 347.  
 Hill, Mr. R. G., and the "Lancet," by Rev. J. Daniel, 476.  
 Hot Water Cushions in Cholera, by W. Hooper, Esq., 365.  
 Hydrocyanic Acid, by R. W. G., 403.  
 Hydrocyanic Acid in Cholera, by R. T. Moore, M.D., 36.  
 Insanity in Ireland, by J. Webster, M.D., 365.  
 Lime Water in Cholera, by La Jeune Chirurgien, 325.  
 Lunatic Asylums Bill, by J. Brady, Esq., M.P., 127.  
 Medical Etiquette, by J. Morris, Esq., 246.  
 Medical Reform, by Colocynth, 168.  
 Militia Surgeons, by Alter, 386.  
 New Remedy for Small Pox, by M. Larkin, Esq., 169.  
 Non-Restraint System in the Treatment of Lunacy, by S. Hadwen, Esq., 440.  
 Non-Restraint System in the Treatment of Lunacy, by Dr. E. Bascome, 441.  
 Only Original Case in the Dublin Medical Press, by H. M. Alston, M.D., 287.  
 Opening of the Crystal Palace and the Association Journal, by M. D., 73.  
 Poor Law Medical Returns, by W. Kent, Esq., 424.  
 Poor Law Surgeons in Scotland, by R. Clark, Esq., 112.  
 Reviewing in the "Lancet," by Clericus, 35.  
 Surgeons in Militia, 362.  
 Tapping for Hydrocephalus, 93.  
 Tincture of Guaco in Cholera Asiatica, by Dr. Pritchard, 325.  
 Treatment of Cholera, by Dr. Harrison, 325.  
 Turpentine in Purpura Hæmorrhagica, by W. Saunderson, Esq., 151.  
 Use of Turpentine in Purpura Hæmorrhagica, by C. Day, Esq., 74.  
 Uterine Hydatids, by W. Monday, Esq., 208.  
 Vaccination Act for England and Wales, by D. J. Hynes, M.D., 246.  
 Vaccination Extension Bill, by J. Brady, Esq., 150.  
 Value of Hydrocyanic Acid as a Remedial Agent, by W. J. Cox, Esq., 191.  
 Value of Hydrocyanic Acid as a Remedial Agent, by B. T. Moore, Esq., M.D., 170.

Wakley, Mr., and the Middlesex Hospital, by a Middlesex Student, 365.  
 Correspondents, Notices to, 19, 40, 60, 77, 98, 118, 136, 156, 175, 195, 214, 232, 250, 271, 291, 311, 331, 371, 380, 409, 428, 445, 464, 478.  
 Corvisart, M. L., on Spermatorrhœa, 248.  
 Costiveness, Habitual, and Hæmorrhoids, 93, 112, 113, 154, 192.  
 Cotton, B. P., Esq., Biographical Notice of, 72.  
 Coulson, W., Esq., on Cystorrhœa, produced by Vascular Growth of the Orifice of Urethra, 366.  
 Coulson, W., Esq., on Suppuration of the Joints from Infection of the Blood, 326.  
 Councillors, &c., for the Royal College of Surgeons, Election of, 39, 59.  
 County, Dorset, Lunatic Asylum, 59.  
 County Lunatic Asylums and their Medical Officers, 157.  
 Coup de Soleil, 177.  
 Courtenay, T. B. Esq. Biographical Notice of, 71.  
 Court of Bankruptcy, a Doctor's Bill, 427.  
 Court of Queen's Bench, Queen v. Registrar of the Pharmaceutical Society, 445.  
 Court of Queen's Bench, Parkes v. Hardwick and others, 445.  
 Court of Queen's Bench, Queen v. O'Shea and others, 445.  
 Courts, Law, and Medical Men, 59.  
 Cox, W. J. Esq. Biographical Notice of, 147.  
 Cox, W. J. Esq. on Benevolence, 55.  
 Cox, W. J. Esq. on Homœopathy its Globules (Bubbles), analysed (Review), 320.  
 Cox, W. J. Esq. on Plain Advice about Cholera (Review 329.  
 Cox, W. J. Esq. on the Treatment of Cholera and Choleraic Diarrhœa, 149, 401, 436.  
 Cox, W. J. Esq. Value of Hydrocyanic Acid as a Remedial Agent, 15, 91.  
 Cramp or Spasms in Asiatic Cholera, Specific for, 119.  
 Crawford, A., M.D., Biographical Notice of, 207.  
 Crawford, M. A. N., M.D., Biographical Sketch of, 207.  
 Crisp, Dr. on the Arrest of Development in the Fœtus, 424.  
 Crisp, E., M.D., Biographical Notice of, 207.  
 Critchett, D., Esq., Biographical Notice of, 263.  
 Cronin, D., M.D. Biographical Notice of, 263.  
 Cronin, E., M.D. Biographical Notice of, 263.  
 Croup, by M. Trousseau, 37.  
 Croup, Contagious Influence of, 208.  
 Curative, Action of Cod Liver Oil as a, 376.  
 Cure for Quackery, 463.  
 Cure of Squinting by the use of Prismatic Spectacles, 161.  
 Cure of Urinary Fistula by Compression, 199.  
 Curie, P. F. Esq. Biographical Notice of, 323.  
 Curiosity an Obstetrical, 54.  
 Curling, T. B. Esq. Biographical Notice of, 421.  
 Curling, T. B., Esq., Portrait of, 439.  
 Cursham, G., Esq., Biographical Notice of, 323.  
 Curtis's "Manhood" "Anti-Veneral Lotion," 362.  
 Cushions, Hot Water, in Cholera, 365.  
 Cutler, E. Esq. Biographical Notice of, 323.  
 Cystorrhœa produced by Growth of Orifice of Urethra, 366.  
 Daniel, Rev. J., on Mr. R. G. Hill, and the "Lancet," 476.  
 Daniel, Dr., 331.  
 Daniel, Dr., Biographical Notice of, 363.  
 Dartford, and the Board of Health, 117.  
 Davey, J. G., M. D. on the Nature and Proximate Cause of Insanity (Review), 12.  
 Davey, J. G., M.D., Physiological Uses of the Ganglionic Nervous System (Review), 320.  
 Day, C. Esq., on the use of Turpentine in Purpura Hæmorrhagica, 74.  
 Day, G. E., M.D., Biographical Notice and Portrait of, 241.  
 Deaf and Dumb in Louisiana, 263.



- Deaf Dumbness by M. E. Hubert-Valleroux, M.D. Translated from the French, by J. Yearsley, Esq., 66, 106, 143, 183, 260, 298, 338, 378, 462, 471.
- Death from Chloroform, 321, 340, 350.
- Death from Chloroform, means of averting, 58.
- Death from Chloroform, Report upon Case of, 57.
- Death from Cholera, 194.
- Death from Use of Quack Medicines, 97.
- Debt Old, A New Way to pay, 198.
- Decennium Pathologicum, 180.
- Delieux, M., on Dysentery, 213.
- Delieux, M., on Tannate of Quinine in the Night Sweats of Phthisis, 247.
- Delirium, Tremens, Disorders of the Renal Secretion in, and in Injury of the Spinal Cord, 374.
- Deltoid Muscle, Large Bursa, containing Solid Bodies, beneath the, 210.
- Delusion, Table Turning, 16.
- Dentrifice, 112, 154, 170.
- Dentistry in Madrid, 66.
- De Roos, Walker, M.D., "Secret Sorrow, Certain Help," "The Medical Adviser," 382.
- Devay, on Cancer, 213.
- Development of Numerous Exostoses in same subject, 34.
- Diagnosis and Pathology of Cerebral Diseases, 405.
- Diagnosis of Incipient Lenticular Cataract in Elderly Persons, 256.
- Diarrhoea and Cholera, Treatment of, by Acids, 334.
- Diarrhoea Choleraic, Treatment of, 275, 294, 402.
- Diarrhoea Premonitory in Cholera, 247.
- Dickson, S., M.D. on "the Destructive Art of Healing, or Facts for Families," (Review), 32.
- Dilatation of the Heart, Causes of, 5.
- Dinner of Fellows of the Royal College of Surgeons, 59.
- Diploma, Forged, 270.
- Diplomas, Medical, Insolvency as affecting, 427.
- Directory, the London and Provincial Medical, and the Lancet Opposition, 459.
- Discharge, Chronic, of Purulent Matter from the Ear after Fever.
- Disease among the Russian Troops, 309.
- Disease, the Potato, 175.
- Diseased Ovarium, Case of, 180.
- DISEASES.**
- Cerebral, Pathology and Diagnosis of, 405.
- Chronic Renal Inflammation of Serous Membranes in, 6, 182.
- Laryngeal, case of, in which the operation of Tracheotomy was performed, 44.
- Of Europeans returned from Tropical Climates, Nature and Treatment of, 24, 62.
- Of the Brain, Fatal cases of, 113.
- Of the British Troops in Burmah, Remarks on the, 123.
- Of the Scalp, (Ringworm), Pathology, and Treatment of, 139.
- Disorders, Mental, Unrecognised Forms of, 306.
- Disorders of the Renal Secretion in Cholera, 235.
- Disorders of the Renal Secretion in Delirium Tremens, and in Injury of the Spinal Cord, 374.
- Disorders, of the Stomach, Organic Diseases, and Functional, 25.
- Distension Painful, of the Vagina, after birth of Child, 37.
- Distressing Gastric and Mental Symptoms from Opium Eating, 238.
- Distribution of Medals at the Society of Arts, Recent, 2, 21.
- Disturbances at the Charing Cross Hospital, 79.
- Disturbances at the Charing Cross Hospital, Letter from Dr. Smith, 123.
- Disturbances at the Charing Cross Hospital, Letter from Mr. Hancock, 126.
- Doctor's Scrap Book, Stray Leaves from a, 173.
- Doings in the North, 172.
- Doringer, M. on Chordee, 37.
- Dorset County Lunatic Asylum, 59.
- Double Encysted Hæmatocele of the Testicle, 34.
- Double Encysted Hydrocele of the Spermatic Cord, 14.
- Double Senere Epicanthus cured by Operation, 165.
- Dropsy, New Remedy for, 13, 154, 192.
- Drought and Cholera, 117.
- Drugs and their Adulterations, 17.
- Dublin, Charges of Felonious Assault in, 163.
- Dublin Hospitals, 114.
- Dublin Medical Press, the only Original Case in the, 216.
- Duncan, Dr. M., on Menstruation and Superfætation, 115.
- Dura Mater, Malignant Growth from the, 103.
- Duration of Pregnancy in the Human Female, 181, 200.
- Duty of Establishing Local Boards of Health, 253.
- Duty of Medical Officers under the New Lunacy Acts, 370.
- Dyspepsia, 75.
- Dyspnœa, Treatment of, 112, 154.
- Ear, Chronic Discharge of Purulent Matter from the after Fever, 86.
- East Surrey Cholera Society, 230.
- Edward, Dr. J., Presentation to, at Strathspey, 49.
- Eighteen Cases of Typhus Fever, Abstract of, treated by Brandy, 164.
- Elbow Joint, Extraction of Loose Cartilages from the, 295.
- Election of Councillors &c., for the Royal College of Surgeons, 39, 59.
- Election of Fellows of the Royal College of Surgeons, 330.
- Electric Telegraph, 117.
- Elephantiasis Græcorum, or Lepra Tuberculosa, 355.
- Emissions, Seminal, 192.
- Encysted Hæmatocele of the Testicle, Double, 34.
- Encysted Hydrocele of the Spermatic Cord, Double, 14.
- End of Quackery, 174.
- End of the Session, 99.
- England, History of the Medical Profession, and its influence on Public Health in, 29, 49.
- English Army, Sickness and Mortality of the, 97.
- Entiolog of Mammary Abscess, 58.
- Entire Upper Jaw, Extirpation of the, 101.
- Epicanthus, Double Senere, cured by Operation, 165.
- Epidemic Cholera, Cases of, 238, 289.
- Epidemic Cholera, Specific for Cramp or Spasms in, 110.
- Epidemic Cholera, Treatment of, 149.
- Epidemiological Society, 232.
- Epilepsy and Apoplexy, resulting from Flogging in the Navy, 467.
- Epilepsy, Exostosis of the Skull in, 475.
- Epitome of Toxicology, An, 9, 87, 127, 145, 165, 205, 262, 301, 420.
- Erectile Tumour of the Orbit, Case of, 158.
- Ergot and Galvanism, Comparative Value of in Practice, and the Management of Labour, 366.
- Erysipelas of the Head and Face after Contusion and Laceration of Scalp, 94.
- Ether and Chloroform, Effects of, 413.
- Ether with Quinine in Intermittent Fever, 115.
- Ethics, Medical, 422.
- Etiquette, Medical, 246.
- Europeans Returned from Tropical Climates, Nature and Treatment of Diseases of, 24, 62.
- Evans, O., M.D., Biographical Notice and Portrait of, 303.
- Evans, W. P., Esq., on Cholera, 423.
- Examiners, College, and the Private Scholars, 197.
- Excisions, 418.
- Excision of the Knee Joint, Case of, 7.
- Excitability of Paralysed and Healthy Limbs by Galvanic Current, 114.
- Exostosis of the Skull in Epilepsy, 474.
- Exostoses, Development of Numerous, in same subject, 34.
- Extension, Vaccination, Bill, 61, 75, 99, 114, 150, 274, 294.



- Extension, Vaccination, Bill, Report on, 95.  
 Extirpation of the Entire Upper Jaw, 101.  
 Extraordinary Success in Lithotomy, 151.  
 Extra-Uterine Fœtation, 258.
- Faleot, Dr., on Ascites, 75.  
 False Aneurism of the Posterior Tibial Artery, 94.  
 Farr, W., M.D., on History of the Medical Profession and its Influence on Public Health, by, 29.  
 Fatal Case from Inhalation of Chloroform, 393.  
 Fatal Cases of Diseases of the Brain, 113.  
 Fatty Tumour of the Scalp, 321.  
 Faure, W., on the Uterus, 96.  
 Fees, Medical, for Street Accidents, 116.  
 Fellows' Dinner of the Royal College of Surgeons, 59.  
 Fellows of the Royal College of Surgeons, Election of, 330.  
 Felonious Assault, Charge of, in Dublin, 163.  
 Female Physicians, 14.  
 Femur, Periosteal and Bony Inflammation of the Lower Portion of the, 14.  
 Ferruginous, Collodion, 58.  
 Fever, Chronic Discharge of Purulent Matter from the Ear after, 86.  
 Fever in Ireland, 232.  
 Fever Intermittent, Ether with Quinine in, 115.  
 Fever, Quinine in, 6.  
 Fever, Treatment of, 466.  
 Fever, Typhus, Abstract of Eighteen Cases of, treated by Brandy, 164.  
 Fever, Yellow, 194, 198, 371.  
 Fever, Yellow, Clinical Remarks on, 80.  
 Fever, Yellow, in Antigua, 171.  
 Fever, Yellow, Practical Observations on, 159.  
 Fever, Yellow, Remarks on, 122.  
 Fever, Yellow, Reported, New Remedy for, 27.  
 Few Remarks upon the Organic Muscles of the Urethra, 43.  
 Fibula, Cartilaginous Tumour within the Upper Part of, 85.  
 Finlay, D. L., Esq., on Observations on the Remittent and Yellow Fevers of the West Indies, (Review,) 264.  
 Fistula, Urinary, Cure of, by Compression, 199.  
 Fistula, Vesico-Vaginal, Treatment of, 37.  
 Fogging in the Navy, Epilepsy and Apoplexy resulting from, 467.  
 Fœtation, Extra-Uterine, 258.  
 Freed Rupture, Treatment of Contractions and Anchylosis of the Knee and Hip Joints by, 63.  
 Forearm of an Infant, Large Cancerous Growth in the, 47.  
 Foreign Medical Schools, 18.  
 Foreign Diploma, 270.  
 Form and Weight of the Heart, 406.  
 Forbell, S., Esq., Treatise on Dentistry, (Review,) 470.  
 Fracture of the Base of the Skull, 23, 266, 466.  
 Fracture of the Trochlea of the Humerus, 266.  
 Fractures, Compound, 115.  
 Fractures, Treatment of, by Gum Bandage, 414.  
 Free, 138.  
 Free, J. F., Esq., Biographical Notice of, 147.
- Ganic Current, the Excitability of Paralysed and Healthy Limbs, by, 114.  
 Ganism and Ergot, Comparative Value of, in Practice, and the Management of Labour, 366.  
 Ganism as an Obstetric Agent, 414.  
 Gæke, T. W., Esq., on the Treatment of Enlarged Testicles, and Elongated Evula by Excision and Local Applications, 240.  
 Gæ and Mental Symptoms, Distressing, from Opium Smoking,  
 Gæhr., and the Royal Free Hospital 111, 477.  
 Gæhr., Portrait of, 478.
- General Board of Health, 56.  
 Gillkrest, Dr., on Notes worth Noticing relative to the Cholera, (Review,) 264.  
 Glans Penis, Considerable Sprouting of Warts on the, 470.  
 Glasgow, Cholera in, 263.  
 Godfrey, N. S., the Rev., on Table-Turning, the Devil's Modern Master-piece, (Review,) 345.  
 Governor of Charing Cross Hospital, Reply to Dr. Smith, 148.  
 Government Chaplain, and the Belfast Lunatic Asylum, 137.  
 Government, Cholera and the, 333.  
 Grady, W. G., M.D., on Causes of Cholera; its Treatment and Cure, (Review,) 359.  
 Graham, T. J., M.D., on the Management and Disorders of Infancy and Childhood, (Review,) 401.  
 Granville, A. B., Esq., on Hydrocyanic Acid, 364.  
 Græcorum Elephantiasis, or Lepa Tuberculosa, 355.  
 Griffiths, T., Esq., on Chemistry of the Four Seasons, (Review,) 12.  
 Ground, Burial, Bill, 85.  
 Growth, Large Cancerous, in the Forearm of an Infant, 47.  
 Growth, Large, of Medullary Cancer in the Back of a Child, 85.  
 Growth, Malignant, from the Dura Mater, 103.  
 Guaco, Tincture of, in Cholera Asiatica, 325, 423, 477.  
 Gum Bandage, Treatment of Fractures by, 414.  
 Guthrie, J. J., Esq., on Commentaries on the Surgery the Peninsular Wars, (Review,) 148.  
 Gutta Serena, a Substitute for, 194.  
 Gymnasium at Paris, 331.
- Habitual Costiveness with Hæmorrhoids, 93, 112, 113, 154, 192.  
 Hadwen, S. Esq., on the Non Restraint System in the Treatment of Lunacy, 440.  
 Hair, Loss of, 477.  
 Hall, Apothecaries, 18, 39, 59, 76, 97, 116, 135, 155, 174, 194, 214, 232, 270, 290, 389, 408, 427, 464.  
 Hancock, Mr., Letter on the Dissensions at the Charing Cross Hospital, 126.  
 Hand, Left, use of, 93, 154, 170.  
 Hæmatocele of the Testicle, Double Encysted, 34.  
 Hæmorrhagic Pericarditis, Anatomical Characters of, 415.  
 Hæmorrhagica Purpura, Case of, cured by Chlorate of Potass and Turpentine, 35.  
 Hæmorrhagica Purpura, use of Turpentine in, 74, 151.  
 Hardwick and others v. Parkes, 445.  
 Hardy, Dr. S. L., on the Local Application of the Vapour of Chloroform in Various Diseases, especially the Uterine Organs, (Review,) 470.  
 Harrison, Dr., on the Treatment of Cholera, 325.  
 Head and Arm Presentation, Case of, 237.  
 Health, Board of, and Dartford, 117.  
 Health, Boards of, Local, Duty of Establishing, 253.  
 Health, General Boards of, 56.  
 Health, Her Majesty's, 76.  
 Health, in England, History of the Medical Profession, and its Influence on Public, 29, 49.  
 Health, Local Boards of, and Cholera, 273, 313.  
 Health, of Persia, 48.  
 Health, of Troops at Chobham, 39, 65.  
 Healthiness, Comparative of England, France, and Russia, &c., 174.  
 Healthy and Paralysed Limbs, Excitability of, by Galvanic Current, 114.  
 Hearne, Dr. E., on Thoughts on Cholera, (Review,) 435.  
 Heart, Weight and Form of the, 406.  
 Help for all who need it, "Guide to Health," Dr. Barker's 381.  
 Hemospasie Method of Treatment, 285.  
 Henry, Dr., Action against, 195.  
 Her Majesty's Health, 76.



- Hernia Knife, Improved, 141.  
Herniæ, Case of very Large, 6.  
Herniæ, Umbilical, Report of two Cases of, 121.  
Herniotomy, 417.  
Herchfield on Nerves of the Uterus, 213.  
Hiccough, 170, 192.  
Hill, R. G. Esq., Letter from, in answer to the *Lancet*, 396.  
Hill, R. G. Esq., Letter from Dr. J. J. Wingett, 398.  
Hill, R. G. Esq., Letter from Rev. J. Daniel, 476.  
Hill, R. G. Esq., Portrait and Biographical Notice of, 187.  
Hill, R. G. Esq., the late Dr. Charlesworth, and the *Lancet*, 354.  
Hind, J. B. Esq., on Illustrated London Astronomy, (Review), 32.  
Hip and Knee Joints, Treatment and Contractions and Anchylosis of the, by Forced Rupture, 63.  
Hirsh on Procreation, 134.  
History of the Medical Profession, and its influence on Public Health in England, by W. Farr, M.D., 29, 49.  
Hogg, J. Esq., on the Elements of Experimental and Mental Philosophy (Review), 32.  
Holloway, Professor, again, 205.  
Homœopathy, 290, 347.  
Honours to Medical Men, 135.  
Hooper, E. E., on the Circulars of the Royal College of Physicians, 287.  
Hospital, Admission of Cholera Patients into, 248.  
Hospital, Bethlehem, 283.  
Hospital, Charing Cross, 7.  
Hospital, Charing Cross, Disturbances at the, 79; Letters from Dr. Smith and Mr. Hancock, 124.  
Hospital, Charing Cross, Medical School, number of Gentlemen who gained Prizes, 174.  
Hospital, Middlesex, Mr. Wakley and the, 365.  
Hospital, Reform, 293.  
**HOSPITAL REPORTS.**  
**BARTHOLOMEW (SAINT)**  
Cholera Asiatica, 361.  
Considerable Sprouting of Warts on the Glans Penis, 470.  
Death from Chloroform, 340.  
Development of Numerous Exostoses in same subject, 34.  
Epidemic Cholera, Cases of, 289.  
Excision, 418.  
Extra-Uterine Foetation, 258.  
Hydrocele of the Spermatic Cord, Double Encysted, 14.  
Large Anastomatic Aneurism on the Scalp, 210.  
Large Bursa containing solid Bodies, beneath the Deltoid Muscle, 210.  
Large Growth of Medullary Cancer in the Back of a Child, 85.  
Operations for Lithotomy performed by a New Method, 151.  
Popliteal Aneurism, Treatment by Compression, 380.  
**CENTRAL LONDON OPHTHALMIC.**  
Operations for Cataract, 153.  
Senere Double Epicanthus cured by Operation 165.  
**CHARING CROSS.**  
Excision, 418.  
Softening of the Brain, &c., 340.  
**GEORGE'S, ST.**  
Herniotomy, 417.  
Lithotrity, 417.  
Periosteal and Bony Inflammation of the Lower Portion of the Femur, 14.  
**GERMAN, DALSTON.**  
Asiatic Cholera, 287.  
**GUY'S**  
Excisions, 418.  
Report of Cases of Epidemic Cholera, 436.  
**KING'S COLLEGE.**  
Abstract of Eighteen Cases of Typhus Fever, treated by Brandy, 164.  
Excision, 418.  
Report of Cases of Epidemic Cholera, 436.  
Tic Douloureux, 259.  
**LONDON.**  
Hæmatocle of the Testicle, Double Encysted, 34.  
Large Cancerous Growth in the Forearm of an Infant, 47.  
Popliteal Aneurism, Failure of Compression, 381.  
**MARY'S, ST.**  
Amputation, 418.  
Cases of Epidemic Cholera, 238.  
Distressing Gastric and Mental Symptoms from Opium Eating, 238.  
Fatty Tumour of the Scalp, 321.  
Perineal Section, 209.  
Report of Cases of Epidemic Cholera, 437.  
Schirrhous Tumour of the Lungs, 321.  
Sporadic Cholera, 46.  
**MIDDLESEX.**  
Amputation, 418.  
Artificial Anus, Operation for, 418.  
Hydrocele with Thickened and Inelastic Sac, 33.  
Injury to the Tibia, 14.  
Tracheotomy, 418.  
Trephining of the Skull, 418.  
**THOMAS'S, ST.**  
Amputation, 418.  
Excision, 418.  
Large Popliteal Aneurism, Failure of Compression, 380.  
Ligatures of Arteries, &c., 418.  
Report of Cases of Epidemic Cholera, 436.  
**UNIVERSITY COLLEGE.**  
Death from Chloroform, 321.  
Report of Cases of Epidemic Cholera, 436.  
**WESTMINSTER.**  
Excision, 418.  
Hospital, Royal Free, 120.  
Hospital, Royal Free, Medical College, 234.  
Hospital, Royal Free, Mr. Gay and the, 111, 477.  
Hospital, Royal Free, Refusal of the College of Surgeons to Recognise the, 374.  
Hospital, Royal Free, School, a Voice from the, 354.  
Hospital, St. Mary's, 148.  
Hospital, St. Thomas's, 18.  
Hospital Statistics, Parisian, 270.  
Hospitals, Dublin, 114.  
Hospitals, Metropolitan, Cholera in the, 360.  
Hot-Water Cushions in Cholera, 365.  
Hoxton Medical Protection Society, 138.  
Humerus, Fracture of the Trochlea of the, 266.  
Hydatids Uterine, 208.  
Hydrocele of the Spermatic Cord and Double Encysted, 14.  
Hydrocele with Thickened and Inelastic Sac, 33.  
Hydrocyanic Acid, 403.  
Hydrocyanic Acid as a Remedial Agent, value of, 15, 170, 191, 364.  
Hydrocyanic Acid in Chorea, 36.  
Hynes, D. J., M.D., on the Vaccination Act for England and Wales, 246.  
Important to Life Insurance Companies, 105.  
Important to Medical Men, 359.  
Important to Union Medical Officers, 87.  
Importation of Nux Vomica, 192.  
Impregnation, 134.  
Impregnation, Motion of the Spermatozoon in relation to, 173.  
Improved Hernia Knife, 141.  
Impudence of a filthy Quack, 290.  
Inelastic Sac, Double Encysted Hydrocele, with Thickened and, 14.  
Incipient Lenticular Cataract in Elderly Persons, diagnosis of, 256.



- Incisions, Chronic Ulcer of the Leg, treated by, 415.  
 India Merit, 59.  
 Indian Patronage, 370.  
 Indian's Pinto, 59.  
 Infant, Large Cancerous Growth in the Fore-arm of an, 47.  
 Infection of the Blood, Suppuration of the Joints from, 326.  
 Infirmary, Royal, for Children, 135.  
 Inflammation, 442.  
 Inflammation of Serous Membranes in Chronic Renal Disease, 6, 182.  
 Injections, Saline, in Cholera, 256.  
 Insanity, 467.  
 Insanity in Ireland, 365.  
 Insolvency as Affecting Medical Diplomas, 427.  
 Instance of Triplets, an, 335.  
 Insurance Life Companies, Important to, 105.  
 Intermittent Fever, Ether with Quinine in, 115.  
 Internal Metritis and Uterine Catarrh, 443.  
 Internal Surface of the Uterus after Delivery, 430.  
 Introduction of Vaccination in Lewchew, 140.  
 Introductory Addresses at the Opening of the Medical Session, 277.  
 Invalids, Comforts for, 478.  
 Invalids, Treatment of, 19.  
 Inversion of the Uterus after Parturition, 82.  
 Investigation into the Merits of the Saline Treatment of Cholera, 449.  
 Iodide of Potassium in case of Poisoning with Lead, 431.  
 Ipeacuahana, 17.  
 Ireland, Insanity in, 365.  
 Ireland, Royal College of Surgeons, 283.  
 Isle of Man and Channel Islands, Cholera in the, 403.  
 Jaw, Upper, Ectirpation of the, 101.  
 Jeffrey's Respirator, 370.  
 Jenner Testimonial, 138, 208.  
 Jenner, W., M.D., on the Gulstonian Lectures on Acute Specific Diseases (Review), 245.  
 Johnson, Dr. G., on the Relation between Therapeutics and Pathology (Review), 470.  
 Joint, Elbow, Extraction of loose Cartilages from the, 295.  
 Joint, Knee and Hip, Treatment of Contractions and Anchylosis of, by forced Rupture, 63.  
 Joint, Knee, case of Excision of the, 7.  
 Joints, Suppuration of the, from Infection of the Blood, 326.  
 Journalism, Medical, 313.  
 Journalism, Medical, Pleasures and Pains of, 157.  
 Journals, Contents of the Medical, 8, 26, 45, 65, 84, 104, 123, 142, 162, 182, 202, 223, 237, 257, 276, 296, 318, 337, 358, 377, 395, 416, 433, 461, 468.  
 Judgment, Lord Langdale's, in case of *Yearsley v. Budgett* and others, 473.  
 Kent, W. Esq., on Poor-law Medical Returns, 424.  
 Kilian on Uterine Mucous Membrane, 75.  
 Kingdoms, the Three, Medical Men of the, 203, 245, 399.  
 King's College, 16.  
 King's College, University, Aberdeen, Names of Gentlemen upon whom the degree of M.D. has been conferred, 155.  
 Knee and Hip Joints, Treatment of Contractions and Anchylosis of, by Forced Rupture, 63.  
 Knee Joint, case of Excision of the, 7.  
 Knife. Improved Hernia, 141.  
 Kolliker on the Nerves of Bone, 213.  
 Kramer, W., M.D., against Mr. Wilde, 348.  
 Kramer, W., M.P., Mr. Wilde in answer to, 367.  
 Labour, Management of, and the Comparative Value of Ergot and Galvanism, 366.  
 Lacing, Tight, 135.  
 Lactation, Mammary Abscess during, 91.  
 La Mert's "Self-Preservation," 322, 342.  
 Laneet, Bribing the, 447.  
 Laneet, Opposition, the London and Provincial Medical Directory and the, 459.  
 Laneet, Reviewing in the, 35.  
 Laneet, the late Dr. Charlesworth, Mr. G. Hill, and the, 354.  
 Laneet, Letters from R. G. Hill, Esq., and Dr. J. J. Wingett, in answer to, 396, 391.  
 Langdale's, Lord, Judgment in case of *Yearsley v. Budgett* and others, 473.  
 Large Cancerous Growth in the Fore-arm of an Infant, 47.  
 Large Growth of Medullary Cancer in the Back of a Child, 85.  
 Large Hernia, Case of, 6.  
 Larkin, M., Esq., on a New Remedy for Small Pox, 169.  
 Laryngeal Disease, Case of, in which the Operation of Tracheotomy was performed, 44.  
 Law Courts, and Medical Men, 59.  
 Law, Poor, Medical Reform, 373.  
 Law, Poor, Medical Relief, 56, 61.  
 Law, Poor, Surgeons in Scotland, 111.  
 Lawrence, R. M., M.D., on Application and Effect of Electricity in Cancerous and other affections, 13.  
 Lead, Iodide of Potassium in a case of Poisoning with, 431.  
 LEADING ARTICLES.  
 Address to our Subscribers, 447.  
 Association Journal, Medical Circular, and Medical Times and Gazette, 411.  
 Belfast Lunatic Asylum, and the Government Chaplain, 137.  
 Bribing the Laneet, 447.  
 Charing-cross Hospital, 42.  
 Cholera and the Government, 333.  
 Cholera and the Local Boards of Health, 273, 313.  
 College Examiners and the Private Scholars, 197.  
 College of Surgeons and the Metropolitan Schools, 119.  
 County Lunatic Asylums and their Medical Officers, 157.  
 Disturbance at the Charing-cross Hospital School, 79.  
 Duty of Establishing Local Boards of Health, 253.  
 End of the Session, 99.  
 Few more Words on the Lunacy Acts, 334.  
 Hospital Reform, 293.  
 Late Dr. Charlesworth, Mr. G. Hill, and the Laneet, 354.  
 Letter from J. Yearsley, Esq., to the Committee of the Medical Benevolent College, 99.  
 Lord St. Leonards' Lunacy Bills and the Medical Profession, 1.  
 Lunatic Asylums Bill, 119.  
 Medical Benevolent College, 1, 21, 177, 392.  
 Medical Officers of our Lunatic Asylums, 79.  
 Medical Reform, 21.  
 Medical Relief to the Sick Poor, 41.  
 Messrs. Pierce and Snow, and the Medical Circular, 430.  
 Militia Surgeons, 314, 393.  
 Naval Assistant-Surgeons, 42.  
 New Medical College that is to be, 138.  
 New Medical Registration Bill, 465.  
 New Way to Pay Old Debts, 198.  
 Non-Restraint System in the Treatment of Lunacy, 391.  
 Pains and Pleasures of Medical Journalism, 157.  
 Pharmaceutical Society, 429.  
 Poor-law Medical Reform, 373.  
 Poor-law Medical Relief, 61.  
 Progress of Cholera, 233.  
 Ransom, Dr. and the Royal Medical and Chirurgical Society, 412.  
 Recent Distribution of Medals at the Society of Arts, 221.  
 Refusal of the College of Surgeons to recognise the Royal Free Hospital, 374.  
 Resignation of Lord Palmerston, 465.  
 Royal Free Hospital, 120.



- Royal Free Hospital Medical College, 324.  
 Scotch Parochial Surgeons, 373.  
 Use of Chloroform, 353, 429.  
 Vaccination Bill, 61, 99, 138, 274, 294.  
 Voice from the Royal Free Hospital School, 354.  
 Leaves, Stray, from a Doctor's Scrap-book, 173.  
 Leckie, A. Esq., on the Saline Treatment of Asiatic Cholera, 325.  
 Lectures on Surgery, Notes of 45, 254.  
 Lee, H. Esq., on Profunda Femoris Vein, plugged with Fibrin, 442.  
 Lecch, Bites, 73.  
 Left Hand, Use of, 93, 154, 170.  
 Lenticular Incipient Cataract in Elderly Persons, Diagnosis of, 256.  
 Leopold, Dr. on Painful Distension of the Vagina, after Birth of Child, 37.  
 Lepra Tuberculosa, or Elephantiasis Græcorum, 355.  
 Letter from T. H. Barker, M.D. on the Medical Benevolent College, 3.  
 Leucorrhœa, Pathology, and Treatment of, 63.  
 Lewchew, Medicine in, Introduction of Vaccination, 140.  
 Licentiates in Midwifery, Royal College of Surgeons, 39, 97, 331.  
 Life in London, Medical, 406.  
 Life Insurance Companies, Important to, 105.  
 Life of B. B. Cooper, Esq. a Passage in the, 178.  
 Ligature of Arteries, 418.  
 Ligature, Temporary, New Method of Operating for Strabismus by, 64.  
 Limbs, Healthy and Paralysed, Excitability of, by Galvanic Current, 114.  
 Limerick, Lord Lieutenant's Visit to, 285.  
 Lime Water in Cholera, 325.  
 Lincoln Dispensary, 426.  
 Literature, Mirror of Periodical, 5, 22, 42, 62, 80, 101, 120, 139, 158, 180, 199, 234, 274, 294, 314, 334, 354, 374, 393, 413.  
 Lithotomy, 38, 417.  
 Lithotomy, Extraordinary Success in, 151.  
 Lithotomy, New Method of Operating for, 151.  
 Lithotritry, 417.  
 Lizards, Mr., on New Mode of Operating in Varicose Aneurism, 115.  
 Local Boards of Health, Cholera and, 273, 313.  
 Local Boards of Health, Duty of Establishing, 253.  
 London, Medical Life in, 406.  
 London and Provincial Medical Directory and the Lancet Opposition, 459.  
 London, University of, Matriculation, 155.  
 London, University of, Names of, Gentlemen who have passed Examination, 135.  
 Lord Langdale's Judgment in case of Yearsley v Budgett and others, 473.  
 Lord Palmerston's Resignation, 465.  
 Lord St. Leonards' Lunacy Bills and the Medical Profession, 1.  
 Lorinser, on Diagnosis of Fractures, 247.  
 Loss of Hair, 277.  
 Louisiana, Deaf and Dumb in, 263.  
 Lunacy, 114.  
 Lunacy Acts, a Few more Words on the, 334.  
 Lunacy, Non-Restraint System in the Treatment of, 391, 440, 441, 478.  
 Lunatic Asylum, Belfast, and the Government Chaplain, 137.  
 Lunatic Asylum, County and their Medical Officers, 157.  
 Lunatic Asylum, Dorset and County, 59.  
 Lunatic Asylums Bill, 119, Letter from Mr. Brady, M.P., on the 127.  
 Lunatic Asylum, Medical Officers of our, 79. Duty of 371.  
 Lung, Percussion of the Tympanitic Sound produced by, 120.  
 Lungs, Schirrus Tumour of the, 321.  
 Lusus Naturæ, 232.  
 Lymph, Vaccine, Method of preserving in Capillary Tubes, 354.  
 Madrid, Dentistry in, 66.  
 Mahy's American Plaster, 419.  
 Majesty's, Her Health, 76.  
 Malignant Growth from the Dura Mater, 103.  
 Mammary Abscess during Lactation, 91.  
 Mammary Abscess, Entiology of, 58.  
 Manhood, "Anti Venereal Lotion," Curtis's, 362.  
 Marks, Mothers', 347, 403.  
 Mary's, Saint, Hospital, 148.  
 Mater, Dura, Malignant Growth from the, 103.  
 Matriculation at University of London, 155.  
 Means of Averting Death from Chloroform, 58.  
 Measles, 163.  
 Medals, at the Society of Arts, Recent Distribution of, 2, 21.  
 Medical Appointments, 18, 38, 128, 156, 183, 232, 331, 406, 408.  
 Medical Benevolent College, 1, 3, 21, 36, 76, 116, 177, 215, 249, 311, 320, 392, 427.  
 Medical Benevolent College, Letter from J. Yearsley, Esq., to Committee, 99.  
 Medical Breakfast, 249.  
 Medical Circular, Medical Times and Gazette, and the Association Journal, 411.  
 Medical Circular, Messrs. Pierce and Snow, and the, 430.  
 Medical College, New, that is to be, 138.  
 Medical College, Royal Free Hospital, 234.  
 Medical Directory, the London and Provincial, and the Lancet Opposition, 459.  
 Medical Ethics, 422.  
 Medical Etiquette, by J. Morris, Esq., 246.  
 Medical Fees for Street Accidents, 116.  
 Medical Foreign Schools, 18.  
 Medical Journalism, 310.  
 Medical Journalism, Pains and Pleasures of, 157.  
 Medical Journals, Contents of the, 8, 26, 45, 65, 84, 104, 123, 142, 162, 182, 202, 223, 237, 257, 276, 296, 318, 337, 358, 377, 395, 416, 433, 461, 468.  
 Medical Life in London, 406.  
 Medical Men and Law Courts, 59.  
 Medical Men, Honours to, 135.  
 Medical Men of the Three Kingdoms, by S. Thompson, M.D., 203, 245, 399.  
 Medical Men. Petition in favour of Naval, 17.  
 Medical News, 18, 37, 52, 76, 97, 116, 135, 155, 174, 194, 215, 232, 249, 270, 290, 311, 330, 350, 389, 408, 427, 445, 463.  
 Medical Notes and Queries, 13, 33, 73, 93, 112, 154, 170, 192, 209, 247, 265, 287, 387, 423.  
 Medical Officers and the County Lunatic Asylums, 157.  
 Medical Officers, Army, 76.  
 Medical Officers, Naval, 40, 117.  
 Medical Officers of our Lunatic Asylums, 79.  
 Medical Officers of our Lunatic Asylums, Duty of the, 370.  
 Medical Officers, Union, Important to, 87.  
 Medical Profession and its Influence on Public Health in England, History of, 29, 49.  
 Medical Profession, Compliment to the, 115.  
 Medical Protection Society, Hoxton, 138.  
 Medical Provincial and Surgical Association, Anniversary Meeting, 130.  
 Medical Reform, 22, 168.  
 Medical Reform, Poor Law, 373.  
 Medical New Registration Bill, 465.  
 Medical Relief, Poor Law, 56, 61.  
 Medical Relief to the Sick Poor, 41.  
 Medical Session, Opening of the, Introductory Addresses, 277.  
 Medical Schools, Synoptical Chart of the, 224.  
 MEDICAL SOCIETIES.  
 EPIDEMIOLOGICAL.  
 Opening Address by Dr. J. Bird, 388.  
 Yellow Fever in Antigua, by T. Nicholson, M.D., 171.



- LONDON, 271, 290, 311.  
 Arrest of Development in the Fœtus, by Dr. Crisp, 424.  
 Cholera, by Dr. Cormack, 387.  
 Cystorrhœa Produced by a Vascular Growth at the External Orifice of the Urethra, by W. Coulson, Esq., 366.  
 Exostosis of the Skull in Epilepsy, by Dr. Gibb, 475.  
 Internal Metritis and Uterine Catarrh, by Dr. Tilt, 443.  
 Management of Labour, and Comparative Value of Ergot and Galvanism, by Dr. R. Barnes, 366.  
 Pathology and Diagnosis of Cerebral Diseases, by Dr. Semple, 405.  
 Pathology and Treatment of Swelled Testicle, by Mr. Milton, 475.  
 Profunda Femoris Vein plugged with Fibrin, by H. Lee, Esq., 442.  
 Suppuration of the Joints from Infection of the Blood, by W. Coulson, Esq., 326.  
 Unrecognised Forms of Mental Disorders, by Dr. Winslow, 306.  
 MANCHESTER, 309.  
 PATHOLOGICAL, 302.  
 PHYSIOLOGICAL MEETINGS.  
 Texts for Iodide of Potass, by Dr. Cogswell, 406.  
 Weight and Form of the Heart, by Dr. Crisp, 406.  
 ROYAL MEDICAL AND CHIRURGICAL, 387.  
 Certain Pathological States of the Blood, by J. Copland, M.D., 404.  
 Election of Fellows, 389.  
 Erysipelas of the Head and Face after Contusion and Laceration of the Scalp, by E. Thomas, Esq., 94.  
 Experiments on the Excitability of Paralysed and Healthy Limbs by the Galvanic Current, by R. B. Todd, M.D., 114.  
 False Aneurism of the Posterior Tibial Artery, by W. Adams, Esq., 94.  
 Fatal Cases of Diseases of the Brain, by A. W. Barclay, M.D., 113.  
 Inflammation, by T. S. Statham, Esq., 442.  
 Small Pox and Vaccination, by Dr. Chowne, 55, 93.  
 Medical Students, Address to, by G. Ross, Esq., 217.  
 Medical Times and Gazette, Medical Circular, and the Association Journal, 411.  
 Medical Witnesses, 427.  
 Medicine in Lewchew, Introduction of Vaccination, 140.  
 Medicines, Quack, Death from the Use of, 97.  
 Medullary Cancer in Back of Child, Growth of, 85.  
 Meeting, Anniversary, of the Provincial Medical and Surgical Association,  
 Membrane, Uterine, Mucous, 75.  
 Membranes, Serous, in Chronic Renal Diseases, Inflammation of, 6, 182.  
 Meningitis, Simple Ventricular, 274.  
 Menorrhagia, Use of Cinnamon in Certain Examples of, 296.  
 Menstruation and Superfoetation, 115.  
 Mental and Gastric Symptoms, Distressing, from Opium Eating, 238.  
 Mental Disorder, Unrecognised Forms of, 306.  
 Mercury, Biniodide of, Solubility of, in Cod Liver Oil, 365.  
 Mercury, Use of, 33.  
 Merit, India, 39.  
 Method, Hemospasic, of Treatment, 285.  
 Method, New, of Inducing Premature Delivery, 266.  
 Method, New, of Operating for Lithotomy, 151.  
 Method, New, of Operating for Strabismus, by Temporary Ligature, 64.  
 Method, New, Ovariectomy, by a, 162.  
 Method of Preserving Vaccine Lymph in Capillary Tubes, 354.  
 Metritis, Internal, and Uterine Catarrh, 443.  
 Metropolitan Hospitals, Cholera in the, 360.  
 Metropolitan Schools, The College of Surgeons and the, 119.  
 Miasmata, Puerperal, 75.  
 Middlesex Hospital, Mr. Wakley and the, 365.  
 Midwifery, Analysis of Three Hundred Cases of, 286, 320.  
 Midwifery, Licentiates, in Royal College of Surgeons, 39, 97, 331.  
 Midwifery, Practice, Cases in Private, 26.  
 Militia Surgeons, 314, 326, 586, 393, 403.  
 Milk, Human, Composition of, in Health and Disease, 96.  
 Mill, C. J., Esq., on Cure of Purpura Hæmorrhagica by Chlorate of Potass and Turpentine, 35.  
 Milroy, G., M.D., on Sketch of the Operation and Result of Quarantine in British Ports, (Review,) 264.  
 MIRROR OF PERIODICAL LITERATURE.  
 Account of the Rupture Truss with Screw Adjustments, 432.  
 Action of Cod Liver Oil as a Curative Agent, 376.  
 Affection of Serous Membranes in Chronic Renal Disease, 182.  
 Anatomical Characters of Chronic, Tubercular, and Hæmorrhagic Pericarditis, 415.  
 Artificial Anus, 160.  
 Asiatic Cholera, Report of Three Cases of, 201.  
 Cancer of the Stomach, 161.  
 Carotid Aneurism, 466.  
 Cases in Private Midwifery Practice, 26.  
 Cholera and Choleraic Diarrhœa, 294.  
 Chronic Ulcer of the Leg, treated by Incision, 415.  
 Chylous Urine, so called, 394.  
 Clinical Remarks on Yellow Fever, 80.  
 Colic, 81.  
 Consideration of Causes of Dilation of the Heart, 5.  
 Contributions to Obstetric Pathology and Science, 42.  
 Cure of Urinary Fistula by Compression, 199.  
 Decennium Pathologicum, 180.  
 Diagnosis of Incipient Lenticular Cataract in Elderly Persons, 256.  
 Diseased Ovarium, 180.  
 Disorders of the Renal Secretion in Cholera, 235.  
 Disorders of the Renal Secretion in Delirium Tremens, and in Injury of the Spinal Cord, 374.  
 Duration of Pregnancy in the Human Female, 181, 200.  
 Effects of Ether and Chloroform, 413.  
 Elephantiasis Græcorum, or Lepa Tuberculosa, 355.  
 Epidemic Variola at Corfu in 1852, 25.  
 Epileptic Convulsions cured by the Internal Administration of Chloroform, 254.  
 Epilepsy and Apoplexy, resulting from Flogging in the Navy, 467.  
 Erectile Tumour of the Orbit, 158.  
 Excision of the Knee Joint, in which the whole Apparatus Patellaris was preserved, 7.  
 Experiments on the Use of Cod Liver Oil in Fattening Animals, 357.  
 Extirpation of the Entire Upper Jaw, 101.  
 Extraction of Loose Cartilages from the Elbow-joint, 295.  
 Facts and Opinions relating to Tuberculosis, with Commentaries, 257, 317.  
 Fatal Case from Inhalation of Chloroform, 393.  
 Few Remarks on the Organic Muscles of the Urethra, 43.  
 Fracture of the Base of the Skull, 23, 466.  
 Galvanism as an Obstetric Agent, 414.  
 Head and Arm Presentation, 237.  
 Improved Hernia Knife, 141.



- Inflammation of Serous Membranes in Chronic Renal Disease, 6.  
 Insanity, 467.  
 Instance of Hydatids Discharged from the Uterus, 123.  
 Instance of Triplets, 335.  
 Internal Surface of the Uterus after Delivery, 430.  
 Inversion of the Uterus after Parturition, 82  
 Iodide of Potassium, in Case of Poisoning with Lead, 431.  
 Laryngeal Disease, in which Tracheotomy was performed, 44.  
 Malignant Growth from the Dura Mater, 103.  
 Medicine in Lewehew, 140.  
 Method of Preserving Vaccine Lymph in Capillary Tubes, 354.  
 Muscular Action, 81.  
 Native Remedy for Diarrhœa, 275.  
 Nature and Treatment of the Diseases of Europeans on their Return from Tropical Climates, 24, 62.  
 New Method of Operating for Strabismus, by Temporary Ligature, 64.  
 Notes of Lectures on Surgery, 45, 254.  
 Observations on the Treatment of Cholera, 235.  
 Organic Diseases and Functional Disorders of the Stomach,  
 Ovariectomy by a New Method, 162.  
 Pathology and Treatment of Diseases of the Scalp, 139.  
 Pathology and Treatment of Leucorrhœa, 63.  
 Practical Observations on Yellow Fever, 159.  
 Pregnancy, complicated with Carcinoma of the Uterus, 22.  
 Puerperal Convulsions of a Primipara Delivered of Twins, 141.  
 Puncture of Chest, 314.  
 Quinine in Fever, 6.  
 Relation between Therapeutics and Pathology, 199, 254, 316.  
 Remarks on the Diseases of the British Troops in Burmah, 123.  
 Remarks on Yellow Fever, 122.  
 Remittent Ophthalmia, 102.  
 Removal of a particular kind of Opacity from the Cornea, 375.  
 Removal of the Sequestrum of the Entire Shaft of the Left Tibia, 82.  
 Report of Cases of Cholera and Choleraic Diarrhœa in Newcastle Infirmary, 432.  
 Reports of the Outbreak of Cholera in the Gaol of Newcastle upon-Tyne, 467.  
 Reports of Two Cases of Umbilical Hernia, with Operation, 121.  
 Saline Injections, in Cholera, 256.  
 Sarcina Ventriculi, Seu Sarcina Gozdsirii found in the Fluid from the Human Brain, 335.  
 Secondary Venereal occurring without Primary Sores, 275  
 Simple Ventricular Meningitis, 274  
 Tartarised Antimony in Scarlatinous Nephritis, 315  
 Treatment of Contractions and Anchylosis of the Knee and Hip Joints by Forced Rupture, 63  
 Treatment of Choleraic Diarrhœa, 275  
 Treatment of Diarrhœa and Cholera by Acids, 334  
 Treatment of Fracture by the Gum Bandage, 414  
 Treatment of Fever, 467  
 Tympanitic Sound Produced by Percussion of the Lung when Partially Condensed, 120  
 Use of Cinnamon in Certain Examples of Menorrhagia, 296  
 Use of Proteine in Scrofula, 234  
 Very large Hernia, Case of, 6  
 Mode, New, of Operating in Varicose Aneurism, 115  
 Monday, W. Esq., on Uterine Hydatids, 208  
 Moore, B. T., M.D., on Hydrocyanic Acid in Chorea, and its Value as a Remedial Agent, 36, 170  
 Moore, J., M.D., Biographical Sketch, with Portrait of, 89  
 Morris, J., Esq., on Medical Etiquette, 246  
 Mortality, Sickness and, of the English Army, 97  
 Moseley, G., Esq., on Sandgate as a Residence for Invalids (Review), 245  
 Moss, W., Esq., on Cholera, its Nature and Treatment, 324.  
 Moss, W., Esq., on Cure for Quackery, 463.  
 Moss, W., Esq., on the Book and the Board, 476.  
 Mothers' Marks, 347, 403.  
 Motion of the Spermatozoon in relation to Impregnation, 173.  
 Motive Power, Chloroform, a, 174.  
 Mucous Uterine Membrane, 75.  
 Munificence, 314.  
 Muscles, Organic, of the Urethra, few Remarks upon the, 43.  
 Muscular Action, 81.  
 Mutilation, Self, by a Fanatic, 18  
 Napoleon the Third, 90  
 Nature and Treatment of Diseases of Europeans, returned from Tropical Climates, 24, 62  
 Naval Assistant Surgeons, 42, 74, 408  
 Naval Medical Circular, 408  
 Naval Medical Men, Petition in Favour of, 17  
 Naval Medical Officers, 40, 117  
 Navy, Flogging in the, Epilepsy and Apoplexy resulting from, 467  
 Nelaton on Accidental Obliteration of the Vagina, 37  
 Nelaton on Etiology of Mammary Abscess, 58  
 Nelaton on Fracture, 213.  
 Nelaton on Means of Averting Death from Chloroform, 58  
 Nephritis, Scarlatinous, Tartarised Antimony in, 315  
 New Act on Charitable Trusts, 194  
 Newcastle-on-Tyne Infirmary, Reports of Cases of Cholera and Choleraic Diarrhœa treated at the, 432  
 Newcastle-on-Tyne Gaol, Report of Cholera at the, 467  
 New Medical College that is to be, 138  
 New Medical Registration Bill, 465  
 New Method of Inducing Premature Delivery, 266  
 New Method of Operating for Lithotomy, 151  
 New Method of Operating for Strabismus, by Temporary Ligature, 64  
 New Method of Operating in Varicose Aneurism, 115  
 New Method, Ovariectomy by a, 162  
 Newport on Impregnation, 134  
 Newport on the Motion of the Spermatozoon, in Relation to Impregnation, 173  
 New Remedy for Dropsy, 13, 154, 192  
 New Remedy for Small Pox, 169  
 New Remedy for Yellow Fever, Reported, 27  
 New Styptic, 66  
 New Way to Pay Old Debts, 198  
 News, Medical, 18, 39, 58, 77, 97, 116, 135, 155, 174, 194, 214, 232, 249, 270, 290, 311, 330, 350, 389, 408, 427, 445, 463  
 Nicholson, T., M.D., on Yellow Fever in Antigua, 171  
 Noble, D., Esq., on the Elements of Psychological Medicine, (Review,) 264  
 Non-Restraint System in the Treatment of Lunacy, 391, 440, 441, 478  
 North, Doings in the, 172  
 NOTES AND QUERIES.  
 Aqua Benedicta, 209, 347  
 Chamœlœa Tricocco, 170  
 Chest Protectors, 170  
 Cholera, 387, 423  
 Cholera in the Isle of Man and Channel Islands, 403  
 Cocoa, 348



- Dentifrice. 112, 154, 170  
 Dyspnœa, Treatment of, 112, 154  
 Guaco in Cholera, 423, 477  
 Habitual Costiveness, 73, 93, 112, 113, 154, 192  
 Hiccough, 170, 192  
 Leech Bites, 73  
 Loss of Hair, 477  
 Mothers' Marks, 347, 403  
 New Remedy for Dropsy, 13, 154, 192  
 Nux Vomica, Importation of, 192  
 Parturition, 287  
 Pil. Coloc. Comp. 33, 112  
 Premonitory Diarrhœa in Cholera, 247, 265  
 Seminal Emissions, 192  
 Swallowing False Teeth, 387, 404, 477  
 Swallowing a Halfpenny, 247, 265, 287  
 Zinc. Ferri. Ammonio. Chloridi. 13  
 Tracheotomy in Asphyxia from Chloroform, 348  
 Unguentum Hydrargyri Nitratis, 33, 93, 112  
 Use of Left Hand, 93, 154, 170  
 Use of Opium, 423  
 Varicocele, Cure of, 348  
 Vinegar Plant, 33  
 Warm Plasters, 33, 112  
 Notes of Lectures on Surgery, 45, 254  
 Notices to Correspondents, 19, 40, 60, 77, 98, 118, 136, 156, 175, 195, 214, 232, 250, 271, 291, 311, 331, 351, 371, 390, 409, 428, 445, 464, 478  
 Numerous Exostoses in Same Subject, Development of, 34  
 Nux Vomica, Importation of, 192  
**OBITUARY.**  
 Abraham, M. le Docteur, 58; Agar, J. Dr. 478; Ainsworth, J. 408; Arago, M. 289; Arthur, J. Dr. 76; Attwood, J. 370; Bankier, Dr., R.N., 155; Barlow, W. F. 18; Barlon, W. A. 17; Batt, E. A. 350; Beaumont, W., M.D. 155; Benson, J. 444; Betty, W. 174; Blake, R., R.N. 310; Bromley, C. Dr. 155; Bull, Dr. 389; Bull, H. W. 427; Byne, H. T. L. 18; Caldwell, Professor, 135; Campbell, A. 174; Campbell, Dr. 427; Cleary, P. 97; Clelland, Dr. 249; Clenkin, T. 289; Cooper, B. B. 155; Cowan, D. 444; Currie, A. O. 289; Currie, P. F. Dr. 310; Davis, R. Dr. 232; Deakins, R. P. 38; Draper, W. 444; Edwards, J. 249; Elkington, J. G. 289; Emslie, J. 310; Fairbridge, J. 290; Fergusson, A. Dr. 289; Fisher, N. B. 118; Fookes, R. 477; Frith, R. Dr. 427; Goldry, S. 58; Goold, F. 330; Gordon, G. D. Dr. 350; Goulding, J. 58; Graves, W. H. 18; Green, H. 38; Griffiths, G. J. 290; Harris, W. W. 232; Harvey, W. 289; Haynes, W. 116; Hooper, H. Dr. 478; Howe, W. 310; Hunter, J. L. 310; Irons, G. R. 270; Izod, M. J. 97; James, W. Dr. 330; Jarrold, T. Dr. 38; Johnston, 116; Jordan, T. 249; Jussieu, M. Adrien de, 155; Keeble, H. Esq. 194; Keith, D. Dr. 289; Kemball, V. C. 350; Kendrick, J. 444; Kenny, M. W. 232; Keogh; J. T. 427; King, 249; Kramer, M. 270; Kramer, Professor, 370; Lambert, W. J. Dr. 408; Lane, J. H. Dr. 76; Lanyon, R. 444; Lawson, J. 289; Leach, J. 76; Leary, J. Dr. 290; Linton, C. 194; Ludlow, S. 350; Lyel, S. 289; Macdonald, J. 290; Maleombe, 330; Marsh, T., Phys. 289; Matthews, 290; McDougall, H. J. 17; McCulloch, J. 310; Mein, P. 310; Merryweather, J. G. L. Dr. 330; Nicholl, W. Dr. 58; Nicholl, W. K. L. Dr. 18; Norton, M. 194; O'Donnell, C. B. 310; O'Flaherty, D. Dr. 38; Orr, J. Dr. 18; Outlaw, A. M. 38; Owen, W. 116; Pecene, W. G. Dr. 18; Peile, R. S. Dr. 116; Phelps, J. 478; Philpotts, A. 97; Powell, J. G. 249; Pravoy, Dr. 155; Price, C. Dr. 214; Renwick, J. J. 370; Russell, R. 135; Ryan, F. Dr. 311; Singleton, J. W. 427; Stallard, J. P. 232; Steele, W. P. Dr. 116; St. John, C. Dr. 389; Stokes, J. 135; Swayne, S. J. Dr. 289; Swyng, R. H. Dr. 174; Tait, D. Dr. 116; Thatcher, J. Dr. 477; Thompson, Dr. 289; Thompson, Sir J. 330; Thomson, T. Dr. 135; Toms, W. 289; Turner, W. 58; Waitehouse, A. 58; Wallace, J. A. 194; Watkins, J. 477; Waugh, E. M. 174; Wetherhead, G. H. Dr. 18; Whittle, E. J. 310; Woodward, T. C. 408; Wrangham, W. 135; Wray, C. W. 116; Wrightson, R. W. 38  
 Obliteration of the Vagina, Accidental, 37  
 Observations, Practical, on Yellow Fever, 159  
 Obstetric Agent, Galvanism as a, 414  
 Obstetric Pathology and Science, Contributions to, 42  
 Obstetrical Curiosity, an, 54  
 Officers, Army Medical, 76  
 Officers, Medical, and the County Lunatic Asylums, 157  
 Officers, Medical, of our Lunatic Asylums, 179  
 Officers, Medical, of our Lunatic Asylums, Duty of, 371  
 Officers, Naval Medical, 40, 117  
 Officers, Union Medical, Important to, 87  
 Oil, Cod Liver, Action of, as a Curative Agent, 376  
 Oil, Cod Liver, Experiments on the Use of, in Fattening Animals, 357  
 Old Debts, A New Way to Pay, 198  
 Opacity, from the Cornea, Removal of a particular kind of, 375  
 Opening of the Medical Session, Introductory Addresses, 277  
 Operating for Strabismus, New Method of, by temporary Ligature, 64  
 Operating, New Mode of, in Varicose Aneurism, 115  
 Operation, Cure of Senere Double Epicanthus by, 165  
 Operations during October, Statistical Report of, 417  
 Operations for Cataract, 153  
 Operations for Lithotomy performed by a new Method, 151  
 Opium-eating, Distressing Mental and Gastric Symptoms from, 238  
 Opium, Use of, 423  
 Opposition, "The London and Provinceal Medical Directory" and the "Lancet," 459  
 Ophthalmia Remittent, 102  
 Orbit, Case of Erectile Tumour of the, 158  
 Organic Diseases and Functional Disorders of the Stomach, 25  
 Organic Muscles of the Urethra, Few Remarks on the, 43  
 Original Case, the only, in the "Dublin Medical Press," 287  
**ORIGINAL COMMUNICATIONS.**  
 Analysis of Three Hundred Cases of Midwifery, by E. Young, M.D. 286, 320  
 Case of Hernia in the Cerebellum, by P. Stirling, M.D. 149  
 Cholera, by W. P. Evans, 423  
 Case of Purpura Hæmorrhagica by Chlorate of Potass and Turpentine, by C. J. Mill, Esq. 35  
 Hydrocyanic Acid in Choreia, by B. T. Moore, M.D. 36, 170  
 Retention of Urine during Pregnancy, by T. H. Wardleworth, Esq. 54  
 Singular Case of Scrotal Abscess, by F. Collins, M.D. 286  
 Specific for the Cramp or Spasms in Epidemic Cholera, by J. H. Askwith, Esq. 110  
 Treatment of Cholera and Choleraic Diarrhœa, by W. J. Cox, Esq. 402  
 Treatment of Enlarged Tonsils and Elongated Uvula by Excisions and local Applications, by J. W. Garlike, 240  
 Treatment of Epidemic Cholera, by W. J. Cox, Esq. 149  
 Uterine Hydatids, by W. Monday, Esq. 208  
 Value of Hydriocanic Acid as a Remedial Agent, by W. J. Cox, Esq. 15, 91, 191  
 O'Shea and others v. The Queen, 445  
 Os Uterus, Ulcers of, 97



## OUR NOTE-BOOK.

- Accidental Obliteration of the Vagina, by Nelaton, 37  
 Ascites, by Dr. Falcot, 75  
 Ascites, by Dr. Teissier, 213  
 Aztecs, 37  
 Bubo, by Dr. Claiborne, 37  
 Cancer, by M. Devay, 213  
 Chordee, by M. Doringier, 37  
 Composition of Human Milk in Health and Disease, by MM. Vernois and A. Becquerel, 96  
 Compound of Anodyne Application in Sciatic Neuralgia, by M. Poggialo, 247  
 Croup, by M. Trousseau, 37  
 Diagnosis of Fracture of the Base of the Skull, by M. Gigot, 266.  
 Diagnosis of Fractures, by Lorinser, 247.  
 Dropsy, by M. Abeille, 247.  
 Dysentery, by M. Delioux, 213.  
 Dyspepsia, by Dr. Bennet, 75.  
 Entiology of Mammary Abscess, by M. Nelaton, 58.  
 Ether with Quinine in Intermittent Fever, by Professor M. A. Pignacea, 115.  
 Ferruginous Collodion, by M. Aran, 58  
 Fracture, by M. Nelaton, 213  
 Fracture of the Trochlea of the Humerus, by Laugier, 266  
 Fractures, Compound, by M. Trastour, 115  
 Impregnation, by Mr. Newport, 134  
 Lithotomy, 38  
 Mammary Abscess during Lactation, by J. Cockle, M.D., 91  
 Means of averting Death from the Administration of Chloroform, by M. Nelaton, 58  
 Menstruation and Superfoetation, by Dr. M. Duncan, 115  
 Motion of the Spermatozoon in relation to the Function of Impregnation, by Mr. Newport, 173  
 Nerves of Bone, by Kolliker, 213  
 Nerves of the Heart, by Cloetta, 213  
 Nerves of the Uterus, by Herschfield, 213  
 New Method of inducing Premature Delivery, by Scanzoni, 266  
 New Mode of Operating in Varicose Aneurism, by M. Lizars, 115  
 Painful Distension of the Vagina after Birth of Child, by Dr. Leopold, 37  
 Procreation, by Hirsch, 134  
 Puerperal Miasmata, by Dr. Busch, 75  
 Report upon a case of Death by Chloroform, by M. deVallet, 57  
 Rubeola, by Dr. Walz, 247  
 Scarlatina, by Dr. Walz, 213  
 Secretion, by Mr. Baxter, 266  
 Spermatorrhœa, by M. L. Corsevert, 248  
 Tannate of Quinine in the Night Sweats of Phthisis, by M. Delioux, 247  
 Treatment of Vesico-Vaginal Fistula, by Dr. Berthey, 37  
 Uterine Mucous Membrane, by Kilian, 75  
 Uterus, by M. Faure, 96  
 Uterus, Ulcers of Os, by M. Aran, 97  
 Warts, by Dr. Pceez, 97  
 Ovariectomy, by a New Method, 162  
 Ovary, Diseased, Case of, 180  
 Owen, B. V. M.D. on the Decline of Life in Health and Disease (Review) 53  
 Oxford University, 330, 350  
 Ozone, 382  
 Painful Distension of the Vagina after Birth of Child, 37  
 Pains and Pleasures of Medical Journalism, 157  
 Palace, Crystal, Letter on Closure of, 73  
 Palmerston, Lord, Resignation of, 465  
 Papier Fayard, 420  
 Paralysed and Healthy Limbs, Excitability of by Galvanic Current, 114  
 Paris, Academy of Medicine, 350  
 Paris, Gymnasium at, 331  
 Parisian Hospital Statistics, 270  
 Parkes v. Hardwick and others, 445  
 Parks for London, 437  
 PARLIAMENTARY INTELLIGENCE.  
 Dublin Hospitals, 114  
 General Board of Health, 56  
 Lunacy, 114  
 Naval Assistant-Surgeons, 74  
 Poor Law Medical Relief, 56  
 Royal College of Physicians, 94  
 Royal College of Surgeons, 154  
 Vaccination Extension Bill, 75, 114  
 Parochial Scotch Surgeons, 373  
 Parturition, 287  
 Passage in the Life of B. B. Cooper, Esq., 178  
 Pathologium Decennium, 180  
 Pathology and Diagnosis of Cerebral Diseases, 405  
 Pathology and Therapeutics, Relation between, 199, 254, 316  
 Pathology and Treatment of Diseases of the Scalp (Ringworm), 139  
 Pathology and Treatment of Leucorrhœa, 63  
 Pathology and Treatment of Swelled Testicle, 475  
 Pathology and Science, Contributions to Obstetric, 42  
 Pathological States of the Blood, Certain, 404  
 Patronage, Indian, 370  
 Pearce, W. Esq. on the Management and Diet of Infants (Review), 13  
 Peez, Dr. on Warts, 97.  
 Penis Glans, Considerable Spurting of Warts on the, 270.  
 Percivall, W. Esq., on the Diseases of the Chest and Air Passages of the Horse (Review) 401  
 Percussion of the Lung, Tympanitic Sound, produced by, 120  
 Pericarditis, Chronic, Tubercular, and Hæmorrhagic, Anatomical Characters of, 415  
 Perineal Section, 209  
 Periodical Literature, Mirror of, 5, 22, 42, 62, 80, 101, 120, 139, 158, 180, 199, 234, 254, 274, 294, 314, 334, 354, 374, 393, 413  
 Perry, Messrs. B. and L. and Co.'s "Silent Friend," Cordial Balm of Syriacum, &c., 144, 204, 239, 283  
 Persia, Health of, 48  
 Petition in favour of Naval Medical Men, 17  
 Pharmaceutical Society, 429  
 Pharmaceutical Society, Queen v. the Registrar of, 445  
 Photographie Soirée, 39  
 Physician, Charge against, for Rape, 117  
 Physicians, Female, 14  
 Physicians, Royal College of, Circulars of the, 286  
 Physicians, Royal College of, Pass List, 18, 94, 135, 270, 290, 311  
 Pierce and Snow, Messrs. and the "Medical Circular," 430  
 Pignacea. Professor, on Ether with Quinine in Intermittent Fever, 115  
 Pil. Coloc. Comp. 33, 112  
 Pinto Indians, 59  
 Plant, Vinegar, 33  
 Plasters, Warm, 33, 112  
 Pleasures and Pains of Medical Journalism, 157  
 Poggialo, M., on Compound Anodyne, Application in Sciatic Neuralgia, 247  
 Poisoning, 58  
 Poor Law Medical Reform, 73  
 Poor Law Medical Relief, 56, 61  
 Poor Law Medical Returns, 424  
 Poor Law Surgeons in Scotland, 111  
 Poor, Medical Relief to the Sick, 41  
 Poor, Society for Purifying and Cleansing the Dwellings of the, 285  
 Popliteal Aneurism, 380, 381  
 Portrait of Mr. Gay, 478  
 PORTRAITS of Bird, G. G., M.D., 127; Bully, F. A.,



- Esq., 11; Conquest, J. T., M.D., 51; Cooper, W. W. Esq., 383; Curling, T. B., Esq., 439; Day, G. E., M.D., 241; Evans, O. M.D., 303; Hill, R. G., Esq., 187; Moore, J., M.D., 89; Saunders, E. Esq., 343; Startin, J. Esq., 457
- Portsmouth, Storm at, and Loss of Life, 19
- Post-Mortem Examination of the Body of B. B. Cooper, Esq., 179
- Potass, Chlorate of, and Turpentine, a Cure for Purpura Hæmorrhagica, 35
- Potassium, Iodide of, in case Poisoning with Lead, 431
- Potatoe Disease, 175
- Power Motive, Chloroform a, 174
- Pox, Small, and Vaccination, by Dr. Chowne, 55, 93
- Pox, Small, New Remedy for, 169
- Practical Observations on Yellow Fever, 159
- Practice, Cases in Private Midwifery, 26
- Pregnancy complicated with Carcinoma of the Uterus, 22
- Pregnancy, duration of, in the Human Female, 181, 200
- Pregnancy, Retention of Urine during, 54
- Premature Delivery, New Method of Inducing, 266
- Premonitory Diarrhœa in Cholera, 247
- Presentation, Case of Head and Arm, 237
- Primipara, delivered of Twins, Puerperal Convulsions in a, 141
- Prince Albert, 59
- Prismatic Spectacles, use of, a Cure for Squinting, 161
- Pritchard, E. W., M.D., on Observations on Filey as a Watering Place, (Review) 148
- Pritchard, E. W., M.D., on Tincture of Guaco in Cholera Asiatica, 325
- Private Midwifery Practice, Cases in, 26
- Private Scholars, College Examiners and the, 197
- Procreation, 134
- Profession, and its Influence on Public Health in England, History of the Medical, 29, 49
- Profession, Medical, Compliment to the, 115
- Professor Holloway again, 205
- Profunda Femoris Vein plugged with Fibrin, 442
- Progress of Cholera, 233
- Protection Society, Hoxton Medical, 138
- Protectors, Chest, 170
- Proteine in Scrofula, Use of, 234
- Provincial Medical and Surgical Association Anniversary Meeting, 130
- Public Health in England, History of the Medical Profession, and its Influence on, 29, 49
- Puerperal Convulsions in a Primipara delivered of Twins, 141
- Puerperal Miasmata, 75
- Puncture of Chest, 314
- Purpura Hæmorrhagica, Case of, Cured by Chlorate of Potass and Turpentine, 35
- Purpura Hæmorrhagica, Turpentine in, 74, 151
- Quack, a filthy, Impudence of, 290
- Quack Medicines, Death from the use of, 97
- Quackery, Anatomy of, 28, 48, 69, 107, 144, 204, 239, 283, 322, 342, 362, 381, 419
- Quackery, Cure for, 463
- Quackery, End of, 174
- Quarantine, 85
- Queen's College, Birmingham, 116, 309
- Queen v. O'Shea and others, 445
- Queen v. Registrar of the Pharmaceutical Society, 445
- Quinine in Fever, 6
- Quinine with Ether in Intermittent Fever, 115
- Ransom, Dr., and the Royal Medical and Chirurgical Society, 412
- Rape, Charge against a Physician for, 117
- Received for Review, Books, 9, 46, 66, 105, 143, 163, 223, 258, 277, 298, 319, 359, 434, 469
- Recent Distribution of Medals at the Society of Arts, 2
- Reform, Hospital, 293
- Reform, Medical, 22, 168
- Reform, Poor Law, 373
- Refusal of the College of Surgeons to Recognise the Royal Free Hospital, 374
- Registration Bill, New Medical, 465
- Regulations and Rules of Universities, Colleges, &c., 226
- Relation between Therapeutics and Pathology, 199, 254, 316
- Relief, Poor Law Medical, 56, 61
- Relief to the Sick Poor, Medical, 41
- Remarks, Clinical, on Yellow Fever, 80
- Remarks on the Diseases of the British Troops in Burmah, 123
- Remarks on Yellow Fever, 122
- Remarks upon the Organic Muscles of the Urethra, 43
- Remedy for Dropsy, New, 13, 154, 192
- Remedy for Yellow Fever, Reported New, 27
- Remedy, New, for Small-pox, 169
- Removal of a particular kind of Opacity of the Cornea, 375
- Removal of the Sequestrium of the Entire Shaft of the Left Tibia, 82
- Remittent Ophthalmia, 102
- Renal Disease, Inflammation of Serous Membranes in Chronic, 6, 182
- Renal Secretion in Cholera, Disorders of, 235
- Renal Secretion, Disorders of the, in Delirium Tremens and in Injury of the Spinal Cord, 274
- Report of the Outbreak of Cholera in the Gaol of Newcastle-on Tyne, 467
- Report of Two Cases of Umbilical Herniæ, 121
- Report on the Vaccination Extension Bill, 95
- Report upon a case of Death from Chloroform, 57
- Reports of Cases of Cholera and Choleraic Diarrhœa at the Newcastle Infirmary, 432
- Reports of Hospital Cases of Epidemic Cholera, 436
- Reported New Remedy for Yellow Fever, 27
- Resignation of Lord Palmerston, 465
- Respirator, Jeffreys's, 370
- Restorative Nervous Cordial, and Botanic Syrup, Dr. Brodum's, 107
- Retention of Urine during Pregnancy, 54
- Review, Books received for, 9, 46, 66, 105, 143, 233, 163, 258, 277, 298, 319, 359, 434, 469
- Reviewing in the "Lancet," 35
- REVIEWS.
- Account of some Cases of Cholera successfully treated by Hot Water Applications, by F. A. Bulley, Esq. 435
- Application and Effect of Electricity in Cancerous and other Affections, by R. M. Lawrence, M.D., 13.
- Asiatic Cholera, its Symptoms, Pathology, and Treatment, by R. Barwell, Esq., 359
- Auscultation and Percussion, by D. Joseph Skoda, 167
- Burton and its Bitter Beer, by J. S. Bushman, M.D., 190.
- Causes of Cholera; its Treatment and Cure, by W. G. Grady, M.D., 359
- Chemistry of the Four Seasons, by J. Griffiths, Esq., 12
- Cholera; its Nature and Treatment, and Sanitary Requirements, by S. S. Allison, M.D., 359
- Cholera; its Nature and Treatment, by E. Bascome, M.D., 359
- Commentaries on the Surgery of the Peninsular War, by G. J. Guthrie, Esq., 148
- Decline of Life in Health and Disease, by B. V. Owen, M.D., 53
- Destructive Art of Healing, or Facts for Families, by S. Dickson, M.D., 32
- Diseases of the Chest and Air Passages of the Horse, by G. Percival, Esq., 401
- Diseases of the Heart, by O. B. Bellingham, M.D., 12
- Druggists' Hand-book of Practical Receipts, by T. F. Branston, Esq., 470
- Electric Science; its History, Phenomena, and Applications, by F. C. Bakewell, Esq., 32.



- Elements of Experimental and Natural Philosophy, by J. Hogg, Esq., 32  
 Elements of Physiological Medicine, by D. Noble, Esq., 264  
 Eleventh Report of the Medical Benevolent Fund of Ireland, 72  
 Essays on Mental Derangement, by James Veitch, M.D., 402  
 Fatty Degeneration; by W. F. Barlow, Esq., 470  
 Friendly Cautions regarding Cholera, by F. Brown, Esq., 435  
 Full Announcement of the Penn Medical College, Philadelphia, 168  
 Gulstonian Lectures on the Acute Specific Diseases, by W. Jenner, M.D., 245  
 Homœopathy, its Globules (Bubbles) Analysed, by W. J. Cox, M.B., 320.  
 Illustrated London Astronomy, by J. R. Hind, Esq., 32.  
 Illustrated London Geometry, by B. S. Burn, Esq., 32.  
 Lectures on the Relation between Therapeutics and Pathology, by J. F. Royle, M.D., 245.  
 Local Application of the Vapour of Chloroform in various Diseases, especially the Uterine Organs, by Dr. J. L. Hardy, 470  
 Manual of Materia Medica and Therapeutics, by J. F. Royle, M.D., 245.  
 Mechanics and Mechanism, by R. T. Burn, Esq., 32  
 Nature and Proximate Cause of Insanity, by J. G. Davey, M.D., 12  
 Nature and Treatment of Epidemic and Asiatic Cholera, by R. Venables, M.B., 259  
 Observations on Fife as a Watering Place, by E. W. Pritchard, M.D.  
 Observations on the Nature and Treatment of Asiatic Cholera, by W. Stevens, M.D., 32  
 Observations on the Remittent and Yellow Fevers of the West Indies, by D. L. Finlay, 264  
 Pathology and Treatment of Pulmonary Tuberculosis, by Dr. J. Bennett, 434  
 Pathology of the Bronchio-Pulmonary Mucous Membrane, by C. Black, M.D., 53  
 Physiological Uses of the Ganglionic Nervous System, by J. G. Davey, M.D., 320  
 Plain Advice about Cholera, by W. J. Cox, M.B., 320  
 Plain Advice on the Management and Diet of Infants, by W. Pearce, Esq., 13  
 Practical Treatise on Lateral Curvature of the Spine, by C. Verrall, Esq., 72  
 Present State and Prospects of Psychological Medicine, by J. Seaton, M.D., 72  
 Prevalent Treatment of Disease, by F. Skey, Esq., 385  
 Reply to the Charges made by Dr. Smith, of Charing Cross Hospital, 148  
 Return of Vessels Detained in Quarantine, 264  
 Sandgate as a Residence for Invalids, by G. Moseley, Esq., 245  
 Sketch of the Life and Character of S. M'Culloch, Esq., by D. Thorn, D.D., 163  
 Sketch of the Operation and Results of Quarantine in British Ports, by G. Milroy, M.D., 264  
 Table Turning, the Devil's Modern Masterpiece, by the Rev. W. S. Godfrey, S.C.L., 345  
 Text Book of Physiology, by Dr. G. Valentine, 435  
 Thermal Springs of Teplitz, by T. L. Richter, M.D., 13  
 Thoughts on Cholera, by Dr. E. Hearne, 435  
 Treatise on Dentistry, by S. Fowell, Esq., 470  
 Richardson, W. B., Esq., on the Fibrinous Constituent of the Blood in relation to Disease, 425  
 Richter, T. L., M.D., on the Thermal Springs of Teplitz (Review), 13  
 Ringworm, 139  
 Roper's Royal Bath Plaster, 419  
 Rosalie Coupelle, 438  
 Ross, G., Esq., Address to Medical Students, by, 217  
 Royal Academy, 409  
 Royal College of Physicians, 18, 94, 135, 270, 290, 311  
 Royal College of Physicians, the Circulars of, 286  
 Royal College of Surgeons, Election of Councillors, &c., 39, 59  
 Royal College of Surgeons, Election of Fellows, 330  
 Royal College of Surgeons, Fellows' Dinner, 59  
 Royal College of Surgeons, Ireland, 283  
 Royal College of Surgeons, Licentiates in Midwifery, 39, 97, 331, 463  
 Royal College of Surgeons, Pass List, 18, 39, 59, 76, 97, 116, 154, 174, 270, 311, 331, 370, 389, 408, 427, 445, 463  
 Royal College of Surgeons, Refusal of the, to Recognise the Royal Free Hospital, 374  
 Royal Free Hospital, 120  
 Royal Free Hospital, Medical College, 234  
 Royal Free Hospital, Mr. Gay, and the, 111, 477  
 Royal Free Hospital School, a Voice from the, 354  
 Royal Infirmary for Children, 135  
 Royle J. F., M.D., on a Manual of Materia Medica and Therapeutics (Review), 245  
 Rules and Regulations of Universities, Colleges, &c., 226  
 Rupture. Forced, Treatment of Contractions and Anchylosis of the Knee and Hip Joints, by, 63  
 Rupture, Truss, with Screw Adjustments, Account of, 422  
 Russia, Cholera in, 77  
 Russian Troops, Disease among the, 309  
 Sac, Double Encysted, Hydrocele, with Thickened and Inelastic, 14  
 Saline Injections in Cholera, 256  
 Saline Treatment of Cholera, Investigation into the Merits of, 449  
 Salines, &c., in the Treatment of Cholera, 386  
 Sanatorium for Consumption, 35  
 Sarcina Ventriculi, Seu Carcina Goodsirii, found in the Fluid from the Ventricles of the Human Brain, 335  
 Saunders, R. Esq., Biographical Notice and Portrait of, 343  
 Saunderson, W. Esq. on Turpentine in Purpura Hemorrhagica, 151  
 Scalp, Fatty Tumour of the, 321  
 Scalp, Large Anastomotic Aneurism, on the, 210  
 Scalp, Pathology and Treatment of Diseases of the (Ringworm), 139  
 Scanzoni on a New Method of inducing Premature Delivery, 266  
 Schirrus Tumour of the Lungs, 321  
 Scholars, Private, College Examiners and the, 197  
 School, Royal Free, Hospital, a Voice from the, 354  
 Schools, Foreign Medical, 18  
 Schools, Medical, Synoptical Chart of the, 224  
 Schools, Metropolitan, College of Surgeons, and the, 119  
 Science, Contributions to Obstetric Pathology and, 42  
 Scotch Parochial Surgeons, 373  
 Scotland, Poor Law Surgeons in, 111  
 Scott's Plaster, 419  
 Scrap Book, Stray Leaves from a Doctor's, 173  
 Scrofula, Use of Proteine in, 234  
 Scrotal Abscess, Singular Case of, 286  
 Seaton, J. M.D., on the Present State and Prospects of Psychological Medicine (Review), 72  
 Secondary Venereal, occurring without Primary Sores, Case of, 275  
 Secretion, Renal, Disorders of, in Cholera, 235  
 Secretion Renal, Disorders of, in Delirium Tremens and in Injury of the Spinal Cord, 374  
 Secret Sorrow, Certain Help, "The Medical Adviser," Walter De Roos, M.D., 382  
 Section, Perinæal, 209  
 Self-Mutilation, by a Fanatic, Case of, 18  
 Self-Preservation, La Mert's, 322, 342



- Seminal Emissions, 192  
 Simple, Dr. on the Pathology and Diagnosis of Cerebral Diseases, 405  
 Senere Double Epicanthus cured by Operation, 165  
 Sequestrium, Removal of, of the Entire Shaft of Left Tibia, 82  
 Serous Membrane in Chronic Disease, Inflammation of, 6, 182  
 Session, End of the, 99  
 Session, Medical, Opening of the, Introductory Addresses, 277  
 Sheep, Cholera Simulated in, 427  
 Sick Poor, Medical Relief to the, 41  
 Sickness and Mortality of the English Army, 97  
 Silent Friend, Cordial Balm of Syriacum, &c., Messrs. B. and L. Perry and Co., 144, 204, 239, 283  
 Simple Ventricular Meningitis, 274  
 Skey, F. C. Esq., on the Prevalent Treatment of Disease (Review), 385  
 Skoda, D. J., on Oscultation and Percussion (Review), 167  
 Skull, Exostosis of the, in Epilepsy, 475  
 Skull, Fracture of the Base of the, 23, 266, 466  
 Sloan and Co., Messrs., 382  
 Small Pox, 283  
 Small Pox and Vaccination, by Dr. Chowne, 55, 93  
 Small Pox, New Remedy for, 169  
 Smith, Dr., Letter on the Dissentions at the Charing-cross Hospital, 124  
 Smith, Mr., on Excision of the Knee-joint, 425  
 Snow and Pierce, Messrs., and the Medical Circular, 430  
 Snuff and Tobacco, Adulteration of, 232  
 Society for Purifying and Cleansing the Dwellings of the Poor, 285  
 Society, Hoxton, Medical Protection, 138  
 Society of Arts, Recent Distribution of Medals at the, 2, 21  
 Softening of the Brain, 340  
 Soirée, Photographie, 39  
 Solomon's, Dr., Balm of Gilead, Anti-Impetigines, &c., 48, 69  
 Sound, Tympanitic, produced by Percussion of the Lung, 120  
 Spasms or Cramps in Epidemic Cholera, Specific for, 110  
 Specific for Cramps or Spasms in Epidemic Cholera, 110  
 Spectacles, Prismatic, Use of, a Cure for Squinting, 161  
 Spermatic Cord, Double Encysted, Hydrocele of the, 14  
 Spermatozoon, Motion of the, in Relation to Impregnation, 173  
 Spinal Cord, Disorders of the Renal Secretion in Delirium Tremens, and in Injury of the, 374  
 Sporadic Cholera, 46  
 Sprouting of Warts on the Glans Penis, 470  
 Squinting, Cure of, by the Use of Prismatic Spectacles, 161  
 Startin, J. Esq., Biographical Notice, with Portrait of, 457  
 Statham, J. S. Esq., on Inflammation, 442  
 Statistical Report of the Principal Operations performed during October, 417  
 Statistics of Battles, Sieges, and Campaigns, 211  
 Statistics of Longevity, 346  
 Statistics, Parisian Hospital, 270  
 Sterry's Poor Man's Plaster, 419  
 Stevens, W., M.D., on Observations on the Nature and Treatment of Asiatic Cholera (Review), 32  
 Stirling, P., M.D., on Case of Tumour in the Cerebellum, 149  
 Stomach, Cancer of the, 161  
 Stomach, Organic Diseases and Functional Disorders of the, 24  
 Storm at Portsmouth, and Loss of Life, 19  
 Strabismus, New Method of Operating for, by Temporary Ligature, 64  
 Strathspey, Presentation to Dr. Edwards at, 58  
 Stray Leaves from a Doctor's Scrap Book, 173  
 Street Accidents, Medical Fees for, 116  
 Students, Medical, Address to, by G. Ross, Esq. 217  
 Styptic, a New, 66  
 Subscribers, Address to our, 447  
 Substitute for Gutta Serena, 194  
 Success Extraordinary in Lithotomy, 151  
 Suicide by Small Pox, 427  
 Sunderland Union, Vaccination in the, 290  
 Superfoetation and Menstruation, 115  
 Superintendence of the America, 32  
 Suppuration of the Joints from Infection of the Blood, 326  
 Surgeons, College of, and the Metropolitan Schools, 119  
 Surgeons, Militia, 314, 326, 386, 393, 403  
 Surgeons, Naval Assistant, 42, 74, 408  
 Surgeons, Poor Law in Scotland, 111  
 Surgeons, Royal College of, 18, 39, 59, 76, 97, 116, 154, 174, 270, 311, 331, 370, 389, 408, 427, 445, 463  
 Surgeons, Royal College of Election of Councillors, &c. 39, 59  
 Surgeons, Royal College of, Election of Fellows, 330  
 Surgeons, Royal College of, Fellows' Dinner, 59  
 Surgeons, Royal College of, Licentiates in Midwifery, 97, 331, 463  
 Surgeons, Royal College of, Refusal to Recognise Royal Free Hospital, 374  
 Surgeons, Scotch Parochial, 373  
 Surgery, Notes of Lectures on, 45, 254  
 Surgical and Medical Provincial Association Anniversary, Meeting, 130  
 Surrey, East, Cholera Society, 330  
 Swallowing a Halfpenny, 247, 287  
 Swallowing False Teeth, 387, 404, 477  
 Swallowing Foreign Bodies, 265  
 Swarm of Flies, 382  
 Synoptical Chart of the Medical Schools, 224  
 Table Turning, 265  
 Table Turning Delusion, 16  
 Tartarized Antimony in Scarlatinous Nephritis, 315  
 Teissier on Ascites, 213  
 Telegraph, Electric, 117  
 Temporary Ligature, New Method of Operating for Strabismus by, 64  
 Testicle, Double Encysted, Hæmatocele of the, 34  
 Testicle, Swelled, Pathology and Treatment of, 475  
 Testimonial, 60  
 Testimonial, Jenner, 138, 208  
 Therapeutics and Pathology, Relation between, 199, 254, 316  
 Thickened and Inelastic Sac, Double Encysted Hydrocele, with, 14  
 Thomas, E. Esq., on Erysipelas of the Head and Face, after Contusion and Laceration of the Scalp, 94  
 Thomas's (Saint) Hospital, 18  
 Thomson, S., M.D., on the Medical Men of the Three Kingdoms, 203, 245, 399  
 Thorn, D., D.D., on Sketch of the Life and Character of S. McCulloch, Esq. (Review), 168  
 Tibia, Injury to the, 14  
 Tibia, Left, Removal of Sequestrium of the Entire Shaft of, 82  
 Tie Douloureux, 259  
 Tight Lacing, 135  
 Tilt, Dr., on Internal Metritis and Uterine Catarrh, 433  
 Tinct. Ferri Ammonio Chlorido, 13  
 Tincture of Guaco in Asiatic Cholera, 325  
 Tobacco and Snuff, Adulteration of, 232  
 Todd, R. B., M.D., on the Excitability of Paralysed and Healthy Limbs by Galvanic Current, 114  
 Toxicology, an Epitome of, 9, 87, 127, 145, 165, 205, 262, 301, 420  
 Tracheotomy, 418  
 Tracheotomy in Asphyxia from Chloroform, 348  
 Tracheotomy performed in Case of Laryngeal Disease, 44  
 Trastour, M., on Compound Fractures, 115  
 Treatment and Pathology of Diseases of the Scalp (Ring-worm), 139  
 Treatment and Pathology of Leucorrhœa, 63  
 Treatment and Pathology of Swelled Testicle, 475  
 Treatment of Cholera, 235, 324, 325, 386  
 Treatment of Choleraic Diarrhœa, 275, 295, 402, 436



- Treatment and Contractions, and Anchylosis of the Knee and Hip Joints, by Forced Rupture, 63  
 Treatment of Diarrhœa and Cholera by Acids, 334  
 Treatment of Diseases of Europeans returned from Tropical Climates, 24, 62  
 Treatment of Dyspnœa, 112  
 Treatment of Epidemic Cholera, 149  
 Treatment of Invalids, 19  
 Treatment of Lunacy, the Non-Restraint System in the, 391, 440, 441, 478  
 Treatment of Vesico-Vaginal Fistula, 37  
 Trephining of the Skull, 418  
 Tricocos Chamœlœa, 170  
 Triplets, an Instance of, 335  
 Trochlea of the Humerus, Fracture of the, 266  
 Troops at Chobham, Health of, 39, 65  
 Troops, British, in Burmah, Remarks on Diseases of the, 123  
 Tropical Climates, Nature and Treatment of Disease of Europeans returned from Tropical Climates, 24, 62  
 Trousseau, M. on Corup, 37  
 Truss Rupture, with Screw Adjustments, account of, 432  
 Tubercular Pericarditis, Anatomical Characters of, 415  
 Tuberculosa Lepra, or Elephantiasis Græcorum, 355  
 Tuberculosis, Facts and Opinions relating to, with Commentaries, 257, 317  
 Tubes, Capillary, Method of preserving Vaccine Lymph in, 354  
 Tumour Cartilaginous, within the upper part of the Fibula, 86  
 Tumour Erectile of the Orbit, case of, 158  
 Tumour, Fatty of the Scalp, 321  
 Tumour in the Cerebellum, case of, 149  
 Tumour Schirrus of the Lungs, 321  
 Turning, Table, 265  
 Turning, Table delusion, 16  
 Turpentine and Chlorate of Potass a cure for Purpura Hæmorrhagica, 35  
 Turpentine in Purpura Hæmorrhagica, 74, 151  
 Tympanitic Sound produced by Percussion of the Lung, 120  
 Typhus Fever, Abstract of Eighteen Cases of, treated by Brandy, 164  
  
 Ulcer of the Leg, Chronic, treated by Incisions, 415  
 Ulcers of the Os Uterus, 97  
 Unguntum Hydrargyri Nitratis, 33, 93, 112  
 Union, Medical Officers, Important to, 87  
 University, Cambridge, 330, 350  
 University of London, Matriculation, 155  
 University of London, Pass List, 135  
 University of Oxford, 330, 350  
 University of St. Andrews, Pass List, 350  
 Unrecognised Forms of Mental Disorder, by Dr. Winslow, 303  
 Upper Jaw, Extirpation of the Entire, 101  
 Urethra, Few Remarks upon the Organic Muscles of the, 43  
 Urethra, Vascular Growth of the, Cystorrhœa produced by, 366  
 Urinary Fistula, Cure of, by Compression, 199  
 Urine, Chylous, so called, 394  
 Urine, Retention of, during Pregnancy, 54  
 Use of Chloroform, 353, 429  
 Use of Cod Liver Oil in fattening Animals, Experiments on the, 357  
 Use of Left Hand, 93, 154, 170  
 Use of Mercury, 33  
 Use of Opium, 423  
 Use of Protein in Scrofula, 234  
 Uterine Catarrh and Internal Metritis, 443  
 Uterine Hydatids, 208  
 Uterine Mucous Membrane, 75  
 Uterus, 96  
 Uterus, Internal Surface of the, after delivery, 430  
 Uterus, Inversion of the, after Parturition, 82  
 Uterus, Pregnancy complicated with Carcinoma of the, 22  
 Uterus, Ulcers of Os, 97  
  
 Vaccination Act for England and Wales, by Dr. Hynes, 246  
 Vaccination, Compulsory, 192, 247  
 Vaccination Extension Bill, 61, 75, 99 114, 138, 150, 274, 294  
 Vaccination Extension Bill, Report on, 95  
 Vaccination in the Sunderland Union, 290  
 Vaccination, Introduction of, in Lewchew, 140  
 Vaccination, Small Pox, and, by Dr. Chowne, 55, 93  
 Vaccine Lymph, Method of Preserving, in Capillary Tubes, 354  
 Vagina, Accidental Obliteration of the, 37  
 Vagina, Painful Distension of the, after birth of child, 37  
 Valentine, Dr. G's Text Book of Physiology (Review) 435  
 Valleroux, M. E. Hubert, M.D., on Deaf Dumbness. Translated from the French, by J. Yearsley, Esq. 66; 106, 143, 183, 260, 298, 338, 379, 462, 471  
 Vallet, M. de, Report upon case of Death from Chloroform by, 57  
 Varicocele, Cure of, 348  
 Varicose, Aneurism, New Mode of Operating in, 115  
 Veitch, J. M.D. Essays on Mental Derangement (Review) 402  
 Venables, R., M.B., On the Nature and Treatment of the Epidemic and Asiatic Cholera, &c. (Review) 359  
 Venereal, Secondary, occurring without Primary Sores, Case of, 27, 5  
 Ventricular, Simple, Meningitis, 274  
 Vernois, M. On the Composition of Human Milk in Health and Disease, 96  
 Verral, C. Esq. On Lateral Curvature of the Spine (Review) 72  
 Vesico-Vaginal Fistula, Treatment of, 37  
 Vinegar Plant, 33  
 Voice from the Royal Free Hospital School, 354  
 Vomica Nux, Importation of, 192  
 Wakley, Mr. and the Middlesex Hospital, 365  
 alz, Dr., on Rubeola, 247  
 Walz, Dr., on Scarlatina, 213  
 Wardleworth, T. H. Esq. on Retention of Urine during Pregnancy, 54  
 Warm Plasters, 33, 112  
 Warts, 97  
 Warts, Considerable Sprouting of, On the Glans Penis, 47  
 Webster, J. M.D. on Insanity in Ireland, 365  
 Weight and Form of the Heart, 406  
 Wilde, Mr. and Dr. W. Kramer, 348  
 Wilde, Mr. in answer to Dr. W. Kramer, 367  
 Wingett, Dr. J. J. Letter in Defence of R. G. Hill, Esq. against the Lancet, 398  
 Winslow, Dr. On some Unrecognised Forms of Mental Disorders, 306  
 Witnesses, Medical, 427  
 Yearsley, James, Esq. Address to the Subscribers to the London and Provincial Medical Directory, 459  
 Yearsley, James, Esq. Letter to the Committee of Medical Benevolent College, 99  
 Yearsley, James, Esq. Translation of Dr. H. Valleroux's "Deaf Dumbness," 66, 106, 143, 183, 260, 298, 338, 379, 462, 471  
 Yearsley, v. Budgett and others, Lord Langdale's Judgment in Case of, 473  
 Yellow Fever, 194, 198, 371  
 Yellow Fever, Clinical Remarks on, 80  
 Yellow Fever in Antigua, 171  
 Yellow Fever, Practical Observations on, 159  
 Yellow Fever, Remarks on, 122  
 Yellow Fever, Reported New Remedy for, 27  
 York School of Medicine, 336  
 Young, E. M.D. On an Analysis of Three Hundred Cases of Midwifery, 286, 320



## ADVERTISEMENTS.

ON WEDNESDAY, JANUARY 4, 1854,

WILL COMMENCE THE FOURTH VOLUME OF

# THE MEDICAL CIRCULAR,

IN CONNEXION WITH

THE LONDON AND PROVINCIAL MEDICAL DIRECTORY; THE MEDICAL  
DIRECTORY FOR SCOTLAND; THE MEDICAL DIRECTORY FOR IRELAND.

The MEDICAL DIRECTORIES are a Register of the qualified Members of the Profession. The MEDICAL CIRCULAR is a Record of their Sayings and Doings, and a compendium of British and Foreign Literature, in relation to the practice of Medicine and Surgery, the study of Physiology, Chemistry, and the Collateral Sciences.

The unparalleled success of this Journal in its earliest days, which already counts its Subscribers by *thousands*, is a guarantee for its future, and fully justifies the outlay involved in the following Programme of the new volume. Its distinguishing features will be continued, namely:—

**LEADERS**, in which the principal Professional Topics of the day are freely discussed.

**MIRROR** of Periodical Medical Literature, in which is carefully collated all that is worthy of being held in remembrance from the Weekly Journals.

**INDICES** of the Journals, giving at a glance all that is published therein.

**BIBLIOGRAPHY**, or List of Works published during the previous week or fortnight, connected with Medicine or the Collateral Sciences.

**REVIEWS** of new Works, which invariably appear within one month of their receipt.

**BIOGRAPHICAL SKETCHES** of the more prominent Members of the Profession, and occasionally a Portrait of the gentleman selected for the week's Memoir.

**CORRESPONDENCE**, controversial, practical, and anti-empirical.

**MEDICAL NEWS**, including changes, new appointments; who have come into the Profession, who have died, &c.

**MEDICAL NOTES AND QUERIES**, under which head many points in Medical Science and Practice are elucidated, which otherwise might remain unexplained. Lastly,

**NOTICES TO CORRESPONDENTS** who desire information on any points relating to the economy of the Profession.

The New Departments of the Journal and the Improvements in existing features will comprise

**MECHANICAL SURGERY**, being a History and Description of every mechanical appliance in relation to the Art and Practice of Surgery, illustrated by numerous Engravings on Wood.

**TRANSLATIONS** from the more practical portions of the works of distinguished authors, published in France and Germany during the year 1853.

**HOSPITAL REPORTS**, prepared expressly for the MEDICAL CIRCULAR, under the sanction of the Medical Officers of the eleven recognised London Hospitals. Prizes, hereafter to be explained, will be awarded for these Reports.

**NEW WORKS** sent for review will be invariably acknowledged in the following number. . . noticed within a month of their receipt.

**SHORT COMMUNICATIONS** will always meet with attention and obtain insertion in the columns of the CIRCULAR, but lengthy and verbose contributions are recommended to be forwarded to one or other of our contemporaries, and on receiving intimation of the same, their practical points will be noticed in the columns of the CIRCULAR.

Every department of the Journal will be conducted with increased care, in order that it may maintain successfully its character as the most honest, independent, truthful, and practically useful Journal of the Medical Profession.

## THE MEDICAL CIRCULAR

*Is Published every WEDNESDAY on the following Terms:*

If sent from the Office, 128, Strand, by post, stamped, Price 4d., or 17s. 4d. per annum.

If paid in advance, 16s. per annum, sent direct from the Office, post free.

*The Trade supplied by GILBERT & CO., Paternoster Row.*

From this scale it will be observed that the MEDICAL CIRCULAR is less than *half the price of its contemporaries*, nevertheless it is the mirror of all and of every passing medical event.

### TO ADVERTISERS.

From the peculiar nature of its contents, no Medical Journal is so generally read as the "MEDICAL CIRCULAR." It therefore presents a most desirable channel for advertisements addressed to the Medical Profession.

#### New Scale of Charges.

Space of Four Lines and under	...	...	...	...	...	...	...	...	...	2s. 6d.
Every Additional Line	...	...	...	...	...	...	...	...	...	6d.

128, Strand—Office hours from 9 till 6.



## The Best Food for Children, Invalids,

and others. — ROBINSON'S PATENT BARLEY, for making superior Barley Water in Fifteen Minutes, has not only obtained the patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious and light food for infants, children, and invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS form another diet universally esteemed for making a superior Gruel in Fifteen Minutes—light for supper—and alternately with the Patent Barley is an excellent food for children and invalids, being particularly recommended by the Faculty as the purest and best preparations of the kind extant, and far preferable to the Embden Groats.

Prepared only by the Patentees, ROBINSON & BELLEVILLE, Purveyors to the Queen, 64, Red Lion-street, Holborn, London.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in packets of 6d. and 1s., and in family canisters at 2s., 5s., and 10s. each.

## Scarlett's Portable Invalid Soup.—

SCARLETT and SON respectfully inform the public that the SOUP made by them expressly for invalids, so strongly recommended by Dr. Marshall Hall and other medical gentlemen, will be found very beneficial. 2s. 6d. per quart, or 1s. per lb.

26, King William-street, London-bridge.

## Arrowroot! Arrowroot!! 7½d. per lb.

Warranted Genuine. To families and persons who are generous and charitable to the poor the above article we can recommend for presents, and sent carriage free to any part of London by EDMONDS and Co., Importers of Colonial Produce, 15, Rathbone place, Oxford Street, London.

## Soyer's Aromatic Mustard.—“M.

Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration.” —LANCET.

Sole Agents: Messrs. CROSSE AND BLACKWELL, 21, Soho-square, London.

## To the Lovers of Fish.—Christmas

Presents for Country Friends.—100 Real Yarmouth Bloaters, delivered in London, or sent to any part of the Kingdom, for 6s. Also, 100 highly dried and smoked American Herrings for 7s., which will keep for years, and are well adapted for emigrants and residents in the Colonies. 100 Kipperd Herrings for 8s.; these are a delicious treat for all who have not tasted them. 12 bundles of fine Aldborough Sprats for 1s. 6d. Fine Real Finner Haddockes, 4s., 5s., and 6s., per dozen. A barrel of the best Native Oysters for 5s. 6d.; warranted to contain 120 Oysters: and a bag containing one half bushel of Superior Oysters for 10s. All the above articles are to be had only of WILLIAM DEEKS, 7, Bow-street, COVENT-GARDEN. Orders immediately attended to. Post-office Orders to be made payable as above, at the Strand Money Order Office. Country residents may ensure a daily supply of fresh fish of the best quality, on the lowest possible terms, by forwarding their orders as above. The Trade supplied.

### THOMAS SALT and Co.

EAST INDIA PALE ALE BREWERS, BURTON-ON-TRENT.

#### STORES.

London.....	21, Hungerford-wharf.
Liverpool.....	52, Henry-street.
Manchester.....	37, Brown-street.
Birmingham.....	26, Bull-street.
Bristol.....	Back Hall, Baldwin-street.
Nottingham.....	44, Greyhound-street.
Dublin.....	4, Crown-alley.
Edinburgh.....	17, Downie-place.
Dundee.....	13, New Inn Entry, High-street.

## Advance in the Price of Pale Ale.

—The principal firms of Burton having advanced the prices of East India Pale Ale 6s. per barrel, Messrs. TETLEY and SON think it necessary to inform their friends that they do not intend to alter the price of their Ales on orders registered before Christmas next. The quality and condition shall be such as to maintain the character it has heretofore sustained.

The Brewery, Leeds; City Stores, 26, Crosby-hall Chambers.  
Oct. 24, 1853.

## Rumble's Improved Elastic Bodice,

recommended by eminent Physicians.—This superior and much improved Elastic Bodice can with confidence be offered to ladies, as surpassing any yet made; it fastens easily in front, retains its firmness and elasticity, and by a peculiar system, adopted by Mrs. Rumble, a perfect fit is ensured. To be obtained only of the manufacturer, M. Rumble, 2, Welbeck-street, Cavendish-square, opposite the Savings Bank.

## Prize Medal. — Madame Caplin,

58, Berner's-street, Oxford-street, Inventor and Patentee of the Self Adjusting Hygienic Corsets, with Elastic Texture sides; also the Registered Corporiform Corsets and Bodice Belts, &c., &c.

The above were exhibited at the Great Exhibition, 1851, and Madame Caplin obtained the only prize granted for Corsets in the United Kingdom. They are not only celebrated in England for their superiority over all other Stays and Corsets, but have obtained an acknowledgement of the same in Paris by an official report made by a committee of medical men named at the *Athénée des Arts et Sciences*. Madame Caplin, in calling the attention of Ladies to her Establishment, begs to state that it is a special undertaking, and the only one of the kind in which will be found a series of the most perfect adaptations that can be applied to the human frame. They are light and elegant, plain or self-lacing, and may be equally suited to all ages and to every case.

Prospectuses of the Establishment forwarded to Ladies, also directions for self-measurement.

N.B.—Madame Caplin is recommended by some of the first members of the faculty. See Dr. Tilt's great work, *Female Hygiene*.

RUPTURES.—BY ROYAL LETTERS PATENT.

## The Moc-Main Lever Truss is allow-

ed by upwards of 200 Medical Gentlemen to be the most effective invention in the curative treatment of HERNIA.

The use of a steel spring, so often hurtful in its effects, is here avoided; a soft bandage being worn round the body, while the requisite resisting power is supplied by the MOC-MAIN PAD and PATENT LEVER, fitting with so much ease and closeness that it cannot be detected, and may be worn during sleep. A descriptive circular may be had, and the Truss (which cannot fail to fit) forwarded by post, on the circumference of the body two inches below the hips being sent to the Manufacturer, Mr. WHITE, 228 Piccadilly, London.



## Elastic Stockings for Va-

RICOSE VEINS, and all cases of Weakness and Swelling of the Legs, Sprains, etc. They are porous, light in texture, and inexpensive, and are drawn on like an ordinary Stocking. Price from 7s. 6d. to 16s.

MANUFACTORY—228 PICCADILLY, LONDON.

## Spinal Curvature & Deformities.—

J. PRATT,

SURGICAL INSTRUMENT MAKER,

OF 420, OXFORD-STREET,

Respectfully offers to the profession his MECHANICAL AID in such cases, he having been eminently successful in many entrusted to his care.

## Cook and Williams's Respiratory

Organ, and Chest Protector for Fog, Cold, and Night Air.

“A good and inexpensive substitute for Mr. Jeffery's Respirator. It is either stock or scarf of most ready and convenient adjustment. The one for Ladies is manufactured in fine stuff, of various colours, and forms a neck-tie of elegant appearance; the elastic band which covers the mouth falls into the fold when not required.” —MEDICAL TIMES, January 4, 1851. “Cheap, elegant, and effective.” —LANCET, November, 30, 1851. Patentees, 10, Princes-street, Hanover-square, and of the Principal Chemists in the United Kingdom.

## By Her Majesty's Royal Letters

Patent.—DR. CAPLIN'S ORTHO-CERVICO SPINALIS, or NECK MONITOR and SPINAL ERECTOR, for the prevention and cure of the poking of the head, and stooping of the body. Dr. Caplin's Newly-invented Ortho-Rachide Couch for the cure of Lateral Curvature, now exhibited at the Society of Arts, John-street, Adelphi, London. The above may be procured at Dr. Caplin's Royal Hygienic Gymnasium Orthopædic Electro Kinesitherapie Institution for the Cure of Deformities of the Spine, Strawberry-hill, Pendleton, Manchester. Prospectuses may be obtained at 58, Berners-street, Oxford-street, London.

## For Varicose Veins & Weakness.—

SURGICAL ELASTIC STOCKINGS, AND KNEE-CAPS on a New Principle, pervious, light in texture, and inexpensive, yielding a permanent, efficient, and unvarying support under any temperature, without the trouble of Lacing and Bandaging: likewise, a Strong, Low-priced Article for Hospitals and the Working Classes: ELASTIC NET CORSETS of the same beautiful fabric, ABDOMINAL SUPPORTING BELTS, for both sexes, those for ladies' use before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instructions for measurement, and prices on application, and the articles sent by post, from the Manufacturers,

POPE and PLANTE, 4, WATERLOO-PLACE, PALL-MALL, LONDON.

For The Profession, Trade, and Hospitals supplied.









